

BASIC GUIDANCE AND ROLE OF COMMUNITY PHARMACISTS IN MANAGING ACNE VULGARIS

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OBJECTIVES

To develop a care algorithm for the management of *acne vulgaris* in community pharmacy settings, informed by a multinational survey evaluating current pharmacist practices, a review of acne pathophysiology and management, and insights from a global FIP expert board.

BACKGROUND

OVERVIEW

Acne vulgaris is a common chronic inflammatory disease of the pilosebaceous unit. Acne affects 9.4% of the global population, primarily adolescents, and significantly impairs quality of life, with associations to anxiety, depression, and suicidal risk.¹⁻³

Its multifactorial pathophysiology involves hyperkeratinization, inflammation, hyperseborrhea, and microbiome dysbiosis (particularly *Cutibacterium acnes* phylotype IA1).⁴ Triggers include hormonal fluctuations, smoking, medications, diet, skin picking, and stress.²

Many patients self-manage and seek pharmacists' advice for OTC treatments.⁵ Clearer global guidance is needed to support the role of community pharmacy in structured acne management.⁶

CLINICAL FEATURES & SYMPTOMS

Acne is characterized by seborrhea, non-inflammatory (comedones) and inflammatory lesions (papules, pustules, nodules, cysts), and varying degrees of scarring.² The presence of comedones is a unique specificity of the disease.

Lesions typically occur in areas with a high density of pilosebaceous units, including the face, neck, chest, shoulders, and back.

TYPICAL SYMPTOMS:

- Itching
- Soreness
- Pain

COMMON SEQUELAE:

- Scars
- Erythema
- Post-inflammatory hyperpigmentation (PIH)

TREATMENT AND MANAGEMENT DERMATOLOGY GUIDELINES

Topical therapy is the mainstay of acne treatment and is available OTC or by prescription (eg, retinoids, benzoyl peroxide, antibiotics, clascoterone, salicylic acid and azelaic acid).

For moderate to severe acne, systemic antibiotics, hormonal agents, or oral isotretinoin may be required.⁷⁻⁹

MILD



CLINICAL SIGNS

Easily recognizable: less than half of the face is involved. A few open or closed comedones and a few papules and pustules.

COMMON PRESCRIBED TREATMENT

Topical retinoid or fixed combination with retinoid BPO or azelaic acid salicylic acid.

MODERATE



CLINICAL SIGNS

- More than half of the face is involved
- Numerous papules and pustules
- Numerous open or closed comedones
- One nodule maybe present

COMMON PRESCRIBED TREATMENT

- Fixed combination or BPO or topical retinoid or azelaic acid
- Fixed combination preferred +/- hormonal therapy &/or oral antibiotic

SEVERE



CLINICAL SIGNS

Entire face is involved, numerous papules and pustules, open or closed comedones and rare nodules.

COMMON PRESCRIBED TREATMENT

Fixed combination + oral antibiotic preferred or + oral isotretinoin or + oral hormonal therapy

Thiboutot DM. J Am Acad Dermatol 2018;78:51-23

DERMOCOSMETICS IN ACNE DERMATOLOGY GUIDELINES

An international dermatology consensus recommends dermocosmetics in acne management to improve quality of life, enhance treatment adherence and tolerability, and reduce sequelae.¹⁰⁻¹¹

DERMOCOSMETICS SHOULD BE USED:

- **Alone for mild acne and for maintenance therapy**
- **As adjunctive treatment in moderate to severe cases, to manage dryness and irritation caused by many medical acne therapies**

RECOMMENDED ACNE-TARGETING DERMOCOSMETICS BY PRODUCT CATEGORY:

CLEANSER:¹¹

Gentle, soap-free, with a pH ~5 to help prevent irritation, preserve barrier function, and maintain microbiome balance.

Mild acne

Keratolytic, Sebum controlling

Moderate acne

Anti-inflammatory

MOISTURIZER, SERUM:¹¹

To prevent dryness, reduce irritation and inflammation, and support the skin barrier without disrupting the microbiome.

Mild acne/Maintenance

Keratolytic / Sebum controlling
Anti-inflammatory / Antimicrobial

Moderate acne

Sebum controlling / Anti-inflammatory

SUN PROTECTION:¹²

SPF30+ broad-spectrum sunscreen with UVB, UVA, and visible light protection to prevent post-inflammatory hyperpigmentation, especially in darker skin phototypes.

RESULTS & DISCUSSION

FIRST LINE HEALTHCARE

- Pharmacists should assess acne severity and lesion type/ number before recommending OTC treatment.⁶
- Only mild to moderate acne should be managed with OTC options (including dermocosmetics).⁶
- Pharmacists should guide formulation choice to ensure suitability, cosmetic acceptability, and adherence.⁶
- Hygiene and diet should be discussed.
- Essential skincare for all acne patients: cleanser, moisturizer, and sunscreen (SPF 30–50+).¹²

REDFLAGS - WHEN TO REFER

- Patients with (excessive) scarring
- Moderate/Severe disease (cysts, nodules, truncal acne)
- Treatment failure
- Psychosocial comorbidity
- Patients with early-onset acne (less than 12 y.o)
- Late-onset (>25 years) or signs of hyperandrogenism
- Pregnancy/breastfeeding

ADJUNCTIVE THERAPY

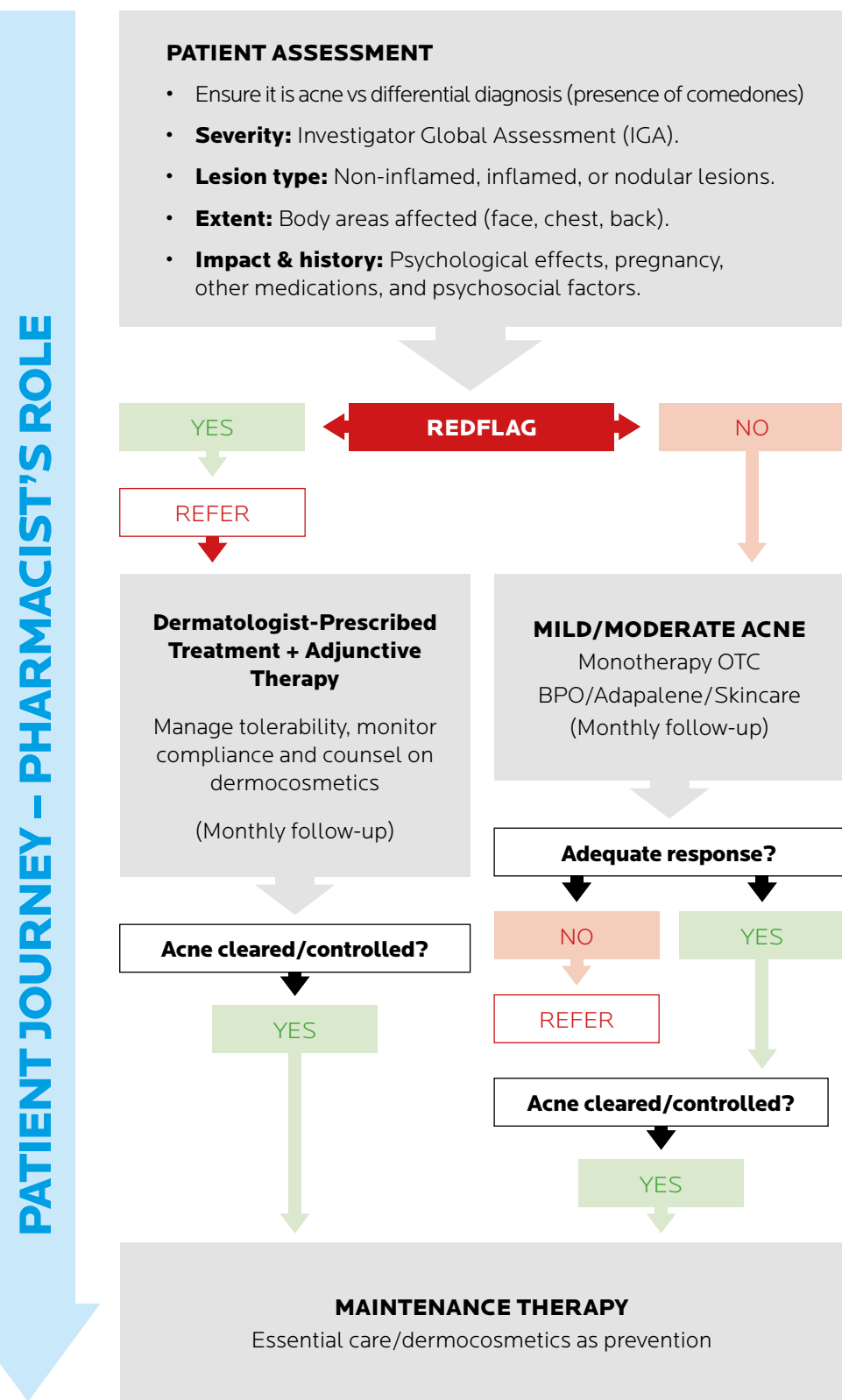
- Pharmacists can provide dermocosmetic support to reduce dryness/irritation and prevent PIH (broad-spectrum SPF 30–50+).
- They can monitor adherence and counsel on expected outcomes and side effects.
- Given acne's psychosocial impact, referral to other healthcare providers may be appropriate.

ANTIBIOTIC/ISOTRETINOIN STEWARDSHIP

Pharmacists support appropriate use of long-term therapies (eg, antibiotics), monitor adverse effects, and oversee pregnancy prevention programs for isotretinoin.¹³

MAINTENANCE THERAPY

- Dermocosmetics may help prevent acne relapse.^{10,11}
- Strict sun protection (SPF 30–50+) helps prevent PIH.¹²



GLOBAL OVERVIEW

1. Improve treatment adherence
2. Optimize quality of life
3. Manage cutaneous side effects of medical treatments (dry skin, irritation)
4. Prevent PIH and minimize scarring risk
5. Promote antimicrobial stewardship
6. Provide patient education

AREAS OF OPPORTUNITY

Evidence-based resources can support pharmacy professionals in acne management.¹⁴ Opportunities exist to further strengthen pharmacists' contribution to skin health through enhanced education, practical guidance, decision-support tools, and closer integration within healthcare systems. These measures can build pharmacists' knowledge and confidence, expanding access to timely, safe, and person-centred care while supporting more efficient use of healthcare resources.

CONCLUSION

Pharmacists are often the first point of contact for people with acne and can play an important role in its management through assessment, treatment support, appropriate product recommendations, antimicrobial stewardship, and referral when needed. Pharmacist-led interventions can improve adherence, quality of life, and clinical outcomes, and their implementation should be expanded globally.

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