

Editorial

The Changing Face of Acne

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Acne has long been the bread and butter of dermatology. This foundation of our practice is now undergoing some transitions, both in management and perception. One of the most interesting transitions is the change in prescription patterns. While recently attending a pharmaceutical-sponsored advisory panel concerning current trends in acne treatment, I was surprised to learn the following:

1. Sales of prescription antiacne products have been declining over the last few years.
2. At the same time, sales of retail over-the-counter (OTC) antiacne products have been increasing.
3. A single OTC product, which can be purchased via telephone or Internet, had sales of approximately \$600 million in 2003.¹

There are several potential explanations for these trends, including effective direct-to-consumer marketing and infomercials; patient difficulty obtaining dermatology appointments; increased acne management by nondermatologists, with fewer topical agents; and the convenience of OTC preparations. Therefore, there is understandable concern in the pharmaceutical industry. But should this be of concern to dermatologists? Is dermatology in danger of losing acne to other specialists?

The major concern of dermatologists is that patients with acne receive proper treatment and counseling. As dermatologists, we should continually strive to educate ourselves, primary care physicians, and the public about the need and methods to best address acne. For example, with a plethora of therapies available, no patient with cystic acne should have to suffer without the proper treatment. Furthermore, no one with acne should be permitted to develop permanent physical and psychological scars, especially because the appearance of physical scars is now eminently preventable.

We should therefore support the treatment of acne by all interested physicians, whether they be dermatologists or primary care physicians, but only if they are educated and qualified to treat the disease. The dermatologic and pharmaceutical communities should increasingly partner to spread public awareness that many therapies exist to treat

acne beyond OTC preparations and that these therapies may be more appropriate and beneficial for many patients.

We, however, require some important information to help us address these issues. How effective are these OTC medications, and how do they compare to our best prescription topicals? How cost-effective are they? Are our patients paying more for less effective products? Will most OTCs be ineffective, requiring patients to seek prescription products? In the face of the dwindling prescription topical market, such data may prove valuable to all concerned parties.

Dermatologists have long attempted to counter the notion that certain foods (eg, chocolate, soda) trigger acne. Despite our best efforts, many of our patients hold to this belief. Now there are arguments that foods with high glycemic loads may increase acne by influencing the secretion of sebum. Cordain et al² analyzed the prevalence of acne in 2 nonwesternized populations: the Kitavan Islanders of Papua New Guinea and the Ache hunter-gatherers of Paraguay. They also analyzed how elements in nonwesternized environments may have influenced the development of acne. Of 1200 Kitavan subjects examined (including 300 aged 15–25 years), no case of acne (grade 1 with multiple comedones or grades 2–4) was observed. Of 115 Ache subjects examined over 843 days (including 15 subjects aged 15–25 years), no case of active acne (grades 1–4) was observed. The authors concluded that the difference in acne incidence rates between nonwesternized and fully modernized societies could not be solely attributed to genetic differences among populations but likely results from differing environmental factors. They theorized that low glycemic load diets may have therapeutic potential in reducing acne.² Further investigation is necessary to validate this revolutionary concept.

REFERENCES

1. Guthy-Renker. Company overview. Available at: www.guthy-renker.com/about/overview.php. Accessed June 27, 2004.
2. Cordain L, Lindeberg S, Hurtado M, et al. Acne vulgaris: a disease of Western civilization. *Arch Dermatol.* 2002;138:1584-1590.