SELF-TREATING BEHAVIORS HIGH AMONG ADOLESCENTS WITH ACNE
Many adolescents treat their own acne rather than seek-out medical advice, new findings suggest. Using data from an anonymous survey administered to 1,214 students in public middle and high schools in New Jersey, researchers compared the self-reported acne frequency, severity, and beliefs of students based on their help-seeking behaviors, treatment choices, and treatment adherence. They found that 57 percent of students treated their own acne, as compared to only 17 percent that have sought medical care. Students who saw a health professional reported acne of higher frequency and severity than those who did not. Severity also appeared to affect treatment adherence, with students who adhered to recommended treatments reporting more frequent and more severe acne than those who chose to self-treat. Beliefs and knowledge varied most significantly and may also affect adherence. According to the researchers, this suggests a role for physicians to influence adherence rates through patient education. And since the majority of students are getting information from non-physician sources, evaluating those resources to ensure adolescents are receiving appropriate, helpful information may be necessary.

PHOTOPNEUMATIC THERAPY FOUND SAFE, EFFECTIVE FOR ACNE
Combining vacuum pressure and a broadband light source (400nm to 1,200nm), photopneumatic therapy with the Isolaz device is a safe and effective treatment for mild to moderate acne vulgaris, according to a new report. For the study, 20 adults with mild to moderate facial acne vulgaris received four successive treatments on one side of the face with a combined photopneumatic device (intense pulsed light: fluence=5.8 J/cm²; negative pressure=iMP mode) at two-week intervals. Acne lesions on the opposite side of the face were not treated. Lesion counts were performed at baseline, prior to each treatment session, and at three months after the final treatment session. Results showed significant lesion improvements and reduced numbers of acne lesions on the treated side of the face, and researchers noted that most patients experienced global clinical improvement. Additionally, no severe side effects occurred during the study, with only a few patients experiencing transient erythema, purpura, and/or exacerbation of pre-existing acne.

VIDEO MONITORING SHOWS IMPACT OF ADAPALENE-BPO GEL ON APPEARANCE, QOL
The positive effects of treatment of an adapalene-BPO gel for the treatment of acne may extend beyond clinical results, new findings suggest. Aiming to explore patients’ experiences and viewpoints regarding treatment for mild to moderate acne vulgaris, investigators evaluated 30 patients two-week intervals. Acne lesions on the opposite side of the face were not treated. Lesion counts were performed at baseline, prior to each treatment session, and at three months after the final treatment session. Results showed significant lesion improvements and reduced numbers of acne lesions on the treated side of the face, and researchers noted that most patients experienced global clinical improvement. Additionally, no severe side effects occurred during the study, with only a few patients experiencing transient erythema, purpura, and/or exacerbation of pre-existing acne.

— Ann Dermatol; 24(3): 280-6
with mild to moderate acne vulgaris treated with adapalene 0.1%/benzoyl peroxide 2.5% once daily for 12 weeks. In addition to an acne-specific quality of life questionnaire (Acne-QoL), each subject’s global assessment (SGA) was recorded at baseline and weeks 4, 8, and 12. Photographs were taken and video interviews were recorded.

Researchers found a statistically significant number of patients were clear/almost clear (treatment success) at week 12. In addition, at week 12, patients experienced a 44.1 percent and 57.1 percent mean reduction in inflammatory and noninflammatory lesions, respectively. At the end of the study, 67 percent of the patients recording video diaries believed they had achieved treatment success. Patients also reported higher acne-QOL scores at week 12 compared to baseline. In addition to the positive findings, the video recordings chronicled the patients’ experiences throughout the treatment process, documenting the beneficial impact of treatment on patients’ quality of life.

— J Drugs Dermatol; 11(8):919-25

IN ACNE, WEIGH NEEDS VS. DESIRES

“As clinicians, it is incumbent on us to identify the difference between level of need and level of desire, as this should help you better understand patients’ urgency and the aggressiveness with which you should treat their diseases,” says Richard G. Fried, MD, PhD, describing the approach to acne and other chronic dermatoses. “Patients need intervention if their condition is visible. This includes (but is not limited to) obstructions of blood vessels or destruction of skin because of untreated abscesses. These patients need intervention because often their disease is inhibiting their daily activities, such as work and personal affairs. Conditions that may fall under desire are those that have comedones on their chin or who have cystic acne. For these patients, it is your job to determine how much they want intervention. With the exception of people who are scarring, we are not in a position to tell them what they want, but instead to use our clinical judgments to help guide their decisions as to how to proceed.” (Read more on the topic in the July 2012 edition, available online at PracticalDermatology.com.)

NEGATIVE PERCEPTIONS OF ACNE WIDESPREAD

It may be worth noting that teens with acne are subject to negative perceptions beyond their peer group. Results of a recent study show that adults had similar negative perceptions about adolescents with acne as did teens. Surveyed teens and adults (percentages reported respectively) perceived teenagers with acne as:

- shy (39 percent, 43 percent)
- nerdy (31 percent, 21 percent)
- stressed (24 percent, 20 percent)
- lonely (23 percent, 22 percent)
- boring (15 percent, six percent)
- unkempt (13 percent, seven percent)
- unhealthy (12 percent, eight percent).

For more on this data, see the July 2012 supplement to Practical Dermatology on therapeutic advances in the topical management of acne at http://bmctoday.net/practicaldermatology/2012/07/supplement/.

—Biopsychosoc Med; 5(1):11

Although it decreases notably each decade, acne in women may persist to middle age and beyond, new data show.

<table>
<thead>
<tr>
<th>Group 1: Age 21-30</th>
<th>Group 2: Age 31-40</th>
<th>Group 3: Age 41-50</th>
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<tbody>
<tr>
<td>45</td>
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