There was a time when there was no question that diet affected acne. “It used to be dogma: you don’t have lots of sugars and fats, pizza, French fries, soda,” said Linda Stein Gold, MD in an interview for DermTube Journal Club. “And then we went the other way based on some small studies and said, diet absolutely does not influence acne.”

But, as is often the case, the reality may be somewhere in the middle. The American Academy of Dermatology’s new guidelines for the treatment of acne vulgaris1 include a section on diet and acne, which Dr. Stein Gold helped write. The guidelines also cover grading and classification of acne, topical treatment, systemic treatment, and complementary/alternative therapies, including lasers and light-based devices.

In terms of the diet/acne connection, “There is some limited evidence that supports the use of a low glycemic index diet,” Dr. Stein Gold says. “That’s a good choice for a patient overall, anyway.” There is also some evidence, though inconclusive, that dairy products—especially skim milk—can exacerbate acne.

“I basically tell my patients, ‘Eat a healthy diet. If you notice that there’s a specific food that causes your acne to flare up, avoid it,’” Dr. Stein Gold said in the interview. She also discussed new developments in topical therapy for the program, available online at DermTube.com.

Amid increasing concern about antibiotic resistance, the current guidelines emphasize benzoyl peroxide as an important agent in topical treatment. The guidelines reaffirm the importance of using benzoyl peroxide along with topical antibiotics in order to reduce the risk for developing resistance. Topical antibiotics should not be used as monotherapy, according the recommendations.

The guidelines recommend against monotherapy with oral antibiotics. The guidelines state that concomitant topical therapy with benzoyl peroxide or a retinoid should be used with systemic antibiotics and for maintenance after completion of systemic antibiotic therapy.

“We are one percent of the physician universe, yet we prescribe over five percent of the antibiotics,” observes Ted Rosen, MD in a recent conversation for Derm Insider (Watch it now: DermTube.com/Insider). He is among dermatologists urging peers to reduce their dependence on antibiotics and to use them responsibly. Antibiotic use is not limited to acne and rosacea, he points out. “Every time you hold a prescription pad and a pen, and you are about to write for an antibiotic, think: Is this really necessary? Do I really know it’s infected? Have I paved the way for alternate therapies?... Is there an alternate treatment entirely?” Every prescriber should have an “exit strategy” in mind when providing antibiotics, he insists. n