

Adult acne: Does it ever end?



By Katherine McDonald and Dr. Afsaneh Alavi

Acne vulgaris is a common skin disease in young people. In fact, minor acne occurs in approximately 85 per cent of people between 12 and 24 years old. For most, the condition is adequately managed with no physical or psychological sequela until the anticipated skin clearing at the end of the adolescent hormonal roller-coaster. Unfortunately, this is not the end of acne for some individuals. In particular, studies have shown that it has become more common for women to have adult acne.

Acne can persist from adolescence through to adulthood, or can occur for the first time in a person's adult years. It is commonly associated with a large amount of facial hair growth (hirsutism), large pores and excessive sebum excretion (oily skin).

Research results

If you feel like you're the only adult who still has to deal with the hassle of acne, it's important to understand that you're not alone. A 2012 study at the Massachusetts General Hospital found that 45 per cent of women aged 21–30 years, 26 per cent of

women aged 31–40 years and 12 per cent of women aged 41–50 years are still dealing with acne and its psychosocial implications.

The research further revealed that 28 per cent of the studied women had mild acne, 27 per cent had clinical acne, 14 per cent had primarily inflammatory acne and 13 per cent had primarily comedonal acne. The individuals with inflammatory acne tended to be younger.

Psychosocial impacts

Because acne is so common, it is sometimes belittled by those who do not have it or who fail to understand the possible psychosocial consequences. Acne has a significant psychosocial impact and this is not always correlated to the severity of the acne, but rather to the personality and social environment of the affected individual. Acne causes some people to alter their social activities and clothing choices to avoid displaying their affected skin. For example, people whose torso is affected by acne will often wear clothing that covers their chest and back, and avoid activities in which they would have to

expose the affected skin.

Dealing with persistent acne during adolescence is tolerable for some, but the development of self-esteem and healthy social habits can be negatively impacted during this time. Adults with acne are not immune to these psychosocial concerns. Adult acne patients sometimes develop more reclusive social habits and report a reduced mental health status as a result of the lifestyle changes they have made due to their skin.

Knowing this, it becomes clear that the psychosocial impact of acne must be taken into consideration when deciding on a treatment plan. More aggressive treatments might be considered for patients whose quality of life is heavily impacted. There are quality-of-life scales that can be completed in clinical practice in less than two minutes. The Acne Disability Index/Cardiff Acne Disability Index is the easiest and fastest scale to complete. Conversely, the Acne Quality of Life scale more thoroughly evaluates anxiety and depression and has been validated in adults with acne. When patients are unaware of how significantly acne has altered

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their quality of life, showing them a score can be helpful in motivating them to adhere to treatment and see their score improve. Patients can also access these scores at home online and track their own improvement.

Treatment options for women

Lifestyle is an important factor to address before moving on to medications for acne management. Factors such as sleep, stress and diet are not causes of acne, but they have not been ruled out as contributing factors in aggravating acne. In truth, their role remains poorly understood. However, there is no harm in improving one's general health through lifestyle changes.

Treatment also depends on the severity and type of acne. Comedonal acne (small skin coloured bumps with "clogged" pores) is often treated with a topical retinoid or other keratolytic agents. Mixed and papular/pustular acne (small red pumps and whiteheads) can be treated with the same topical retinoid with an added oral antibiotic, as well as with topical antibiotics and/or benzoyl peroxide. The latter helps reduce antibiotic resistance. For women, an oral anti-androgen (i.e., spironolactone or an oral contraceptive) can be used to reduce the male sex hormones that aggravate acne. This is particularly helpful when

the individual has other high-androgen traits, such as facial hair growth.

When acne is nodular (large, inflamed and often painful) or very severe then the previous combination can still be used, but oral isotretinoin may be considered. Similarly, patients with acne that has been resistant to previous treatments might consider oral isotretinoin. Oral isotretinoin is the first line of therapy for severe nodular or acne conglobata (comedones, nodules, abscesses and draining sinus tracts). High doses of oral antibiotic with topical retinoid and



benzoyl peroxide may be considered if the patient is opposed to or unable to take oral isotretinoin. Once the acute phase has been treated then topical retinoids and benzoyl peroxide can be used as maintenance therapy. 

Katherine McDonald, BScH, is a third-year medical student at the University of Ottawa and an executive of the Dermatology Interest Group, as well as the Sun and Skin Safety Health Advocacy Group. She currently works on pediatric dermatology studies at the Children's Hospital of Eastern Ontario.

Dr. Afsaneh Alavi, MD, MSc, FRCPC, is a staff dermatologist at the Women's College Hospital and Assistant Professor in the Division of Dermatology at the University of Toronto.

Do you live with acne?

If so, you might want to consider participating in a clinical trial. See [researchtrials.org/Active_Studies/Acne_Study_Ages_9_And_Older](https://www.researchtrials.org/Active_Studies/Acne_Study_Ages_9_And_Older) for more information.



The final flare: Menopause

Menopause, particularly the peri-menopausal phase, can trigger acne in women. If acne is the only menopausal symptom then treatment can be targeted toward the acne, as outlined in the main article. However, if the patient is also suffering from unbearable hot flashes and night sweats then hormone replacement therapy (HRT) can be useful to supplement estrogen in the short term. Long-term HRT use is not recommended due to serious associated risks (e.g., stroke, blood clots, heart attacks, breast cancer).



The final clearing: Postmenopause

For most women, the treatment options described in the main article are sufficient for acne management. For a small percentage of women, however, acne management will remain a constant battle. If adult acne is resistant to treatment, will it ever end? Research data suggest that stubborn adult acne often resolves after the menopause. A study that looked at women with a history of persistent adult acne found that postmenopausal women had less acne than age-matched premenopausal women.