

The Ache of Isotretinoin

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As a nurse practitioner in a dermatology practice, I have had the opportunity to treat many patients with isotretinoin and to reflect upon the challenges of using this drug. Recently, I treated 3 teenagers with cystic acne. All 3 patients were denied isotretinoin in the past and were hopeful that I would be amenable to prescribing this medication to them.

Recalcitrant cystic acne is a problem that continues to affect teenagers. I am concerned that medical providers are intimidated by the risks associated with isotretinoin and are therefore not prescribing the drug and not appropriately treating cystic acne in accordance with current medical standards. Isotretinoin received negative press in recent years, partly because of the publicity generated by the suicide of a congressman's son while taking this medication.¹ As a result, many dermatologists have hesitated to administer this potentially beneficial drug. Although it is reasonable for dermatologists to be cautious, it is important that the prescription of isotretinoin not be dismissed altogether but instead remains a viable option for qualified patients with acne. The iPledge program should be used as a medical tool instead of a deterrent.

Cystic acne is a socially crippling and physically devastating condition that can leave teenagers feeling isolated and depressed. Being sensitive to the psychological issues impacting patients with acne, medical providers should deliver all of the viable therapies to those patients who are qualified to receive them. Isotretinoin is a serious drug that should be prescribed with serious consideration.

Case Reports

Patient 1—A 17-year-old adolescent boy visited the office with his mother. The patient presented with severe cystic acne covering his entire face. A high school senior at the time, he previously had

been treated with a course of isotretinoin during his freshman year. Two months into treatment, he claimed that his complexion was clearing, but he then experienced a series of stressful events: he changed schools; his girlfriend broke up with him; and he was injured while playing sports, which caused him to sit out the football season. Needless to say, he felt down. Alarmed, his dermatologist immediately withdrew him from isotretinoin treatments. His complexion deteriorated and he then felt depressed. Depression is a direct well-recognized contraindication to isotretinoin. The patient visited another dermatologist who refused to prescribe him the drug. Instead, he was prescribed the usual course of antibiotics and topical medications and showed no signs of improvement.

Patient 2—A 15-year-old adolescent girl presented with severe cystic acne and scarring. Accompanied by her recently divorced parents, the patient appeared quiet but pleasant, was a good student, and was a tap and lyrical dancer. She had been visiting a dermatologist for 2 years and her acne was treated biweekly with α - and β -hydroxy acid peels and intense pulsed light therapy. The family had spent thousands of dollars on cosmetic procedures only to be sorely disappointed when there was no improvement in the patient's condition. The dermatologist refused to treat this patient with isotretinoin. She was prescribed minocycline hydrochloride for 2 years, as well as many topical agents, to use in combination with the chemical peels. Because of her severe acne, the patient felt scorned by her peers and alienated from her circle of friends. She was an emotionally wounded adolescent who possibly could have been spared this devastation if only serious consideration had been given to treatment with isotretinoin. The patient and her parents were given false hope that expensive procedures, not covered by insurance, would resolve her acne. She sat across from me bearing the battle scars of acne. In fact, the patient was so wounded by her peers that her parents were forced

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to bring her to a therapist who advised the parents to do whatever was necessary to treat her acne.

Patient 3—A 17-year-old adolescent boy presented with severe acne of 2 years' duration. According to the patient, he had tried everything, except isotretinoin. In fact, a review of his prior treatments revealed that the patient had exhausted most other oral and topical regimens. His parents were educators and were well-informed of the isotretinoin controversy. At this point, he felt ready to try the drug. The patient was self-conscious about his complexion and wanted it clear before the end of the school year. He was new to our practice and I gave him topicals to treat the acne until after his holiday vacation, at which time I would be able to keep a watchful eye on him. The patient became visibly disappointed after not being prescribed isotretinoin, so much so that he became flushed and his eyes welled up with tears because he felt stymied yet again.

Comment

Recalcitrant cystic acne can be gut-wrenching for the patient, parents, and medical provider. They are tough cases to treat. Regardless, isotretinoin must be recognized for its value and used accordingly. It is not a universal remedy, but it does have its place in the hierarchy of the treatment of acne.

Last week, a 28-year-old professional woman presented with a glowing complexion, except for a minor blemish that she immediately wanted treated. Although extreme, her history revealed she had been on 3 courses of isotretinoin, at ages 16, 19, and 22 years. She had no scars from her acne, and in reference to the isotretinoin treatment, she said it is a miracle drug.

REFERENCE

1. Accutane Side Effects Web site. December 11, 2002 Congressional Hearing. Available at: <http://www.accutane-side-effects.net/>. Accessed July 23, 2007.