Guidelines of care for the management of acne vulgaris.

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American Academy of Dermatology (AAD)

Reynolds RV, Yeung H, Cheng CE, et al. Guidelines of care for the management of acne vulgaris. J Am Acad Dermatol. 2024 May;90(5):1006.e1-1006.e30. [312 references] PubMed

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Overview

Guideline Objective

To provide evidence-based recommendations for the management of acne vulgaris (AV)

Patient Population

Adults, adolescents, and preadolescents aged 9 years or older with AV

Recommendations

Recommendation Statements

Topical Agents

Recommendation 1.1. When managing acne with topical medications, we recommend multimodal therapy combining multiple mechanisms of action. (**Good Practice**

Statement)

Recommendation 1.2. For patients with acne, we recommend benzoyl peroxide. (**Strength: Strong; Certainty of evidence: Moderate**)

Recommendation 1.3. For patients with acne, we recommend topical retinoids. (**Strength: Strong; Certainty of evidence: Moderate**)

Recommendation 1.4. For patients with acne, we recommend topical antibiotics. (**Strength: Strong; Certainty of evidence: Moderate**)

Remark: Topical antibiotic monotherapy is not recommended.

Recommendation 1.5. For patients with acne, we conditionally recommend clascoterone. (**Strength: Conditional[1]; Certainty of evidence: High**)

Recommendation 1.6. For patients with acne, we conditionally recommend salicylic acid. (**Strength: Conditional; Certainty of evidence: Low**)

Recommendation 1.7. For patients with acne, we conditionally recommend azelaic acid. (**Strength: Conditional; Certainty of evidence: Moderate**)

Recommendation 1.8. For patients with acne, we recommend fixed dose combination topical antibiotic with benzoyl peroxide. (**Strength: Strong; Certainty of evidence: Moderate**)

Recommendation 1.9. For patients with acne, we recommend fixed dose combination topical retinoid with topical antibiotic. (**Strength: Strong; Certainty of evidence: Moderate**)

Remark: Concomitant use of benzoyl peroxide is recommended to prevent the development of antibiotic resistance.

Recommendation 1.10. For patients with acne, we recommend fixed dose combination topical retinoid with benzoyl peroxide. (**Strength: Strong; Certainty of evidence: Moderate**)

Systemic Antibiotics

Recommendation 2.1. For patients with acne, we recommend doxycycline. (**Strength: Strong; Certainty of evidence: Moderate**)

Recommendation 2.2. For patients with acne, we conditionally recommend minocycline. (**Strength: Conditional; Certainty of evidence: Moderate**)

Recommendation 2.3. For patients with acne, we conditionally recommend sarecycline. (**Strength: Conditional[1]; Certainty of evidence: High**)

Recommendation 2.4. For patients with acne, we conditionally recommend doxycycline over azithromycin. (**Strength: Conditional; Certainty of evidence: Low**)

Recommendation 2.5. For patients with acne, we recommend limiting use of systemic antibiotics when possible to reduce the development of antibiotic resistance and other antibiotic associated complications. (**Good Practice Statement**)

Recommendation 2.6. It is recommended that systemic antibiotics are used concomitantly with benzoyl peroxide and other topical therapy. (**Good Practice Statement**)

1 *Conditional recommendations were made for clascoterone and sarecycline due to high current cost of treatment that may impact equitable acne treatment access.

Hormonal Agents

Recommendation 3.1. For patients with acne, we conditionally recommend combined oral contraceptive pills. (**Strength: Conditional[2]; Certainty of evidence: Moderate**)

Recommendation 3.2. For patients with acne, we conditionally recommend spironolactone. (**Strength: Conditional; Certainty of evidence: Moderate**)

Remark: Potassium monitoring is not needed in healthy patients. However, consider potassium testing for those with risk factors for hyperkalemia (e.g., older age, medical comorbidities, medications).

Recommendation 3.3. For patients with larger acne papules or nodules, we recommend intralesional corticosteroid injections as an adjuvant therapy. (**Good Practice Statement**)

Remark: Intralesional corticosteroid injections should be used judiciously for patients who are at risk of acne scarring and/or for rapid improvement in inflammation and pain. Using a lower concentration and volume of corticosteroid can minimize the risks of local corticosteroid adverse events.

2 Conditional recommendation was made for combined oral contraceptive pills due to the variability in patient values and preferences related to contraception and hormonal medications.

Isotretinoin

Recommendation 4.1. For patients with severe acne or for patients who have failed standard treatment with oral or topical therapy, we recommend isotretinoin. (**Good Practice Statement**)

Remark: Acne patients with psychosocial burden or scarring should be considered as having severe acne and to be candidates for isotretinoin. For patients undergoing treatment with isotretinoin, monitoring of liver function tests (LFTs) and lipids should be considered, but complete blood count (CBC) monitoring is not needed in healthy patients. Population-based studies have not identified increased risk of neuropsychiatric conditions or inflammatory bowel disease in acne patients undergoing treatment with isotretinoin. For persons of childbearing potential, pregnancy prevention is mandatory.

Recommendation 4.2. For patients with severe acne, we conditionally recommend traditional daily dosing of isotretinoin over intermittent dosing of isotretinoin. (**Strength: Conditional; Certainty of evidence: Low**)

Recommendation 4.3. For patients prescribed isotretinoin, we conditionally recommend either standard isotretinoin or lidoseisotretinoin. (**Strength: Conditional; Certainty of evidence: High**)

Physical Modalities

Recommendation 5.1. For patients with acne, we conditionally recommend against adding pneumatic broadband light to adapalene 0.3% gel. (**Strength: Conditional; Certainty of evidence: Low**)

Evidence Rating Scheme

Certainty of Evidence

Certainty of Evidence	Wording	Implication
High	"high certainty evidence"	Very confident that the true effect lies close to that of the estimate of the effect.

Moderate	"moderate certainty evidence"	Moderately confident in the effect estimate; the true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different.
Low	"low certainty evidence"	Confidence in the effect estimate is limited; the true effect may be substantially different from the estimate of the effect.
Very low	"very low certainty evidence"	The estimate of effect is very uncertain; the true effect may be substantially different from the estimate of effect.

Recommendation Rating Scheme

Strength of Recommendation

Strength of Recommendation	Wording	Implication
Strong recommendation *for* the use of an intervention	"We recommend..."	Benefits clearly outweigh risk and burdens; recommendation applies to most patients in most circumstances.
Strong recommendation *against* the use of an intervention	"We recommend against..."	Risk and burden clearly outweigh benefits; recommendation applies to most patients in most circumstances.
Good practice statement	"We recommend..."	Guidance was viewed by the Work Group as imperative to clinical practice and developed when the supporting evidence was considerable but indirect, and the certainty surrounding an intervention's impact was high with the benefits clearly outweighing the harms (or vice versa).

		Good Practice Statements are strong recommendations as the certainty surrounding the impact of the recommended intervention is high. Implementation of these strong recommendations is considered to clearly result in beneficial outcomes.
Conditional recommendation *for* the use of an intervention	"We conditionally recommend..."	Benefits are closely balanced with risks and burden; recommendation applies to most patients, but the most appropriate action may differ depending on the patient or other stakeholder values.
Conditional recommendation *against* the use of an intervention	"We conditionally recommend against..."	Risks and burden closely balanced with benefits; recommendation applies to most patients, but the most appropriate action may differ depending on the patient or other stakeholder values

Related Content

Supporting Documents

- Supplementary Materials.
- Guideline Development Process.

Implementation Tools

- Executive Summary; 2024 May.
- The Original Guideline includes the following:
    - Figure 1. Management of Acne Vulgaris Treatment Algorithm (p. 1006.e6)

Patient Education

No patient education materials available.

Disclaimer

TRUST Scorecard

Composition of Guideline Development Group (GDG)

Multidisciplinary GDG Members	**Yes**
Methodologist Involvement	**Yes**
Incorporation of Patient and Public Perspective	

Systematic Review of Evidence

Literature Search	
Study Selection	
Evidence Synthesis	

Foundations for Recommendations

Strength of Evidence Grade	
Description of Benefits and Harms of Recommendations	
Summary of Evidence Supporting Recommendations	
Strength of Recommendations Rating	
Clear Articulation of Recommendations	

Funding Source **Yes**

Disclosure and Management of Financial Conflicts of Interests 

External Review 

Updating