Government of **Western Australia**
South Metropolitan Health Service
Fiona Stanley Fremantle Hospitals Group

Dermatology pre-referral guidelines – acne

Fiona Stanley Hospital Dermatology

Disclaimer

These guidelines have been produced to guide clinical decision making for general practitioners (GPs) and referring non-GP specialists. They are not strict protocols. Clinical common-sense should be applied at all times. These clinical guidelines should never be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of each patient. Clinicians should also consider the local skill level available and their local area policies before following any guideline.

Introduction

Acne is a common condition that predominantly affects adolescents and young adults. It is a chronic inflammatory disease of the pilosebaceous unit that occurs in the presence of androgens. The pathogenesis of acne can be explained by four main mechanisms:

- Increased sebum production induced by androgens on the pilosebaceous unit
- Abnormal follicular keratinisation, with formation of keratin plugs
- Overgrowth of *Cutibacterium acnes* (formerly known as *Propionibacterium acnes*)
- Inflammation

Areas with highest density of sebaceous glands are affected the most by acne, for example face, neck, chest, shoulders and upper back.

Acne is generally classified as mild, moderate or severe and based on number and type of acne lesions, cosmetic impact, and impact on quality of life. The aim of treatment is to reduce the number of comedones, inflammatory lesions, and likelihood of permanent scarring and pigmentary changes.

Pre-referral investigations

For current guidelines on assessment, management and referral guidelines on Acne please visit Clinician Assist WA.

Pre-referral management

General measures

- Advise patient to avoid picking, scratching, popping or squeezing their pimples. This can increase inflammation, making acne look worse & increasing the risk of permanent scars.
- Regarding diet, advise patient to eat a healthy low glycemic index, low dairy diet.
- For patients with oily hair, advise daily shampooing and avoidance of hair oils and pomades. Encourage hairstyles that keep hair off the face.
- Use a mild skin-cleansing regimen. Advise patients to avoid excessive washing and scrubbing. Use of a mild cleanser with lukewarm water in the morning and at night is recommended, as well as washing the skin after exercising.
- Ensure all creams, cosmetics & sunscreens are '**non-comedogenic**' (i.e. don't form blackheads) and '**oil-free**.' Various skin care ranges for acne-prone skin are available, these tend to include agents such as Salicylic acid.
- Advise patients to protect their skin from the skin, in order to minimize post-inflammatory hyperpigmentation. This is especially important for patients with skin of colour.

Specific measures

Acne treatments often take at least 6-12 weeks before improvement is noted regardless of the treatment method. Therefore, as long as therapies are tolerated, it is important to trial these for at least 3-months.

Mild acne: Non-prescription options

For mild acne, the following over-the-counter treatments can be recommended as first-line therapy.

- Azelaic acid 20% lotion (AzClear Lotion®)
    - This should be used as a *field therapy* to the acne-prone areas once or twice daily.
    - It can be helpful for early comedonal acne, as well as mild papulopustular acne.
    - This treatment also has some fading qualities, making it particularly useful for patients prone to post-inflammatory hyperpigmentation.
    - It is TGA pregnancy category B1, and compatible with breast-feeding.
- Benzoyl peroxide comes in many different preparations ranging from 2.5-10%
    - Preparations include gel, cream and body wash.
    - Choose a preparation that suits the patient depending on their history and location of acne.
    - The gel and cream can be used as a *spot therapy* for inflamed acne lesions applied daily until settled.
    - The wash can be used as a *field therapy* to affected sites. The wash can also be combined with therapies outlined below for additional benefit.
    - Note that Benzoyl peroxide can bleach coloured fabric (e.g., clothes, towels, pillowcases, sheets)

These preparations may cause irritation and dryness. Reduce frequency of application if this happens and stop using the product if severe irritation occurs.

Mild acne: prescription options

For comedonal acne that fails to respond to the above treatments, a topical retinoid should be prescribed.

- For mild comedonal acne with minimal inflammation affecting the face, commence adapalene 0.1% cream applied once daily at night. If the cream feels too greasy, adapalene 0.1% gel can be used. Tretinoin 0.025% or 0.05% is an alternative if available. For comedonal acne affecting the torso, Aklief Cream® (containing trifarotene 0.005%) is available. These topical retinoids need to be applied as *field therapy* rather than spot treatments (to capture micro-comedones and prevent oil gland swelling) at night and washed off in the morning to avoid photosensitivity. Slow introduction should be recommended as this will minimise irritation (i.e. second nightly application only for the first 2-weeks, and then slowly increasing to nightly as tolerated). If they cause too much dryness with nightly application, second-nightly application can continue ongoing or oral options can to be considered.
- For mild comedonal acne with inflammatory lesions a combination product such as Epiduo gel® (containing adapalene 0.1% and benzoyl peroxide 2.5%) or Acnatac Gel® (containing clindamycin 1% and tretinoin 0.025%) can be useful. Again, these should be applied as a *field therapy* and gradually introduced to minimise irritation.

Where inflammatory lesions are also occurring, spot treatment with a prescription therapy such as Clindamycin 1% lotion, or a combination product such as Duac Once Daily Gel® (containing clindamycin and benzoyl peroxide) are effective. These should be applied daily as a *spot treatment* until the inflammatory lesion clears.

The only topical anti acne agent on the PBS is Epiduo Gel. This can be an issue as it can be too drying and irritating for milder acne. Using a very small amount should be prescribed in milder cases. The areas not affected by comedones (blackheads and white heads) should not be treated.

Moderate to severe inflammatory acne

For moderate to severe inflammatory acne, oral antibiotics can help settle the inflammatory component but need to be combined with a treatment for comedones (i.e. topical retinoid), otherwise cessation of the antibiotics tends to result in recurrence of the inflammatory acne. Typically a 3-4 month course of oral antibiotics is prescribed. Antibiotics that are helpful for acne include:

- Doxycycline 50mg once daily
- Minocycline 50mg once daily
- Erythromycin ethyl succinate 400-800mg twice daily
- Erythromycin 250-500mg twice daily
- Roxithromycin 300mg once daily

Note: Tetracycline antibiotics should not be given to children under 8 years old due to risk of permanent discolouration of the teeth and may cause enamel dysplasia, which may increase the risk of dental caries.

The oral contraceptive pill (OCP) should be considered for treatment of female patients with a history of acne symptoms associated with menstruation, or partial response to standard treatments. The anti-androgen properties and suppression of ovulation is helpful for reducing comedone activity. The OCP should only be used for girls who have had at least 12 months of regular periods. Other relative contraindications to the pill (family history of venous thromboembolism, hypertension, migraines with aura) need to be considered. It may take 3 to 6 months for the OCP to reach optimal efficacy. There is minimal evidence for different forms of OCPs over each other for acne. Here are some examples available in Australia (all non-PBS):

- Pills containing gestodene (e.g. Minulet)
- Pills containing drospirenone (e.g. Yaz, Isabelle, Yasmin)
- Pills containing cyproterone acetate (e.g. Brenda-35 ED, Diane-35 ED)
- Pills containing desogestrel (e.g. Madeline, Marvelon 28)

Severe Acne or Acne with Scarring

Please consider an early referral of these patients for specialist management. Patients who are severely affected psychologically by their acne or those who present with a family history of severe scarring and resistant to other treatments should also be referred for specialist care.

There is no benefit doing laser and other scarring treatments until the active acne is controlled.

Please refer to Clinician Assist WA. For more information on management of mild, moderate and severe acne.

Other treatments may be used at the hospital

- Typically isotretinoin will be prescribed, in combination with other treatments.
- In females, spironolactone may also be considered.

When to refer

- Failed response to conventional therapy (topical and/or oral). Please note a 3-6 month trial of oral agents (antibiotics, OCP) is needed to reach maximal efficacy.
- Severe inflammatory nodulocystic acne at risk of, or causing, scarring.
- Associated significant psychosocial impact.

Essential information to include in your referral

- Treatments patient has trialled.
- Severe scarring acne.
- Strong family history of scarring acne.
- Ongoing signs or symptoms which remain problematic.

References

1. Paller and Mancini – Hurwitz Clinical Pediatric Dermatology: A Textbook of Skin Disorders of Childhood and Adolescence (6th edution). Elsevier, 2022.
2. Therapeutic Guidelines (2022). Therapeutic Guidelines- Acne. (Accessed: April 16, 2025).
3. UpToDate (2025) Acne-pathogenesis, clinical manifestations, and diagnosis of acne vulgaris, Acne. (Accessed: April 16, 2025).

Useful patient resources

1. https://dermnetnz.org/topics/acne - Dermnet NZ
2. https://www.dermcoll.edu.au/atoz/acne-vulgaris/ - Australasian College of Dermatologists
3. https://pedsderm.net/site/assets/files/1028/1_spd_acne_color_rev2025.pdf - Society of Pediatric Dermatology

Fiona Stanley Hospital
11 Robin Warren Drive, MURDOCH WA 6150
Postal address: Locked Bag 100, PALMYRA DC WA 6961
www.fsfhg.health.wa.gov.au

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