

Real-World Clinical Case Series Utilizing Acneceuticals as Monotherapy, Adjunctive, or Maintenance Therapy for Acne Vulgaris

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ABSTRACT

Background: Acne vulgaris is a common, multifactorial inflammatory skin disease for which there are many pharmacologic and procedural interventions. Recent publications have stressed the importance of quality skin care containing non-prescription actives (acneceuticals) in the treatment of this chronic disorder. Acne therapy is made more complicated by the diversity of presentation that includes age, gender, race, underlying skin type, product adherence, lesion morphology, and severity.

Methods: A panel of 6 dermatologists with expertise in the treatment of acne met twice for consensus conferences in March and November 2024. Discussion included the generation of 13 common disease presentations, the identification of potential cases to illustrate the presentations, and the design of 2-month case studies utilizing acneceuticals. Panelists chose new or established patients in their care who fit into the predetermined categories, provided them with the agreed-upon acneceuticals, and followed them for 2 months.

Results: Ten cases were chosen to comprise the most common therapeutic crossroads where pharmacologic or procedural interventions were not providing satisfactory control. This case study series included patients who were medication-intolerant, failing internet cures, not fully responsive to their current regimen, adult female acne patients with concomitant aging concerns, those needing maintenance therapy, and patients with issues regarding access to care.

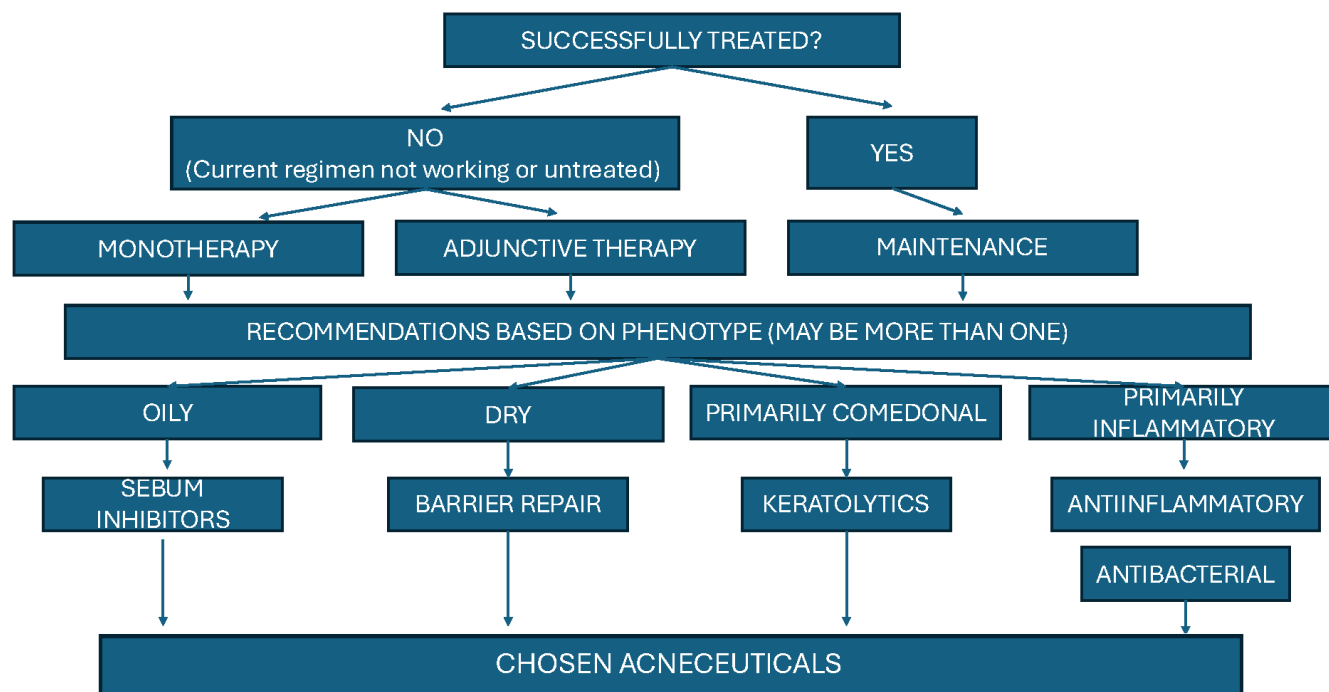
Conclusions: Acneceuticals were found to play an important role as monotherapy, adjunctive therapy, and maintenance therapy for acne patients. The 10 cases elucidated the ability of these over-the-counter (OTC) actives to improve patient care under several clinical scenarios.

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INTRODUCTION

Many quality prescription products and procedures exist for the treatment of acne vulgaris. However, they often fall short of clinician and/or patient expectations resulting in insufficient control, cutaneous intolerability, unacceptable patient cost, and delay of improvement. Clinicians, therefore, continue to search for better, more affordable therapeutic options for patients. Our patients search, too, and often find internet “cures” that are paradoxically more expensive than proven options, generally ineffective, and prolong the time to improvement with a resultant increase in acne sequelae and reduced quality of life.

In a previous review, the results of a modified Delphi consensus meeting were reported and the term “acneceutical” was introduced to describe over-the-counter (OTC) products with efficacy in the treatment of acne.¹ The term “acneceuticals” was intended to be more specific and acne-centric than the term ‘dermocosmetic’ referring to OTC products used in general dermatologic care. In a subsequent paper, (*An algorithm integrating acneceuticals into the management of acne vulgaris*, *J Drugs Dermatol.* 2025; In press), acneceuticals were incorporated into an algorithmic approach to treatment based on patient phenotype (ie, skin type and lesion morphology) and stratified by use as monotherapy, adjunctive therapy, or

FIGURE 1. Algorithm integrating acneceuticals into the management of acne vulgaris.

Modified from Baldwin H, Frey C, Hebert A, et al. An algorithm integrating acneceuticals into the management of acne vulgaris. *J Drugs Dermatol.* 2025; In print.

maintenance therapy (Figure 1). Presented herein are 10 cases in which the algorithm and previously vetted acneceuticals were applied in real-world clinical practice over a 2-month period in the care of patients with acne.

MATERIALS AND METHODS

A panel of 6 dermatologists specializing in acne care convened a meeting in March 2024. Working off of the algorithm integrating acneceuticals into acne management mentioned previously, a list of phenotypic patterns and scenarios common to clinical practice was generated. (Table 1) Acneceuticals with mechanisms of action likely to affect the desired change were then chosen for each scenario. Trial protocols/templates were determined (Table 2) and

panelists were assigned scenarios that fit with their practice demographics. Each patient was provided a regimen of products provided by La Roche-Posay and tailored to their condition. Minor alterations (cleanser type, use of sunscreen) were permitted based on clinician assessment provided the intended mechanism of action of the product(s) was maintained. Concomitant new or continued use of prescription medications was left to the discretion of the treating physician.

The group reconvened in November 2024. Cases were presented, and 10 of 22 were chosen based on the absence of protocol deviations, product adherence, quality of photographs, and educational value. The panel agreed that these 10 cases represented a comprehensive collection of typical cases and important teaching points.

TABLE 1.

Phenotypes and Scenarios, Products Chosen for Case Studies, and Their Intended Mechanism of Action		
Pattern/Complaint	Mechanism of Action	Products Chosen for Case Studies
Greasy skin and acne	Sebum inhibition, Keratolytic	Mela B3 Serum®, Toleriane Purifying Foaming Face Cleanser®, Effaclar Serum®
Inherent dry/sensitive skin, “everything bothers me” Fitzpatrick 1-3 Fitzpatrick 4-6	Barrier repair	Toleriane Hydrating cleanser®, Toleriane Double Repair Moisturizer®
Inflammatory acne, retinoid intolerance Fitzpatrick 1-3 Fitzpatrick 4-6 with iatrogenic hyperpigmentation	Barrier repair/Retinoid alternative	Redermic C®, Toleriane Hydrating Cleanser®, Toleriane Double Repair Moisturizer®, +/- MelaB3®
On meds with insufficient control of comedonal lesions	Keratolytic, OTC retinoid	Effaclar serum®, Retinol B3 Serum®, Toleriane Foaming Face Cleanser®, Toleriane Double Repair Moisturizer®
On meds with insufficient control of inflammatory lesions	Antibacterial, OTC retinoid	Effaclar Duo® or Effaclar Adapalene®, Toleriane Hydrating Cleanser®, Toleriane Double Repair Moisturizer®
Adult female acne patient with concomitant aging concerns	Keratolytic, Barrier repair	Effaclar Serum®, Toleriane Hydrating Cleanser®, Toleriane Double Repair Moisturizer®
Internet “junkie” with mild to moderate combination acne	Antibacterial, Keratolytic	Effaclar Duo® +/- Effaclar Adapalene®, Toleriane Double Repair Moisturizer®, Toleriane Hydrating Cleanser®
Moderate acne requesting natural products only	Keratolytic, Retinoid	Glycolic B5 Serum®, Retinol B3 Serum®, Toleriane Hydrating Cleanser®
Doing well on therapy, looking to stop prescriptions	Keratolytic, Antibacterial for maintenance	Effaclar Duo®, Toleriane Hydrating Cleanser®, Toleriane Double Repair Moisturizer®
Bothered by PIH and scarring	Keratolytic, Retinoid, Barrier repair	Mela B3®, Toleriane Hydrating Cleanser®, Toleriane Double Repair Moisturizer®
Moderate acne, cannot afford prescriptions/dermatologist	Keratolytic, Antibacterial	Effaclar Duo®, Toleriane Double Repair Moisturizer®, Toleriane Hydrating Cleanser®

TABLE 2.

Case Study Protocol	
Patient demographics	--
Phenotypic pattern/complaint, Fitzpatrick skin type	--
Products selected and rationale for use	--
Status at baseline	--
IGA (0-4, Clear to Severe)	
Physician assessment:	Inflammatory and comedonal lesion counts
	Assessment of oily appearance or dryness of skin (5-point scale not at all to extreme).
Patient assessment:	How much does your acne bother you? 1) I am extremely bothered, 2) I am somewhat bothered, 3) I feel neutral, 4) My acne doesn't bother me much, 5) My acne doesn't bother me at all Open answer to “what about your acne bothers you most?”
Notable successes/failures with prior therapy	--
Status at follow up (2 months +/- 2 days)	Physician assessment (as above) Patient assessment (as above)
Key takeaways/treatment pearls	--

RESULTS**Case 1: Inflammatory Acne, Retinoid Intolerable**

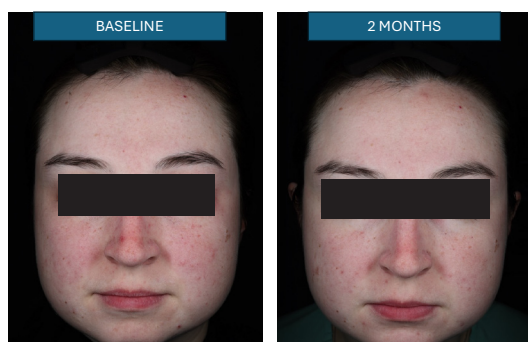
A 31-year-old fair-skinned woman with mild combination acne. Historically, she was unable to use medications including adapalene and benzoyl peroxide without intolerable side effects. Products chosen for the trial were Redermic R® (Retinol and lipo-hydroxy acid (LHA)) for its keratolytic and retinoid effects and Toleriane Hydrating Cleanser® and Double Repair Moisturizer® for barrier repair. She was able to utilize Redermic R daily without irritation resulting in clinical improvement. She planned continued use of the products in the future.

Clinician Assessments

	IL count	Comedone #	IGA	Oily appearance	Dryness
Baseline	11	5	2 (mild)	1/5	3/5
2 months	4	3	1 (near clear)	1/5	1/5

Patient Assessments

	Bothered by acne	Comments
Baseline	Extremely	My acne doesn't ever fully go away Most OTC products cause irritation
2 months	Not much at all	I am very happy with the results. No longer dry/irritated Improvement noted within 3-4 weeks

**Case 2: Comedonal Acne, Retinoid Intolerant, Iatrogenic Hyperpigmentation in Past**

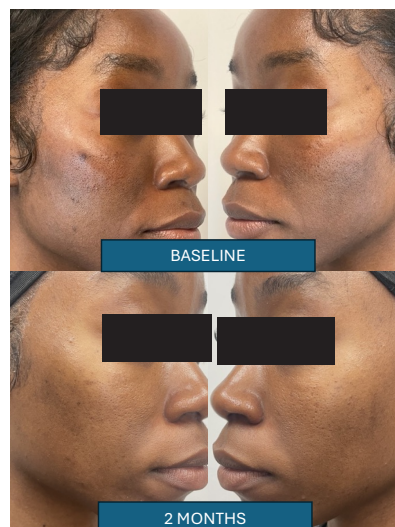
A 28-year-old woman, FST VI with mild combination acne since age 8. The use of prescription topical retinoids resulted in irritation and iatrogenic hyperpigmentation. The postacne and drug-induced hyperpigmentation as well as enlarged pores bothered her more than the active acne lesions themselves and she discontinued the use of her topical medications. Products chosen for the trial were Mela B3® (Melasyll™, lipohydroxy acid (LHA), niacinamide, retinyl palmitate, and hyaluronic acid) for its skin lightening, keratolytic, and anti-inflammatory effects, as well as Toleriane Hydrating Cleanser® and Double Repair Moisturizer® for barrier repair. She was able to use the Mela B3 twice daily without irritation. Her lesion count improved and her skin irritation, post acne and iatrogenic hyperpigmentation resolved.

Clinician Assessments

	IL count	Comedone #	IGA	Oily appearance	Dryness
Baseline	3	2	2 (Mild)	1/5	3/5
2 Months	0	2	1 (Near clear)	1/5	1/5

Patient Assessment

	Bothered by acne	Comments
Baseline	Somewhat	Bothered by texture, bumps, hyperpigmentation
2 Months	Not much at all	No active lesions, hyperpigmentation improved over 7 weeks Moisturizer is soothing and calming, produced a nice glow Feels that cleanser does not remove makeup well

**Clinical Takeaways**

- Intensive barrier repair allowed the use of Redermic R® with lesion control
- No longer needed prescription products

Clinical Takeaways

- Hydroquinone 4% resulted in faster resolution of drug-induced hyperpigmentation in the past, but Mela B3 also treated the acne and improved the texture of the skin
- Patients who wear foundation for concealing acne lesions may prefer a cleanser that lathers

Case 3: Product Junkie, Prefers Natural Products

A 42-year-old FST IV woman with acne since age 20. She failed antibiotics in the past and refused repeated use. Products chosen for the trial were Glycolic B5 serum® (10% GA, LHA, tranexamic acid) and Retinol B3 serum® (Retinol, niacinamide, hyaluronic acid) for keratolytic and anti-inflammatory effects and Toleriane Hydrating Cleanser® and Double Repair Moisturizer® for barrier repair. Improvement was seen in lesion count, postacne hyperpigmentation, and skin quality.

Clinician Assessments

	IL Count	Comedone #	IGA	Oily appearance	Dryness
Baseline	3	4	2 (Mild)	2/5	1/5
2 Months	1	0	2 (Mild)	1/5	1/5

Patient Assessments

	Bothered by acne	Comments
Baseline	Somewhat	Bothered at special events
2 Months	Somewhat	Still breaking out but not as badly Worked after a few weeks Skin soft

**Case 4: Adult Female Acne With Aging Issues**

A 46-year-old woman with a 5-year history of mild acne, extremely sensitive skin, and signs of photoaging sought improvement in both acne and aging concerns. Products chosen for the trial were Effaclar Serum® (Salicylic acid, glycolic acid, LHA) for its keratolytic effects and Toleriane Hydrating Cleanser® and Double Repair Moisturizer® for barrier repair. At 2 months, the patient noted decreased skin sensitivity and improved skin texture, but minimal improvement in lesion counts. The clinician intended to begin spironolactone therapy moving forward.

Clinician Assessments

	IL Count	Comedone #	IGA	Oily appearance	Dryness
Baseline	6	5	2 (Mild)	1/5	3/5
2 Months	4	5	2 (Mild)	1/5	2/5

Patient Assessments

	Bothered by acne	Comments
Baseline	Somewhat	Frequent breakouts, can't find product that doesn't irritate
2 Months	Somewhat	Still breaking out but not as much. No longer irritated Worked within 2 weeks Less dry

**Clinical Takeaways**

- Started Effaclar® slowly due to a history of intolerance and worked up to daily use
- Plan: continue current products and add spironolactone

Clinical Takeaways

- Improved comedonal lesion count
- Improved texture/tone of the skin
- Reduced oiliness
- Simplified regimen

Case 5: Maintenance Patient

A 38-year-old black female with a 3-year history of mild combination acne on a topical retinoid and dapsone with minimal improvement. She no longer wished to use prescription medications. Products chosen for the trial were Effaclar Duo® (Benzoyl peroxide, LHA) for keratolytic and antibacterial effects and Toleriane Hydrating Cleanser® and Double Repair Moisturizer® for barrier repair. There was an improvement in lesion count and postacne hyperpigmentation.

Clinician Assessments

	IL Counts	Comedone #	IGA	Oily appearance	Dryness
Baseline	4	11	2 (Mild)	1/5	3/5
2 Months	1	6	1 (Near Clear)	1/5	2/5

Patient Assessments

	Bothered by acne	Comments
Baseline	Somewhat	Many new pimples and spots every week
2 Months	Somewhat	Fewer pimples, PIH less obvious Improved in only 3 days

**Clinical Takeaways**

- Able to swap acneceuticals with similar mechanisms of action for prescription products
- Improved tolerability led to regular use and reduced postinflammatory hyperpigmentation

Case 6: On Multiple Medications With Insufficient Improvement in Comedones

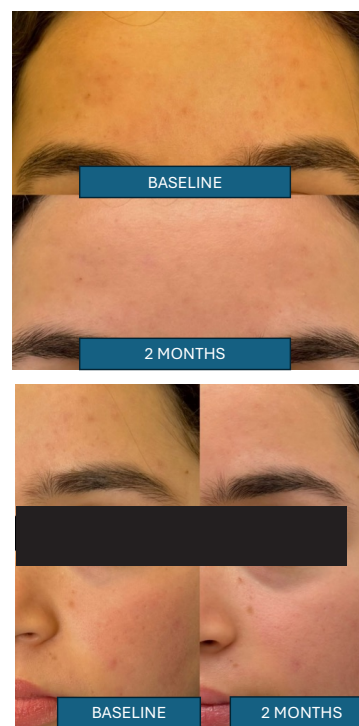
A 14-year-old girl, FST III, self-proclaimed “product junkie” with mild acne since age 8. She failed many products recommended on her social media feed, as well as oral antibiotics and prescription retinoids. She was currently on isotretinoin 30 mg daily but still had numerous comedones after 3 months on isotretinoin. Products chosen for the trial were Effaclar Serum® for its keratolytic effects and Toleriane Hydrating Cleanser® and Double Repair Moisturizer® for barrier maintenance. Isotretinoin was continued to completion. Comedone count decreased rapidly and skin hydration improved.

Clinician Assessments

	IL Counts	Comedone #	IGA	Oily appearance	Dryness
Baseline	6	5	2 (Mild)	1/5	2/5
2 Months	2	0	0 (Clear)	1/5	1/5

Patient Assessments

	Bothered by acne	Comments
Baseline	Extremely	Bothered by “everything” Inhibits self confidence Trying everything she could find on internet to no avail
2 Months	Somewhat	Improved within 1 month Addition of Effaclar helped to reduce comedones Well tolerated Afraid her acne will return

**Clinical Takeaways**

- Addition of Effaclar® to isotretinoin improved the comedone count
- No additional dryness or irritation

Case 7: Access to Care

A 16-year-old boy with a 2-year history of worsening mild acne had not received dermatologic care due to a lack of insurance. He reported poor self-esteem and reduced quality of life. Products chosen for trial were Effaclar Duo® for its keratolytic and antibacterial effects and Toleriane Hydrating Cleanser® and Double Repair Moisturizer® for barrier repair. His Investigator's Global Assessment (IGA) improved rapidly to 0 (clear), and he expressed gratitude that his acne care was now "affordable and accessible."

Clinician Assessments

	IL Count	Comedone #	IGA	Oily appearance	Dryness
Baseline	6	11	2 (Mild)	2/5	1/5
2 Months	0	0	0 (Clear)	1/5	2/5

Patient Assessments

	Bothered by acne	Comments
Baseline	Somewhat	Red bumps show a lot due to pale skin Was unable to afford anything effective
2 Months	Not much	Worked really well "4 products are a lot for a 16 year old guy" Felt nice on skin/gentle

**Clinical Takeaways**

- Inability to afford dermatologist visits and medicines made him suffer for many years
- Acneceuticals were able to control his acne at affordable prices

Case 8: FST VI With Scarring and Postinflammatory Hyperpigmentation

A 25-year-old woman, FST VI with mild acne since age 11 with prominent scarring and postacne hyperpigmentation. She was bothered more by her acne sequelae than her active lesions. Products chosen for the trial were Mela B3® for its keratolytic, anti-inflammatory, and depigmenting effects, along with Toleriane Hydrating Cleanser® and Double Repair Moisturizer® for barrier repair. By month 2, she noted improvement in acne lesions, hyperpigmentation, and dry skin.

Clinician Assessments

	IL Counts	Comedone #	IGA	Oily Appearance	Dryness
Baseline	7	13	2 (Mild)	3/5	2/5
2 Months	2	6	2 (Mild)	1/5	1/5

Patient Assessments

	Bothered by acne	Comments
Baseline	Extremely	I work in medical field and everyone stares at me Irritated by OTC products Very unhappy about scars
2 Months	Not much	Skin soft and smooth Acne greatly improved I think barrier was part of my problem Cleanser didn't adequately remove makeup

**Clinical Takeaways**

- Barrier repair improved acne
- Mela B3® helped with comedones, hyperpigmentation, and the appearance of pores

Case 9: On Prescription Care With Insufficient Control Inflammatory Lesions

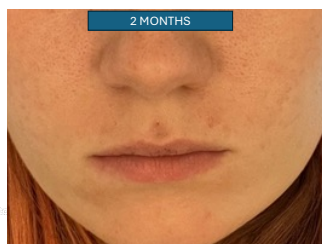
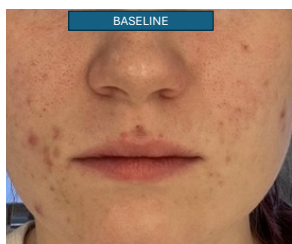
A 21-year-old college student with a 9-year history of acne. Historically, the use of topical medications was precluded by her extremely dry skin caused by chlorine exposure as a competitive swimmer. She was currently on oral sarecycline, salicylic acid cleanser, and benzoyl peroxide cleanser without complete control, specifically persistent inflammatory lesions. Benzoyl peroxide and salicylic acid cleansers were discontinued. Products chosen for the trial were Toleriane Hydrating Cleanser[®], Double Repair Moisturizer[®] for barrier repair along with continued use of oral sarecycline and the introduction of prescription benzoyl peroxide/clindamycin/adapalene fixed combination gel. Her skin was well moisturized and she was able to tolerate the triple combination gel. Lesion count and IGA were rapidly reduced.

Clinician Assessments

	IL Counts	Comedone#	IGA	Oily appearance	Dryness
Baseline	14	5	2 (Mild)	1/5	2/5
2 Months	2	2	1 (Near Clear)	1/5	3/5

Physician Assessments

	Bothered by acne	Comments
Baseline	Extremely	Makes me insecure Wish it would go away completely
2 Months	Not much at all	Moisturized well, less dryness after swimming Unhappy with bleaching of fabric

**Case 10: Over-the-Counter Acne Meds Unhelpful/Irritating**

A 27-year-old Asian man with Fitzpatrick skin type IV presented with a 2-year history of mild to moderate acne. Inconsistent use of topical medications resulted in a lack of improvement. Products selected for the trial included Toleriane Hydrating Cleanser[®] and Double Repair Moisturizer[®] along with sarecycline and triple fixed combination gel. His sensitive skin improved, allowing for regular use of prescription medications. At 2 months, his lesion count improved, and his IGA score reached 0 (clear)."

Clinician Assessments

	IL Counts	Comedone#	IGA	Oily appearance	Dryness
Baseline	15	1	2 (Mild)	1/5	4/5
2 Months	0	0	0 (Clear)	1/5	3/5

Patient Assessments

	Bothered by acne	Comments
Baseline	Very	I'm too old for acne It is embarrassing Everything bothers my skin and can't use them long enough to get better
2 Months	Not very	I'm less dry I am able to use the acne cream Improvement noted by 1 month

**Clinical Takeaways**

- The use of moisturizer and gentle cleansing repaired the barrier sufficiently to allow the use of prescription topical resulting in improvement

Clinical Takeaways

- Addition of barrier repair augmented prescription medications and improved efficacy
- Moisturizer resolved dryness from chlorine

DISCUSSION

These real-world cases demonstrated the utility of acneceuticals in the treatment of acne in many common scenarios that clinicians face on a daily basis. These cases demonstrated that the rational choice of acneceuticals, bearing in mind the pathophysiology of acne and the mode of action of the actives utilized, can result in rapid and significant improvement of acne in a variety of clinical settings.

Several key takeaways and clinical pearls became evident to the panel.

- 1) The use of a quality skin cleanser and moisturizer was key to good clinical outcomes. Several patients expressed that skin hydration was a major contributor to their treatment success. Nearly all patients reported that the use of the gentle cleanser and moisturizer reduced drug-related irritation, allowing consistent use of their medications and resulting in clinical improvement. The data supports both of these clinical pearls. Yamamoto and co-workers have demonstrated that there is an inherent barrier dysfunction in acne-prone skin³ and small studies suggest that good skin care can improve acne without pharmaceutical intervention.⁴⁻⁶ Additionally, the acne treatment paradigm is grounded in the use of topical retinoids and benzoyl peroxide, both of which cause barrier disruption, as demonstrated by increased transepidermal water loss. Numerous studies show that quality skin care minimizes the adverse effects of dryness and irritation,⁵⁻⁷ reduces non-adherent behavior,⁹⁻¹¹ and improves clinical outcomes.¹⁰
- 2) Although most patients welcomed the gentle, moisturizing nature of the Toleriane Hydrating Cleanser®, several patients with oilier complexions and those who use heavy makeup remarked that they would prefer a cleanser that lathers more aggressively. These comments highlight the importance of ascertaining patient preference in skincare.
- 3) Acneceuticals were able to replace prescription medications when care was taken to choose actives with similar mechanisms of action (keratolytics, antibacterial agents, anti-inflammatory, sebum-inhibiting). Efficacy as adjunctive therapies as well as maintenance use was perceived as similar or better than prescription products with superior tolerability.
- 4) The addition of acneceuticals as adjuncts to prescription medications that were inadequate for the control of inflammatory or comedonal lesions resulted in superior outcomes in both lesion types.
- 5) Concomitant treatment of acne and postacne hyperpigmentation was possible without irritation or iatrogenic hyperpigmentation with acneceuticals containing keratolytics, retinols, and pigment-reducing actives.
- 6) The subjects appreciated the personal recommendations and holistic treatment regimens that were provided to them. They expressed that they valued professional recommendations over their personal guess, especially when shopping for quality skincare products.
- 7) Subjects also appreciated the simplification of their plethora of “product junkie” skincare products. Data show that regimen non-adherence is indirectly related to the number of products recommended. Primary adherence – the likelihood that the patient will not even purchase what the clinician recommends is more than 30% when two or more products are prescribed.¹¹ Secondary non-adherence – the likelihood that the patient will use what they bring home drops from 79% to 51% when asked to use 2 or more products a day.¹² Thus, combination acneceuticals that serve more than one purpose may be more effective.

CONCLUSION

The acne management paradigm focuses on the use of prescription medications and procedures that target the 4 pillars of acne pathophysiology: hyper- and dysseborrhea, increased sebum production, *C. acnes* proliferation, and inflammation. Although these treatments are generally effective, clinicians continue to search for better regimens with improved safety and tolerability, lower cost, and more equitable access. Our patients search for this as well, often finding answers online that fall short of effective care, sometimes with harmful consequences.¹⁴

Previous publications have examined the use of nonprescription actives (acneceuticals) as both monotherapy and adjunctive therapy in the management of acne.¹ Actives were vetted for clinical efficacy, and an algorithmic approach was recommended, again targeting the 4 pillars of acne pathophysiology. Herein, we endeavored to utilize a real-world approach to the use of acneceuticals utilizing the algorithm in 10 clinical scenarios. In all cases, the panel of experts agreed that acneceuticals were able to improve acne and acne sequelae as monotherapy, as adjuncts to existing regimens, as concomitant therapy with prescription drugs, and as maintenance options when discontinuation of prescription medications was deemed necessary. Subject satisfaction was high, and concordant with clinician assessments. Subjects appreciated being given a complete regimen that precluded the choice paralysis many patients experience when left to their own accord in choosing skin-care products.

While certainly challenging to accomplish within the confines of a high-volume practice, improving patient knowledge of comprehensive acne therapy, including non-prescription actives, is an effective way to maximize efficacy and equip patients with the necessary tools for personalized and successful acne treatments.

- 8) Acneceuticals have several additional advantages. Many acne sufferers do not have access to health care; still others cannot afford quality medications. Many others cannot afford prescription medications. Judicious personalized acneceutical recommendations can be more affordable for our less affluent patients. Including such recommendations in online posts can reach a large audience who may be spending money on ineffective internet hype.
- 9) Most subjects mentioned the negative impact of their acne on their quality of life including embarrassment (particularly the adult patients and those in the medical field), loss of self-esteem, and limitation of social activities. Several subjects, at the 2-month visit, were happy with the results but voiced concerns that their acne would return. In 1997, Layton published an article entitled "Scarred for Life" which showed that even after improvement, the psychological scars of acne persisted even if no physical scars were present.¹³ The panel noted that this is akin to post-traumatic stress disorder and that psychological sequelae are not limited to the treatment phase.

Limitations

The panel endeavored to pick subjects with a wide range of age, gender, race, and ethnicity, however, these subjects had the ability to come to a dermatology practice and nearly all had commercial insurance. Scenarios were chosen that were the most common in the panels' urban practices which may not be universal truths. As such, it is difficult to draw definitive conclusions across a more diverse patient population. Additionally, although the goal was a real-world approach, there may be some adherence bias introduced by presenting the patients with trade-size products. Finally, in certain cases, the combination of acneceuticals with robust prescription medications may have overestimated the effect of over-the-counter skincare on patient outcomes.

DISCLOSURES

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Dr Baldwin has served as an investigator, consultant, advisor, and/or speaker for Almirall, Bausch, Beiersdorf, Cutera, Galderma, Journey, Kenvue, La Roche-Posay, L'Oreal, Sanofi, SUN, and Tarsus. Dr Frey serves as an investigator, consultant, advisor, and/or speaker for Beiersdorf, Proctor and Gamble, Bubble Skincare, Kenvue, La Roche-Posay, CeraVe, and L'Oreal. Dr Hebert reports grants paid to her institution from Pfizer, Arcutis, Dermavant, Leo, Janssen, Takeda; and honoraria from Pfizer, Arcutis, Dermavant, Leo, Incyte, Galderma, Ortho Dermatologics; GSK, Regeneron Sanofi, and Ortho Dermatologics. Dr Lain serves as an investigator, consultant, advisor, and/or speaker for Almirall, Galderma, Ortho Dermatologics, L'Oreal, Beiersdorf, Pierre Fabre, Journey, Sun Pharma, and Biofrontera. Dr Rieder is a consultant for Abbvie, L'Oreal, Merz, Proctor and Gamble, UCB, and Unilever. Dr Schlesinger serves as a consultant, investigator, speaker and/or advisor for Abbvie, Almirall, Allergan, ASLAN, Arcutis, Biofrontera, Beiersdorf, Benev, Bristol-Myers Squibb, Castle Biosciences, Galderma, Eli Lilly, ExoCoBio, Incyte, Janssen, LEO, L'Oreal, Novartis, Pfizer, Regeneron, Sanofi, Sun Pharma, Takeda, UCB, and Verrica.

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