

Combination treatment for acne may be best in most cases

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(HealthDay)—An evidence-based guideline for the management of acne

vulgaris has been published online Feb. 17 in the *Journal of the American Academy of Dermatology*.

Andrea L. Zaenglein, M.D., from the Penn State Hershey Medical Center, and colleagues conducted a systematic literature review to identify clinical questions in the diagnosis and management of [acne vulgaris](#). After evaluating and grading the evidence, they developed clinical guidelines.

The authors note that [benzoyl peroxide](#) or combinations with erythromycin or clindamycin are effective for acne. These can be used in conjunction with a topical retinoid. Topical antibiotics should not be used as monotherapy because of the risk of bacterial resistance. Systemic antibiotics are recommended for moderate and [severe acne](#), and for acne that is resistant to topical treatment. Use of systemic antibiotics should be limited to the shortest duration possible, usually three months; monotherapy is not recommended for systemic antibiotics. Oral contraceptives are effective and recommended for females with acne. Isotretinoin is recommended for severe nodular acne, for treatment-resistant moderate acne, or for acne that is producing physical scarring or psychosocial distress. Females of child-bearing potential should be counseled regarding contraceptive methods during isotretinoin use, and routine monitoring of liver function, serum cholesterol, and triglycerides is recommended.

"There are a variety of effective treatments available for acne, and dermatologists have found that combining two or more treatments is the best option for the majority of patients," Zaenglein said in a statement.

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