

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.

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] £13.66 DT = £13.66

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. 807, azelaic acid p. 808, 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. 806 (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. 809.

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. 808, or tretinoin (available from 'special-order' manufacturers) may be used if treatment for infantile acne is necessary. In infants with inflammatory acne, oral erythromycin p. 355 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. 807 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 cause sensitisation; gastro-intestinal disturbances have been reported with topical clindamycin.

Antibacterial resistance of *Propionibacterium acnes* is increasing; there is cross-resistance between erythromycin and clindamycin. To avoid development of resistance:

- when possible use non-antibiotic antimicrobials (such as benzoyl peroxide or azelaic acid);
- avoid concomitant treatment with different oral and topical antibacterials;
- if a particular antibacterial is effective, use it for repeat courses if needed (short intervening courses of benzoyl peroxide or azelaic acid may eliminate any resistant propionibacteria);
- do not continue treatment for longer than necessary (but treatment with a topical preparation should be continued for at least 6 months).

Topical retinoids and related preparations for acne

Topical tretinoin (available from 'special-order' manufacturers), its isomer isotretinoin, and adapalene (a retinoid-like drug), are useful for treating comedones and inflammatory lesions in mild to moderate acne. Patients should be warned that some redness and skin peeling can occur initially but settles with time. If undue irritation occurs, the frequency of application should be reduced or treatment suspended until the reaction subsides; if irritation persists, discontinue treatment. Several months of treatment may be needed to achieve an optimal response and the treatment should be continued until no new lesions develop.

Tretinoin can be used under specialist supervision to treat infantile acne; adapalene can also be used.

Other topical preparations for acne

A topical preparation of nicotinamide p. 811 is available for inflammatory acne.

Acne: oral preparations

Oral antibacterials for acne

Oral antibacterials may be used in *moderate to severe inflammatory acne* when topical treatment is not adequately effective or is inappropriate. Concomitant anticomedonal