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Management of Acne & Rosacea

Working Toward the Same Goals... Facing New Challenges

Each year, as I prepare the guest editorial for the annual Acne and Rosacea issue for the *Journal of Drugs in Dermatology*, I am repeatedly reminded of the multiple challenges that clinicians encounter when treating patients affected by acne and rosacea. There have been several advances in understanding suspected pathogenic factors and pathways, and an emergence of newer therapeutic approaches including medical therapies, non-prescription options, and physical modalities. Acne and rosacea are fraught with a plethora of patients who may improve with treatment, however, their skin disorder is chronic, and usually with some degree

of persistence, which is frustrating to many patients. To add, patients can seek care through many options that are not dermatologist-directed, such as the Internet, at kiosks in malls and airports, and in stores and spas that promote skin care products and procedures. The bottom line is that nowadays, many patients are impatient, and do not stay with a dermatologist to treat their disorder for very long if they are not fully satisfied.

In this Acne and Rosacea issue of the JDD, a broad range of topics are discussed. Dr. Stein Gold provides a comprehensive review of topical agents used to treat acne, presented as a guide to assist clinicians in optimal use of specific topical products and regi-mens. Hudgens et al report on a psychometric evaluation tool that may prove to be clinically relevant in adolescents and adults with acne vulgaris, called the Acne Symptom and Impact Scale.

A 1-year cohort study by Meyer et al of adolescent males showed significant differences in those with acne as compared to non-acne subjects, including increased sebum production, reduced skin barrier function, and increased anaerobic and aerobic microbial load. Seasonality was also noted in lipid production and in skin barrier function, with lower lipid production and reduced barrier function observed more during winter; no significant differences were noted in diet, exogenous behaviors (cleansing, sun exposure, sunburn), or personal activity (sleep, exercise) between those with and without acne. These observations suggest that further research emphasis needs to be placed on the role of skin barrier function in acne.

In other articles, alternative approaches to management of acne are reviewed. Stephens et al report a pilot study using topical formulation containing a liposomal dispersion of sodium copper chlorophyllin used over a 3-week duration for treatment of mild to moderate acne and visibly large pores. The results are promising, however, the sample size is small and further studies are needed.

In a microbiologic study, the demonstration of antibacterial properties of green tea extract and pomegranate extract by Li et al opens the door for animal and clinical studies to evaluate the potential for use of these plant extracts for acne vulgaris.

Two other articles warrant some clarification of the study outcomes. In the study comparing dapsone gel and metronidazole gel, the authors conclude that dapsone gel was as effective as metronidazole gel in the treatment of papulopustular rosacea. However, it is important to emphasize that both study groups were also treated concomitantly with oral doxycycline, so study results reflect outcomes using combination therapy. In a phase II study evaluating subantimicrobial dose doxycycline for treatment of moderate to severe inflammatory acne, comparable efficacy and superior safety was shown with use of doxycycline 40 mg modified-release capsule once daily compared to doxycycline 100 mg once daily.

This is a very comprehensive issue with something for everyone. I hope you find the information interesting and valuable.

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Guest Editor

Disclosure

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References

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