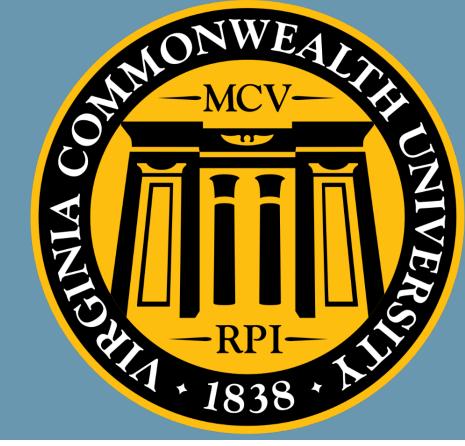


Topical retinoids: an under-utilized but highly effective treatment for adult acne patients in the primary

care setting

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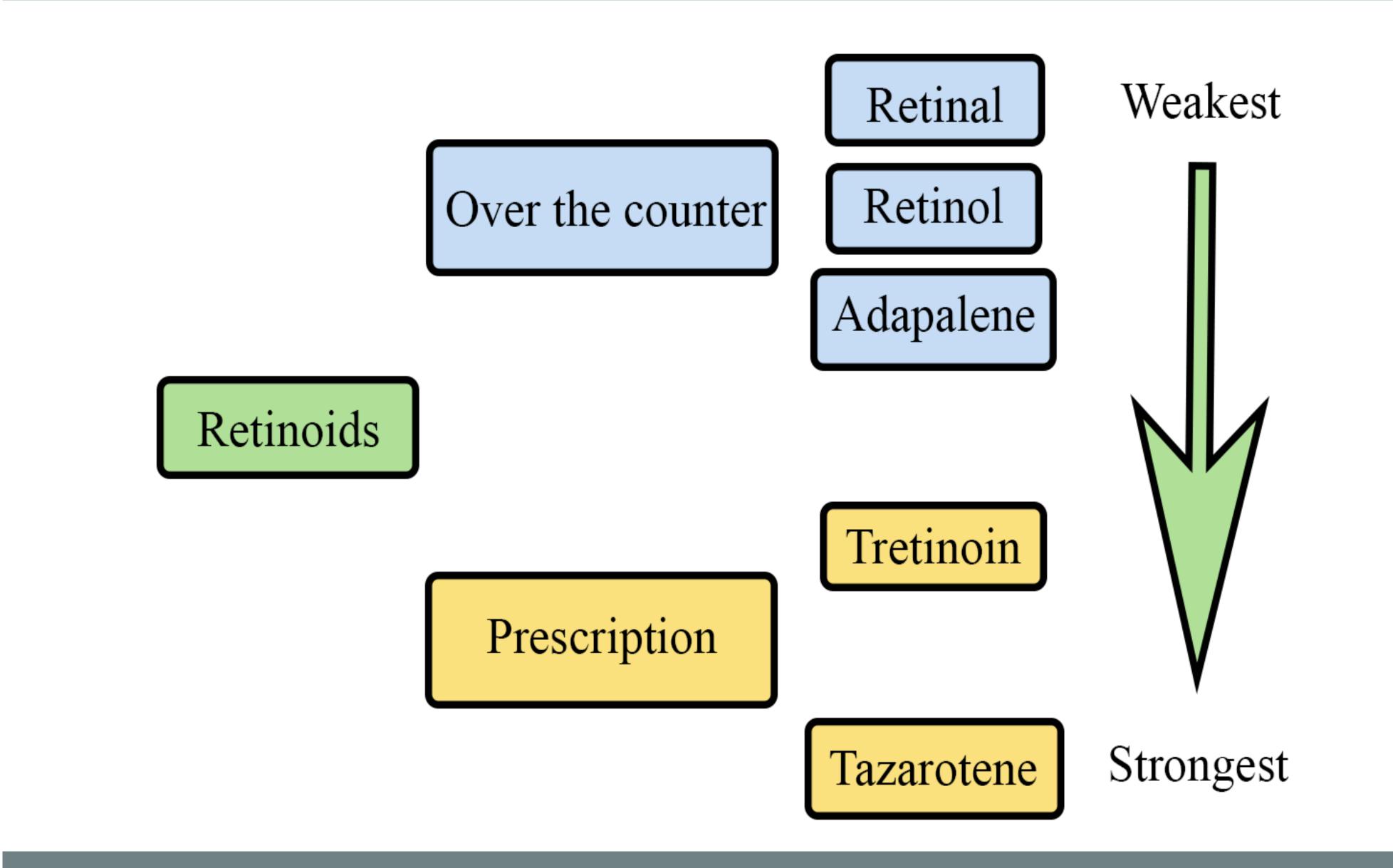
BACKGROUND

Topical retinoids are frequently utilized by dermatologists in the management of adult acne vulgaris. With an attractive efficacy and safety profile and tolerability, they may be used long-term for acne and to improve the appearance of fine lines/wrinkles, milia, and dark spots. Despite their high efficacy and safety, topical retinoids are underutilized in the primary care setting to treat adult acne.

OBJECTIVES

- •To increase primary care provider awareness of the role for topical retinoids in management of adult acne
- •To review relative potency of common topical retinoids
- •To summarize safety considerations and educate providers and patients on methods to mitigate adverse effects of retinoids
- •To list the indications for escalation of care to dermatology

RELATIVE RETINOID POTENCIES



SAFETY CONSIDERATIONS

- •Do not use if pregnant or planning to become pregnant there is a small risk of systemic absorption and vitamin A is a known teratogen
- •The most common adverse effects are skin irritation, dryness, and flaking
- •Use sunscreen, the medication can cause increased sun sensitivity
- Only approved for use in 12 years and older

BASICS FOR PRESCRIBERS

- •Selection of a topical retinoid is based upon availability, cost, tolerability, and potency
- •Adapalene 0.1% gel is an over-the-counter retinoid that may be used when patients cannot tolerate stronger retinoids
- •Topical retinoids are applied once per day, at night to avoid photoinactivation
- •Treatment should start slowly to minimize risk for skin irritation (eg, application every other night or every third night), with the goal of progressively increasing to daily use.
- •Do not apply simultaneously with benzoyl peroxide (inactivates retinoids)

WHEN TO REFER PATIENTS

- Severe cystic or nodulocystic acne, or acne present on chest and back
- Patients who are experiencing scarring secondary to acne
- Refractory cases unresponsive to 2-4 months of topical retinoids