

ACNE BRIEFS™

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CONTROLLING ACNE IN TEENAGERS

Although acne is a common dermatologic condition among adults, it is still most often associated with the teen years. Even the slightest case of acne can seem earth-shattering to a young person who is coping with myriad social, emotional, and physical changes. In this issue of Acne Briefs, Brad Amos, MD, PhD, who is in private practice and on the staff of Mercy, Butler, and Passavant Hospitals in Wexford, Pennsylvania, discusses why acne so often afflicts teenagers and how dermatologists can help their young patients achieve clear complexions.

Q: *How is teen skin different from adult skin?*

Dr Amos: Teenage skin tends to be oilier than adult skin because the surge of hormones during adolescence accelerates the production of sebum. And sebum, of course, is one of the important pathogenic factors in the development of acne. *Propionibacterium acnes*, the bacterium that colonizes the follicles of patients with acne, thrives on sebum. The more there is, the more the bacterium proliferates.

Q: *What mechanisms are involved in this hormonal surge?*

Dr Amos: Starting somewhere before adolescence, at perhaps age 9 or 10, the adrenal glands produce dihydroepiandrosterone sulfate (DHEAS). At puberty, other androgens, such as testosterone and dehydrotestosterone (DHT), are produced. All these androgens stimulate the sebaceous gland to secrete more sebum, which is why oily skin is a special concern among teenagers.

Q: *How else do teenage acne patients differ from adult acne patients?*

Dr Amos: In many ways, teenagers are more difficult to treat than adults are. Primarily, this is because their hormones are in a constant state of flux.

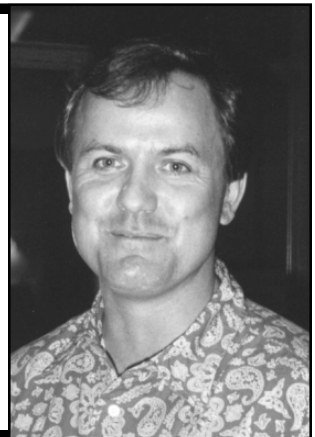
Q: *How do these hormonal changes complicate treatment?*

Dr Amos: Teenagers' hormones are out of control, and so their response to treatment changes over time. For instance, the acne may clear and the patient is doing great, then he or she has a flare of acne 6 months later, even though the same therapy is still being used. Suddenly it is not effective anymore.

Q: *What are some of the typical changes in the quality of acne that one might encounter in teenagers over time?*

Dr Amos: A patient may present with mild, comedonal acne that responds very well to first-line acne treatments, such

In many ways, teenagers are more difficult to treat than adults are. Primarily, this is because their hormones are in a constant state of flux.



Brad Amos, MD, PhD

as a topical retinoid (adapalene or tretinoin) with benzoyl peroxide and maybe an oral antibiotic. Within months, however, the patient may undergo severe hormonal shifts and his or her lesions become papular or pustular. The patient's therapy will therefore have to be retailored to accommodate these changes.

Q: *How do most teens react to having to change therapies?*

Dr Amos: They don't mind at all. Many teenagers have fairly short attention spans, so if something is not working, they are more than happy to switch to something else. And certainly, since the patients who come to a dermatologist want to do something about their skin, they are willing to do whatever needs to be done to keep their acne under control.

Q: *How long do you wait before you decide treatment is not working?*

Dr Amos: I give any acne therapy at least 6 weeks before I begin to tweak it. I also resist making wholesale changes. Instead, I will alter one component of therapy at a time, increasing the dosage or changing the medication, and wait to see how that works before making any other alterations.

I advise patients to use adapalene in the morning and apply benzoyl peroxide before they retire at night. I find this is the preferred routine, because benzoyl peroxide leaves a residue on the face that patients are not comfortable with.

Q: Let us say that a young patient presents with a mild case of comedonal acne. What is the first therapy you might prescribe?

Dr Amos: I usually begin with a topical retinoid, such as adapalene (Differin®) or tretinoin (Retin-A® or Avita®), to unplug the pores. Topical retinoids are the best therapy for reversing the abnormal keratinization that takes place in the follicles of acne patients. I also usually add benzoyl peroxide. This combination forms the basis of most acne therapy.

Q: Which of the topical retinoids do you most often like to use?

Dr Amos: I tend to use adapalene because it is photostable and therefore does not break down when exposed to sunlight. I advise patients to use adapalene in the morning and apply benzoyl peroxide before they retire at night. I find this is the preferred routine, because benzoyl peroxide leaves a residue on the face that patients are not comfortable with, and therefore, it is best to apply it at night.

HOW WOULD YOU TREAT THIS PATIENT?

Case 1

A 16-year-old girl with pale skin and a mixture of comedonal and inflammatory acne wants to clear up her complexion because she just got cast in a school play and wants to look her best on opening night. During the initial consultation, she also reveals that she has begun using a tanning salon, because her friends have invited her to the beach as soon as school lets out and she needs to be bronzed before she appears in a bathing suit in public.



She must stop tanning. She needs to be treated with antibiotics, such as minocycline. I will not give them unless the patient agrees to stop tanning. I would then use 100 g minocycline twice a day and erythromycin/benzoyl peroxide in the evening, with adapalene in the morning.

Adapalene can be used during the day, since it leaves almost no residue and, as I said, it is stable in light. I would be less apt to prescribe tretinoin for teenage patients in the morning because of problems with photostability.

Q: What about just advising patients to stay out of the sun when they use Retin-A?

Dr Amos: Teenagers are not often able to stay out of the sun. They tend to be extremely active and are usually involved in sports that demand they spend long periods outdoors. If a patient was insistent upon using Retin-A, I would advise him or her to apply it at night—to avoid destabilization in light, and use the benzoyl peroxide during the day.

Q: If the patient's acne is moderate rather than mild, how do you adjust the therapy?

Dr Amos: In such cases, I recommend that adapalene and benzoyl peroxide be used twice a day.

Q: Is there any preferred manner of application?

Dr Amos: I usually suggest the patient apply the benzoyl peroxide first, and add the adapalene on top. Again, this is because adapalene is stable in the presence of oxidizing agents. Some patients can tolerate both products at once.

Q: What if the patient finds using both medications twice a day is too harsh?

Dr Amos: Then he or she should adjust back to the morning/evening routine of using just adapalene during the day and benzoyl peroxide at night.

Q: Are there any other aspects of acne that are unique to teenagers?

Dr Amos: Teenagers are more likely to develop acne mechanica, since they often participate in sports and are exposed to friction from chin-straps, caps, etc. This isn't a huge problem, but it does arise from time to time.

Q: Does using makeup contribute to acne?

Dr Amos: Older teenage girls tend to use makeup more, and it may contribute to their acne. Heavy, greasy bases and powders are the worst culprits.

I encourage them to use as little makeup as possible. That can be a battle. So then I ask them to make sure their makeup is oil free and noncomedogenic. Most cosmetics are now designed with that in mind, but it's important that teenage girls pay attention to the kind of products they use if they are prone to acne.

Gels are better suited to teenage skin because they help dry up excess sebum. Girls may be comfortable using creams, but teenage boys usually prefer the gels because they feel less “cosmetic.”

Q: *What about hair pomades used by both sexes? Do they ever cause acne?*

Dr Amos: The pomades definitely cause acne. You can usually tell if a patient is using them because the forehead is covered with milia. However, most teens use gels to brush their hair straight up and off the forehead, so in such cases the acne is not affected.

Q: *Are there any treatments that are ideally suited to teenagers?*

Dr Amos: Teens as a whole — especially boys — tend a bit toward noncompliance. My advice is to make acne therapy for teenage skin as simple as possible: The easier, the better. If the therapy can be applied once a day and if there is no waiting period before application, the patient will be more likely to stick with it.

Q: *Are there any treatments that are not good for teenagers?*

Dr Amos: Stay away from lotions. Gels are better suited to teenage skin because they help dry up excess sebum. Girls may be comfortable using creams, but teenage boys usually prefer the gels because they feel less “cosmetic.”

And again, teenagers cannot tolerate complicated routines. That is why I shy away from Retin-A in these patients. With this medication, the patient has to wait 10 minutes after washing the face before applying acne therapy. One of the amenities of adapalene is the lack of a waiting period after washing the face; adapalene can be applied right away.

Q: *How else does ease of use affect your decision to prescribe acne therapy? Are there certain kinds of preparations that teenagers are more willing to use?*

Dr Amos: It varies, but girls are much more used to putting things on their face, so they can use gels and creams without any problem. Boys are sometimes averse to this. Boys want

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something simple, something they can take once a day. Boys like pills. Some teenagers, however, cannot swallow pills and therefore must be given topical treatments.

Q: *Do you ever use hormonal treatments in teenage girls?*

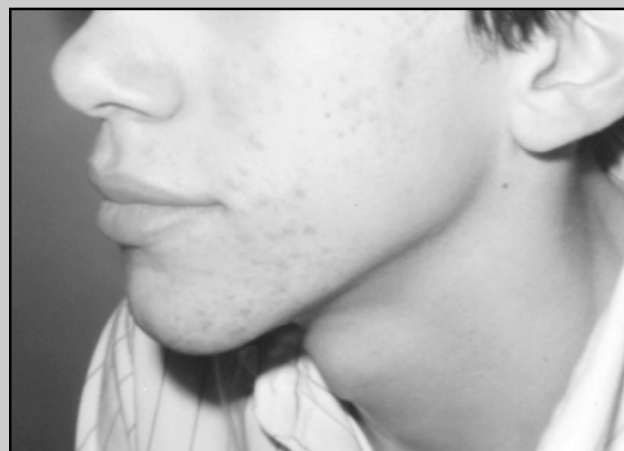
Dr Amos: Many teenage girls who are sexually active use the dermatologist to procure a prescription for birth control pills. If they have not yet seen a gynecologist, I always refer them. It's important for these girls to be seen by the appropriate professional, because there are many more issues to be discussed than simply preventing unwanted pregnancy.

That being said, if a teenage girl has premenstrual flares of acne, then birth control pills will probably help control her condition. The only one I use is Ortho Tri-Cyclen.[®] It's the only oral contraceptive that has been approved by the FDA for use in acne.

HOW WOULD YOU TREAT THIS PATIENT?

Case 2

A 15-year-old boy who has trouble making eye contact during the initial consultation says his acne is interfering with his social life. He feels that girls shun him, and he's afraid to try out for the lacrosse team because he thinks he won't fit in. He has tried self-treating with several over-the-counter products but has had only moderate success. He says he is willing to try anything, as long as it works.



He is a borderline case. If he has not had any treatment, I would again recommend using a benzoyl peroxide/antibiotic combination in the evening and adapalene each morning for at least 6 weeks. If the acne failed to improve significantly, I would proceed to isotretinoin.

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Q: Are there any drawbacks to hormonal therapy?

Dr Amos: One problem with birth control pills is that they can cause perioral dermatitis, which is sometimes mistaken for acne. This will resolve once the pills are discontinued.

Q: Do you ever recommend isotretinoin to teenage girls?

Dr Amos: Even though it is teratogenic, I will use it if other therapies have failed. If you advise them carefully about the importance of birth control, there should not be a problem.

The only 2 pregnancies that occurred in my practice while the

patients were on isotretinoin were women in their 30s. The teenage girls, however, are scared to death about teratogenicity and tend to be very compliant.

I insist that girls on isotretinoin begin using birth control, preferably oral contraceptives, before I even consider therapy. They must use 2 effective forms of birth control. I also tell them that there are worse things than becoming pregnant, such as HIV, so even if they are using the pill, I urge them to use condoms.

Some dermatologists ask patients to sign waivers saying that they will be abstinent when using this drug, but I never do. Those sorts of things have no real legal merit. Mostly, it's a matter of educating your patient. I make sure the patient reads and signs all the relevant forms on pregnancy prevention that are supplied by the drug's manufacturer.

Q: How can young patients remember to take isotretinoin twice a day?

Dr Amos: Because teenagers prefer a once-a-day treatment, I have them take both pills at the same time, rather than dividing up the dose. They can take the 2 pills at whichever meal they are most likely to eat every day. This makes it easy for them to remember and doesn't at all affect the effectiveness of therapy.

Q: What kinds of oral antibiotics might you use in teenage patients?

Dr Amos: I tend to stick with minocycline or doxycycline. These are easy to use and have minimal adverse side effects, other than photosensitivity.

I stay away from tetracycline. It is too difficult for teenagers to remember to take this drug half an hour before eating. Their schedules are erratic and they forget to take the drug, so it is not effective. Also, there is the problem of tooth staining in younger patients.

Q: Are there any kinds of behaviors that teenagers are likely to indulge in that interfere with the efficacy of acne therapy?

Dr Amos: Purposely not complying is a big one, but most teenagers want to clear their skin so they will try to adhere to therapy as much as possible. Most teenagers, despite popular myth, are pretty good kids.

HOW WOULD YOU TREAT THIS PATIENT?

Case 3

A 17-year-old boy with cystic acne complains that he has tried numerous treatments but still can't resolve his skin condition. He is a vegetarian and prefers natural foods and remedies. He is currently using an acne product he purchased in a health food store. His mother has brought him to the dermatologist, and he seems to be a fairly reluctant patient. Although he says he wants to clear his acne, he is skeptical of drugs.



I would discuss with him the fact that most acne treatments are originally derived from natural sources, such as fungi or vitamin A. If he has been given antibiotics in the past, I would go straight for isotretinoin 0.5 to 1 mg per kilogram of body weight per day.

Some of the noncomedogenic bases can be used to help. Occasionally, even teenagers can be taught to cover their

If a sufficient length of time has gone by and they do not improve, I'll boost up the adapalene and benzoyl peroxide to twice a day. If they have papular lesions, I might switch the antibiotic, too.

Suntanning, however, is a huge issue if the patient is on Retin-A or another photosensitive drug, rather than adapalene. Some female patients will stop using their medications because they need to get a tan for the prom. This issue rarely comes up in the males.

Q: *Is cleansing a problem in this population?*

Dr Amos: Not really. Being a little oily and greasy is a problem, but this is not the main cause of acne. Most teens have good personal hygiene.

Q: *What about some of the food choices teenagers make? Do fatty foods, sugar, or junk foods exacerbate their acne?*

Dr Amos: I do not believe that sugar or other foods have anything to do with acneogenesis.

Q: *Are there any products that can camouflage acne if a patient is excessively self-conscious about it while it heals?*

Dr Amos: Some of the noncomedogenic, oil-free makeup bases can be used to hide the redness of acne. Occasionally, even teenage boys will use cosmetics to cover their lesions. I tell them this is all right as long as they continue to apply their medication first and are certain to wash the makeup off before going to bed at night.

Q: *How does one handle the problem of acne excoriée?*

Dr Amos: That can be a tough one. It is difficult to talk to teens about the future. They are very concentrated on the present and have a hard time understanding how something that seems harmless today may cause them pain at a later date.

To try to convince them to stop, I tell them that acne scars are permanent. I tell them that acne is treatable and we can start them on therapy right away, but getting rid of scars is an ordeal. Once they understand this, most teens will no longer pick at their lesions. But some can't help it. These teens might need to be referred to a therapist, although I personally have never had such a case.

One method of driving my point home is to cite a study that looked at villains in the movies and noted that they often had acne scars. Once you tell teenagers about this study, they usually make an effort not to pick.

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Q: *What about teenagers with dark skin? How do you handle hyperpigmentation?*

Dr Amos: In darker-skinned patients, hyperpigmentation can arise even without picking. Dark skin with acne is very susceptible to hyperpigmentation.

Q: *How do you treat hyperpigmentation in dark skin?*

Dr Amos: No matter what acne therapy the patient is on, I will add in a topical retinoid and then some hydroquinone to resolve hyperpigmentation. I almost never use azelaic acid, although it has been recommended by others. When I do use it, I combine it with adapalene.

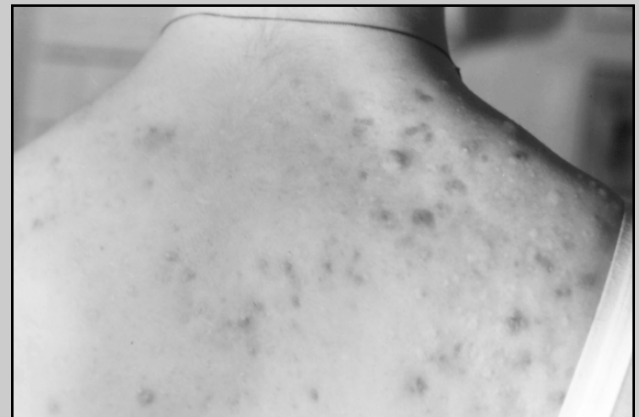
Q: *Are teens good patients?*

Dr Amos: Teenagers, for the most part, listen to what you tell them. They are not as bad as people make them out to be. They want their acne to get better; they want to be well. If you tell them what they need to do — comply with therapy, take

HOW WOULD YOU TREAT THIS PATIENT?

Case 4

A 16-year-old girl presents with cystic acne on her back and chest. She is desperate to clear up her skin in time for the prom because she has bought a backless dress for the occasion. Although she has lesions on her face as well, the papules and pustules on her body concern her the most.



I would treat her with isotretinoin, after starting her on oral contraception. She must use 2 forms of birth control. During the first month of isotretinoin, I would give her 0.5 mg/kg and add a low dose of prednisone 10 mg a day to try to prevent flares. After 1 month I'd increase to a full dose of 1 mg/kg isotretinoin and stop the prednisone, if the flares have ceased.

If patients like their natural acne remedies, I tell them to go ahead and keep taking them, since they probably don't cause any harm. Most teenagers don't have a problem adding in other medications.

birth control pills if necessary, etc — they will generally do it.

Q: *Do teenagers ever become impatient, waiting for their acne therapy to work?*

Dr Amos: Definitely. If they do not see changes soon, they want to know why their medication is not working.

Q: *If you sense impatience, do you take that into account when prescribing therapy?*

Dr Amos: Almost all teenagers are impatient. For the vast majority, I will immediately put them on an oral antibiotic, because it is better to improve them quickly rather than rely on only topical treatments.

I will have them use adapalene in the morning and benzoyl peroxide in the evening and take a concomitant oral antibiotic. Once their acne begins to improve, I wean them off the antibiotic and have them continue the topical therapy.

Q: *What if their acne does not improve?*

Dr Amos: If a sufficient length of time has gone by and they do not improve, I'll boost up the adapalene and benzoyl peroxide to twice a day. If they have papular lesions, I might switch the antibiotic, too. If their skin still fails to improve, I will talk to them about isotretinoin or, if it's a girl, hormonal therapy.

Q: *If a patient is on hormonal therapy, do you discontinue the topical medications?*

Dr Amos: Generally no. I will use hormonal therapy in girls who have premenstrual flares or are sexually active. However, it is important to keep them on topical medications, too. Adapalene is usually the first one I will use.

Q: *Are teenagers ever confused about why they have to use multiple medications to treat their acne?*

Dr Amos: If patients understand the 4 pathogenic factors that are involved in acne, they can better appreciate why it is necessary to combine therapies.

First, there is *P acnes* — a bacterium that colonizes the follicles and utilizes sebum as its food source. A second factor is retention keratosis, in which follicular cells stick together

rather than shed onto the surface of the skin. A third factor is excess sebum production — which, of course, is a particular problem during the teen years. Finally, there is inflammation. Because of these other interactions, white blood cells converge in the follicle. That causes inflammation and results in the reddening of the lesions in acne.

Q: *How are each of these factors addressed by conventional acne therapy?*

Dr Amos: Oral or topical antibiotics kill *P acnes*, as does benzoyl peroxide. Antibiotics also help quell inflammation. Topical retinoids are used to reverse abnormal keratinization. In female patients, we can use hormonal therapy to mitigate the influence of the androgens.

Q: *How many of the teenagers you see try to self-treat their acne?*

Dr Amos: That's pretty common. Kids see remedies on TV and they buy them. They also get stuff from drugstores and from the health food store. Quite a few kids are on "natural remedies" when they walk into my office. It doesn't seem that these remedies work, but that may be a slanted view.

Q: *Are those who prefer natural remedies reluctant to switch to acne medication?*

Dr Amos: If patients like their natural acne remedies, I tell them to go ahead and keep taking them, since they probably don't cause any harm. Most teenagers don't have a problem adding in other medications. If they have come to the dermatologist, they are ready to do whatever it takes to clear up their skin.

Mothers, however, are often reluctant about their child using antibiotics. They worry about flesh-eating bacteria and bacterial resistance. I tell them that these are not real problems when it comes to acne therapy. One would never use minocycline or doxycycline to treat pneumonia or other serious infections, so resistance is not really an issue.

Q: *Is it important for the dermatologist to develop a good relationship with teenage patients?*

Dr Amos: It is always important that the patient trust you. Dermatologists must ask their patients some very sensitive,

It is always important that the patient trust you. Dermatologists must ask their patients some very sensitive, personal questions.

It is important to remember that it was not all that long ago that you were a teen, too. If you ask them about school and what's going on in their lives, and seem interested in them as a person, most will respond well.

personal questions. For instance, if hormonal treatments are being considered in acne, it is important to know if the girl is sexually active. This is information that sometimes even the girl's parents aren't aware of.

Q: Do you ever share the information obtained in private sessions with the patient's parents?

Dr Amos: When I learn that a 15-year-old is sexually active, I want to go screaming out to the parents in the waiting room to tell them to keep an eye on their daughter, but I don't.

I never tell the parents. If the word got out that I broke my patient's trust, none of them would ever be truthful again.

Q: How does one develop a rapport and establish that trust with teenage patients?

Dr Amos: It is important to remember that it was not all that long ago that you were a teen, too. If you ask them about school and what's going on in their lives, and seem interested in them as a person, most will respond well. You don't want to be condescending or stereotype them.

Q: Some teenage patients feel so self-conscious about their acne that they avoid eye contact. Have you ever had this problem, and if so, how do you help them gain self-esteem?

Dr Amos: That happens mostly with teenage boys. Some of them won't even look up the first time they come to the office. They may be difficult to talk to. But as they start to get better, they break out of themselves.

From the dermatologist's point of view, it is mostly perseverance that gets these kids to open up. Again, I think you have to be interested in them as people. Ask them if they play sports, what their favorite subjects are, etc.

I usually talk to all of my patients about something else in addition to their acne. I try to learn things about them in advance, such as if they are on the baseball team or are in the school musical. This makes them feel comfortable and feel listened to.

Q: Do patients ever have such low self-esteem because of their acne that they drop out of extracurricular activities, such as sports or school drama?

Dr Amos: None of my patients has done so. I am sure that there are some who never considered participating in school activities because their acne was so bad. Still, I am sure that it does happen to some patients.

Q: Do you ever recommend psychological counseling to your patients?

Dr Amos: I haven't personally. Most teenage girls — no matter how mild their acne — think it's the end of the world. Usually, when you talk to them, they realize that their skin will improve, and thus I have not had to refer them.

Q: What kinds of unique challenges arise when dealing with a patient's parents?

Dr Amos: Sometimes parents are helpful, but a lot of moms and teenage girls will start arguing during a consultation. Mom will accuse her daughter of not using her medicine or using the wrong kinds of cosmetics. The mother is trying to look out for the child, but the child doesn't want interference.

In these cases, I ask the mom to leave. Usually, it is best if the parents remain in the waiting room, anyway. That makes it easier to get an accurate sexual history from the patient. Most won't admit to being sexually active in front of their mom.

Q: Are there any special conflicts with teenage boys and their parents?

Dr Amos: The parents don't really seem to interfere very much with the boys.

Q: How does improving acne improve a teenager's quality of life?

Dr Amos: It makes it a lot better. Having bad acne affects self-esteem. Once the acne clears up, patients tend to be more active than they would be otherwise. They are more likely to be social and to feel good about themselves.

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ACNE BRIEFS REVIEW: HELPING TEENAGERS CONTROL THEIR ACNE

Summarized here are the key points made by Brad Amos, MD, PhD, in his discussion of how hormonal surges during adolescence make teenagers with acne a uniquely challenging population to treat.

Differences Between Teen and Adult Skin

- Teenage skin tends to be oilier than adult skin because the surge of hormones during adolescence accelerates the production of sebum.
- Dehydroepiandrosterone sulfate, testosterone, and dehydrotestosterone stimulate the sebaceous gland during adolescence, which is why oily skin is a special concern of teenagers.
- The constant flux of hormones results in acne that can rapidly change in degree of intensity.
- Hormonal changes influence the quality of the patient's acne, which in turn affects response to therapy.
- Teenagers are more susceptible to acne mechanica, because of friction from sports equipment.

Tailoring Therapy

- A patient who presents with mild, comedonal acne may respond well to first-line acne treatments, such as topical retinoids with benzoyl peroxide and an oral antibiotic, but hormonal shifts could interfere with this therapy's effectiveness.
- Dr Amos recommends waiting for a minimum of 6 weeks before altering any acne therapy, and then doing so by changing the dosage or type of only one medication at a time.
- His first-line therapy is a topical retinoid, such as adapalene (Differin®), during the day and benzoyl peroxide at night.
- If acne is more severe or fails to improve, he recommends using adapalene and benzoyl peroxide simultaneously twice a day.
- When used together, benzoyl peroxide should be applied first, with adapalene on top, since this retinoid does not destabilize in sunlight.

What Teens Prefer in Acne Therapy

- Ease of use is primary.
- A combination of a topical retinoid and benzoyl peroxide is Dr Amos's first-line choice for this age group.
- Gels are preferable to lotions; they help absorb excess sebum, and their texture is more acceptable to teenage boys.
- Adding an oral antibiotic to standard topical treatment can help speed up improvement. The antibiotic should be discontinued once the skin clears.
- For teens on isotretinoin, both doses can be given simultaneously to minimize confusion and missed doses.

Hormonal Therapy in Teenagers

- Teenage girls who request oral contraceptives from their dermatologist should be referred to a gynecologist if they have not yet consulted one.
- Girls whose acne flares before the start of their menstrual cycle are ideal candidates for hormonal therapy.

Avoiding Bad Habits

- Noncompliance is the worst habit among teenagers, though most will adhere to therapy.
- Sun exposure may be a problem if the teen is using an older topical retinoid, such as Retin-A. Switching to adapalene, which is not photosensitive, may be a better choice.
- Sugar and junk food do not appear to exacerbate acne.

Hyperpigmentation and Scarring

- Teenagers need to understand that picking at acne causes scars and that scars are permanent.
- In dark-skinned patients, even those who do not manipulate their lesions may develop areas of hyperpigmentation.
- Hyperpigmentation can be treated with a combination of a topical retinoid and hydroquinone.

Self-Treatment

- Teens are particularly susceptible to acne remedies offered on TV, over the counter, or in health food stores.
- If the teen prefers, most of these remedies can be continued even while on conventional therapy.

Developing Rapport

- It is paramount that the patient trust the dermatologist to be sensitive and confidential.
- Information gleaned from interviews with teenagers should not be shared with parents.
- Expressing interest in the teen as an individual helps establish a good relationship.
- Keeping up with local school sports and activities makes teens feel that you consider their lives interesting and valuable.

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