- **BREAST FEEDING** No information available; avoid application to nipple area.

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

Cream

EXCIPIENTS: May contain Beeswax, cetostearyl alcohol (including cetyl and stearyl alcohol), fragrances, hydroxybenzoates (parabens)

- **Eurax** (GlaxoSmithKline Consumer Healthcare)

Crotamiton 100 mg per 1 gram Eurax 10% cream | 30 gram GSL £2.50 DT = £2.50 | 100 gram GSL £4.35 DT = £4.35

Doxepin

- **INDICATIONS AND DOSE**

Pruritus in eczema

- TO THE SKIN
- Child 12–17 years: Apply up to 3 g 3–4 times a day, apply thinly; coverage should be less than 10% of body surface area; maximum 12 g per day

- **CAUTIONS** Avoid application to large areas · cardiac arrhythmias · mania · severe heart disease · susceptibility to angle-closure glaucoma · urinary retention
- **INTERACTIONS** → Appendix 1: tricyclic antidepressants
- **SIDE-EFFECTS** Constipation · diarrhoea · dizziness · drowsiness · dry eye · dry mouth · dyspepsia · fever · headache · nausea · paraesthesia · skin reactions · suicidal tendencies · taste altered · urinary retention · vision blurred · vomiting
- **PREGNANCY** Manufacturer advises use only if potential benefit outweighs risk.
- **BREAST FEEDING** Manufacturer advises use only if potential benefit outweighs risk.
- **HEPATIC IMPAIRMENT** Manufacturer advises caution in severe impairment.
- **PATIENT AND CARER ADVICE** A patient information leaflet should be provided.

Driving and skilled tasks Drowsiness may affect performance of skilled tasks (e.g. driving).

Effects of alcohol enhanced.

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug. Forms available from special-order manufacturers include: capsule, oral suspension, oral solution

Cream

CAUTIONARY AND ADVISORY LABELS 2, 10

EXCIPIENTS: May contain Benzyl alcohol

- **Xepin** (Cambridge Healthcare Supplies Ltd)

Doxepin hydrochloride 50 mg per 1 gram Xepin 5% cream | 30 gram PoM £11.70 DT = £11.70

6 Rosacea and acne

Rosacea and Acne

Acne vulgaris in children

Acne vulgaris commonly affects children around puberty and occasionally affects infants. Treatment of acne should be commenced early to prevent scarring; lesions may worsen before improving. The choice of treatment depends on age, severity, and whether the acne is predominantly inflammatory or comedonal.

Mild to moderate acne is generally treated with topical preparations, such as benzoyl peroxide p. 779, azelaic acid p. 779, and retinoids.

For *moderate to severe inflammatory acne* or where topical preparations are not tolerated or are ineffective or where application to the site is difficult, systemic treatment with oral antibacterials may be effective. Co-cyprindiol p. 777 (cyproterone acetate with ethinylestradiol) has anti-androgenic properties and may be useful in young women with acne refractory to other treatments.

Severe acne, acne unresponsive to prolonged courses of oral antibacterials, acne with scarring, or acne associated with psychological problems calls for early referral to a consultant dermatologist who may prescribe oral isotretinoin p. 780.

Acne in neonates and infants

Inflammatory papules, pustules, and occasionally comedones may develop at birth or within the first month; most neonates with acne do not require treatment. Acne developing at 3–6 months of age may be more severe and persistent; lesions are usually confined to the face. Topical preparations containing benzoyl peroxide (at the lowest strength possible to avoid irritation), adapalene p. 779, or tretinoin p. 574 may be used if treatment for infantile acne is necessary. In infants with inflammatory acne, oral erythromycin p. 341 is used because topical preparations for acne are not well tolerated. In cases of erythromycin-resistant acne, oral isotretinoin can be given on the advice of a consultant dermatologist.

Acne: topical preparations

In mild to moderate acne, comedones and inflamed lesions respond well to benzoyl peroxide or topical retinoids. Alternatively, topical application of an antibacterial such as erythromycin or clindamycin p. 778 may be effective for inflammatory acne. However, topical antibacterials are probably no more effective than benzoyl peroxide and may promote the emergence of resistant organisms. If topical preparations prove inadequate, oral preparations may be needed. The choice of product and formulation (gel, solution, lotion, or cream) is largely determined by skin type, patient preference, and previous usage of acne products.

Benzoyl peroxide and azelaic acid

Benzoyl peroxide is effective in mild to moderate acne. Both comedones and inflamed lesions respond well to benzoyl peroxide. The lower concentrations seem to be as effective as higher concentrations in reducing inflammation. It is usual to start with a lower strength and to increase the concentration of benzoyl peroxide gradually. The usefulness of benzoyl peroxide washes is limited by the short time the products are in contact with the skin. Adverse effects include local skin irritation, particularly when therapy is initiated, but the scaling and redness often subside with a reduction in benzoyl peroxide concentration, frequency, and area of application. If the acne does not respond after 2 months then use of a topical antibacterial should be considered.

Azelaic acid has antimicrobial and anticomedonal properties. It may be used as an alternative to benzoyl peroxide or to a topical retinoid for treating mild to moderate comedonal acne, particularly of the face; azelaic acid is less likely to cause local irritation than benzoyl peroxide.

Topical antibacterials for acne

In the treatment of mild to moderate inflammatory acne, topical antibacterials may be no more effective than topical benzoyl peroxide or tretinoin. Topical antibacterials are probably best reserved for children who wish to avoid oral antibacterials or who cannot tolerate them.

Topical preparations of erythromycin and clindamycin may be used to treat *inflamed lesions* in mild to moderate acne when topical benzoyl peroxide or tretinoin is ineffective or poorly tolerated. Topical benzoyl peroxide, azelaic acid, or retinoids used in combination with an antibacterial (topical or systemic) may be more effective than an antibacterial used alone. Topical antibacterials can produce mild irritation of the skin, and on rare occasions