

Duac Shows Efficacy for Noninflammatory Acne

BY BRUCE JANCIN

SAN FRANCISCO — Fixed-dose clindamycin 1%/benzoyl peroxide 5% gel outperformed adapalene 0.1% gel, markedly reducing both noninflammatory and inflammatory facial acne lesions in an investigator-blinded 12-week randomized trial.

In a post hoc analysis, 59 patients treated with the benzoyl peroxide/clindamycin gel (Duac, Stiefel Laboratories Inc.) achieved faster and greater improvement than the 61 who received a retinoid, Dr. Anthony Chu reported at the annual meeting of the American Academy of Dermatology.

The primary results of this study, which was sponsored by Stiefel, have already been published (*Br. J. Dermatol.* 2008;158:122-9).

Duac is FDA approved only for treatment of inflammatory lesions of mild to moderate acne. The finding of comparable efficacy for noninflammatory as well as inflammatory lesions in the new post hoc analysis, while encouraging, will require further confirmatory studies, noted Dr. Chu of Hammersmith Hospital, London.

After 1 week of therapy, noninflammatory acne lesions were reduced by a mean 8.2% in Duac-treated males and by

8.5% in female patients, compared with 2.3% and 1.3%, respectively, with adapalene gel (Differin, Galderma). By week 12, the mean reduction in noninflammatory lesions in males was 57% with Duac and 25% with adapalene gel, and 53% in Duac-treated females versus 44% in those who received adapalene.

Dr. Chu disclosed having received honoraria from, and serving on the speakers bureaus of, Stiefel and Galderma. ■

Among Indoor Tanners, Men More Clueless

DENVER — Less than 12% of women and less than 7% of men who tan indoors are regular users of sunscreen, according to a national survey of white adults.

Overall, women who use tanning parlors have a better understanding of the associated risks than men who do so. Of women who tan indoors, 38% are aware that the practice increases their skin cancer risk, compared with only 11% of men who tan indoors, Kelvin Choi reported at the annual meeting of the American Association for Cancer Research.

Similarly, 27% of women who tan indoors perceive themselves as being at high risk of skin cancer, and another 17% see themselves as at moderate risk. In contrast, only 3% of men who tan indoors see themselves as at high risk, and 4% perceive themselves as at moderate risk for skin cancer, according to Mr. Choi of the University of Minnesota, Minneapolis.

Most studies on indoor tanning practices have focused on adolescents and young adult women. Addressing this limitation, Mr. Choi and his coinvestigators analyzed data from the National Cancer Institute 2005 Health Information National Trends Survey. They zeroed in on the knowledge and attitudes regarding skin cancer prevention among a randomly selected subset that included 2,869 white men and women aged 18-64 years.

Overall, 18% of the women and 6% of men reported tanning indoors within the prior year. Indoor tanning was most popular in the Midwest; women living there were 2.5 times more likely to use tanning beds than those in the West, where the use was least frequent. Midwestern men were 2.9-fold more likely to tan indoors than Westerners.

Both women and men who tan indoors tended to be younger. In the peak age category for indoor tanning—the 18- to 24-year-olds—36% of women and 12% of men reported having used a tanning parlor in the past year. Individuals with at least some college education and who earned more than \$35,000 annually were more likely to tan indoors.

—Bruce Jancin

Cardiac Risk Factors

Serving Size: 1 Adult Male
Servings Per Container: 1

Amount Per Serving	
Age	48
Weight	243
Total Cholesterol	259
LDL	169
HDL	47
Coronary Calcium Score	397
Body Mass Index	37
Waist Circumference	48
Blood Pressure	
Systolic	150
Diastolic	90
Fasting Blood Glucose	146


Ingredients for Coronary Artery Disease Risk:
Family History, Diabetes, Hypertension, Smoker, Occasional Chest Discomfort

Refer

Nuclear stress testing for reliable diagnostic and prognostic results^{1,2}

1. Klocke FJ, et al. *Circulation*. 2003;108:1404-1418.
2. Hachamovitch R, et al. *Circulation*. 1998;97:535-543.

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