

ACNE VULGARIS IN A FAMILY PRACTITIONER'S CLINIC

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INTRODUCTION

Statistics have shown that about 10 percent of the population suffers from this troublesome condition. Both sexes are affected and it frequently occurs in adolescents and young adults.

The main areas of distribution are the face, the front and back of the chest. Acne vulgaris is a common problem in general practice. I have seen and treated over 60 cases during a period of 2½ years.

THE CLINIC

Initially the Acne Clinic was conducted for 1-2 afternoons every month. Patients were collected and appointments were given to them to attend the clinic. I found the best manageable number to be 4-5 patients per session. Both sexes were included. Usually the males are more shy and tend to discuss less. Initially these patients were asked to come back as a group of follow-up patients in the next clinic session. This was to allow the group to see their progress. However, this arrangement proved to be unsuitable as the clinic became too large to handle. Subsequent follow-ups were seen individually at 3-4 weeks intervals. Patients were however encouraged to telephone for advice or to return any time they had problems.

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CLINIC FORMAT

The duration of each clinic session averaged two hours. Initially patients were given a lecture on the origin and formation of comedones and acne. Information on food, hygiene, traditional treatment, cosmetics, age, sex and distribution of lesions were also included in the lecture. The patients were then shown the various types of treatment including cream, lotions and oral preparations which are available in the market. A discussion was then carried out. Patients were encouraged to ask questions and clear any doubts they may have had on this subject. Information on the various types and methods of treatment was then given.

CLASSIFICATION

The patients seen in the clinic are classified into 4 categories according to their severity (i.e. number of lesions and whether there is infectivity i.e. pustules), comedones, or scars.

REGIMENS OF TREATMENT

1% Clindamycin Lotion

This is used for the infective (pustular) type. Patients were asked to apply the lotion on the pustules at night time. The pustules usually dry up after 3-4 days. Large pustules can be opened up (sterile technique) before applying the lotion. 1% clindamycin lotion is not available commercially and has to be specially prepared.

Tretinoin (Vitamin A Acid)

Although this preparation comes in two strengths i.e. (0.01 + 0.05%), I used the 0.05% cream only. It is very important to teach the patients the correct method of application. The local side reaction fortunately depends on the amount of cream applied. Too much cream will cause severe skin irritation, dryness, skin peeling and redness. Thus over application must be avoided at all times. Otherwise one will certainly lose the patient. Patients using Tretinoin should avoid the sun as much as possible. The cream must not touch the eyes. The patients are asked to apply the cream before going to bed or before going to office, a thin layer over the whole acne area of the face. Usually the forehead, the malar areas and the chin. The hair should be combed backwards and not cover the forehead. The face should be cleaned with a medicated soap (gramophone soap) before and after application of the cream. Most patients prefer to use the cream in the day time and keep their face free of cream at night. For those patients who cannot avoid going into the sunlight, night application will be preferred, but one must be careful of the eyes! Cosmetics should be kept to a minimum. Face masks, moisturisers and other oily cosmetic preparations are best avoided. Lipsticks and eye lining may be allowed. It is most important that the amount applied must not be too thick, otherwise burning and redness of the skin will occur. Initially a very thin layer should be applied. Later a thicker layer can be applied if deemed necessary. The right quantity applied would result in some reaction on the face but should not cause too much redness or peeling of the skin. This preparation should be applied for 3-4 months, unless stopped by the doctor on follow-up.

Tetracycline/Erythromycin

Patients with a high degree of comedones and infectivity are given Oral Tetracycline. Tetracycline is also given in combination with clindamycin lotion and/or Tretinoin. Those individuals allergic to tetracycline can be given erythromycin instead.

Initially 250 milligrammes of tetracycline is given 4 times daily for 1 week followed by 250 milligrammes given twice a day. At this dosage it is safe to give tetracycline on a long term basis until satisfactory results are obtained. Pregnant women are excluded.

Other Treatments

Some patients are already on some other forms of treatment i.e. neo medrol acne lotion, fostril, diane etc. If they improve, one need not change their treatment. I have no experience with hormones. However, acne vulgaris that erupts during irregular menstrual cycles is supposed to respond to hormones and regulation of the menstrual cycle.

Follow-up

Patients in all categories and all treatment regimes are followed up at 3-4 weekly intervals. Unless there are special reasons shorter follow-up intervals are unnecessary. Follow-up sessions can also be morale boosting sessions and will also ensure correct methods of application and patient compliance.

RESULTS

In my experience of over 60 cases, satisfactory results have been obtained in 80 percent of all cases who have been followed-up for at least 6 months. However, in general practice patients are often unable to complete the course of treatment, this being due to several factors, such as the high cost of treatment, the time factor and the fact that some patients do not turn up when they have obtained some improvement, while others who do not respond or who get worse from a wrong application will not turn up for follow-up.

In spite of these drawbacks, I have found that the results of such clinics are very rewarding and should be within the capabilities of any family practitioner who develops an interest in this project.