ACNE, ROSACEA, AND RELATED DISORDERS (INCLUDING HIDRADENITIS SUPPURATIVA)

ACNE MANAGEMENT IN ASIA

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Several factors complicate acne treatment in Asia. The most universal is probably the wide availability of over-the-counter (OTC) medications, cosmeceuticals and generics. There are a variety of unproven and unorthodox treatments, which are often used by beauticians and other non-health-care personnel. Asian patients often view acne as a natural consequence of adolescence that is a cosmetic issue rather than a disease. As a result, patients frequently ignore their acne, self-treat or seek treatment from beauticians. Use of OTC acne management products and cosmeceuticals is common throughout Asia. When patients do seek medical care, it is often late in the course of the disease. Thus, acne frequently has adverse consequences including scarring, pigmentation problems and psychological sequelae.
Several clinically significant differences between Asian skin and Caucasian skin are noted. Asian skin is more prone to post-inflammatory hyperpigmentation than Caucasian skin, due either to acne or to acne treatments such as ablative laser therapy. There is also a perception that topical retinoids cause more irritation among Asian patients than among Caucasians.
For mild acne, the treatment with one or a combination of the following topical medications is recommended: retinoids (adapalene, isotretinoin, tazarotene, tretinoin), benzoyl peroxide (BPO), fixed-dose combination of retinoid and BPO and topical antibiotics. Alternative topical medications include salicylic acid, azelaic acid, topical sulfur, and azelaic acid combined with topical sulfur.
For moderate acne, a combination of an oral antibiotic such as doxycycline (100–200 mg/day), tetracycline (500–1000 mg/day), minocycline (100–200 mg/day), lymecycline (300–600 mg/day) or erythromycin (500–1000 mg/day) with topical BPO and topical retinoids is recommended. Antibiotics are prescribed for at least 6 weeks, and patients are reassessed after 6–8 weeks of treatment. Alternative topical therapy includes salicylic acid or azelaic acid. For females, hormonal therapy may be used if indicated; oral contraceptives with or without antiandrogens may be prescribed. In Asia, the acceptability of contraceptive pills is low due to perceived adverse effects and cultural or religious factors.
For severe acne, patients should be initially treated for 6–8 weeks with the recommended regimen for moderate acne. Patients with severe acne may be treated with oral isotretinoin, which may be administrated at a dose of 0.5–1 mg/kg per day. Hormonal therapy is an alternative approach for female patients with severe acne.
Medications used as maintenance therapy should target comedones and micro-comedones,

have a favorable safety profile, be efficacious and prevent the development of antibiotic resistance in P. acnes. The most effective therapeutic agents for maintenance therapy are topical retinoids. To prevent the development of antibiotic resistance, topical antibiotics should not be used as monotherapy or used simultaneously with oral antibiotics.
Laser, energy-based devices and photodynamic therapies may be used as alternative treatment modalities.
Patient education and good communication is recommended to improve adherence, and advice should be given about the characteristics of the skin care products patients should use.