

MULTIMODAL TREATMENT STRATEGIES

**TREATMENT APPROACHES ACROSS THE PATIENT
JOURNEY AND DISEASE SEVERITIES**

BEFORE YOU PROCEED: REFLECT BRIEFLY

**IS A MULTIMODAL APPROACH MORE EFFECTIVE IN
MANAGING ACNE VULGARIS COMPARED TO
MONOTHERAPY? IF YES, WHY?**

COMBINATIONS OF THE TREATMENTS FOR ACNE VULGARIS

THE IMPORTANCE OF A MULTIMODAL APPROACH

- Addressing as **many pathophysiological factors** implicated in **acne** as possible leads to **better outcomes**^{1,2}
- A multimodal approach works **more rapidly** for patients²
- **Adherence** is improved with preferably **fixed combination therapies** which are more **convenient** for patients to use³
- More rapid control of inflammatory processes translates to **less distressing** and **disfiguring sequelae**⁴









MANAGING ACNE VULGARIS: NICE GUIDELINES (1/2)

EVIDENCE-BASED RECOMMENDATIONS FOR MULTIMODAL TREATMENT

- Offer a 12-week course of first-line treatment
- Explain that positive effects may take 6-8 weeks to appear
- Take into account patient preference and acne severity
- Discuss the advantages and disadvantages of treatment

Therapy options (part 1)

Topical fixed combination – Single-application

First line treatment options		Severity	Advantages	Disadvantages Colours correspond to medicines
Topical fixed combination	Adapalene  Benzoyl peroxide	Mild Moderate Severe	Does not contain antibiotics	Skin irritation Photosensitivity Bleaching of hair and fabrics 
Topical fixed combination	Tretinoin  Clindamycin	Mild Moderate Severe	Does not bleach hair or fabrics	Skin irritation Photosensitivity  
Topical fixed combination	Benzoyl peroxide  Clindamycin	Mild Moderate		Skin irritation Photosensitivity Bleaching of hair and fabrics

National Institute for Health and Care Excellence. Acne vulgaris: management NICE guideline [NG198]. Available at: www.nice.org

Infographic adapted from Xu et al. (2021)

Xu J, et al. BMJ. 2021;374:n1800

MANAGING ACNE VULGARIS: NICE GUIDELINES (2/2)

EVIDENCE-BASED RECOMMENDATIONS FOR MULTIMODAL TREATMENT

Therapy options (part 2)

Combined use of separate topical and oral agents

First line treatment options	Severity	Advantages	Disadvantages Colours correspond to medicines
<div>Topical fixed combination</div> <div>Adapalene</div> <div>Benzoyl peroxide</div> <div>+</div> <div>Oral lymecycline^a or Oral doxycycline^a</div>	Moderate Severe	<div>Oral component may be effective in treating acne in areas that are difficult to reach with topical option</div>	<div>Skin irritation</div> <div>Photosensitivity</div> <div>Bleaching of hair and fabrics</div> <div>Systemic side effects</div> <div>Antimicrobial resistance</div>
<div>Topical azelaic acid</div> <div>+</div> <div>Oral lymecycline^a or Oral doxycycline^a</div>	Moderate Severe	<div>Treatment with adequate courses of standard therapy with systemic antibiotics and topical therapy is a Medicines and Healthcare products Regulatory Agency (MHRA) requirement for subsequent oral isotretinoin</div>	<div>Photosensitivity</div> <div>Systemic side effects</div> <div>Antimicrobial resistance</div>
<div>Topical benzoyl peroxide</div> <div>Consider if above treatment options are contraindicated or the person wishes to avoid antibiotic or topical retinoid</div>	Mild Moderate Severe	<div>Does not contain topical retinoid or antibiotics</div>	<div>Skin irritation</div> <div>Photosensitivity</div> <div>Bleaching of hair and fabrics</div>

Maintenance

- Encourage continued appropriate skin care
- Consider maintenance treatment in people with a history of frequent relapse after treatment
 - A fixed combination of topical adapalene and topical benzoyl peroxide
 - If not tolerated, or contraindicated: topical monotherapy with adapalene, benzoyl peroxide or azelaic acid

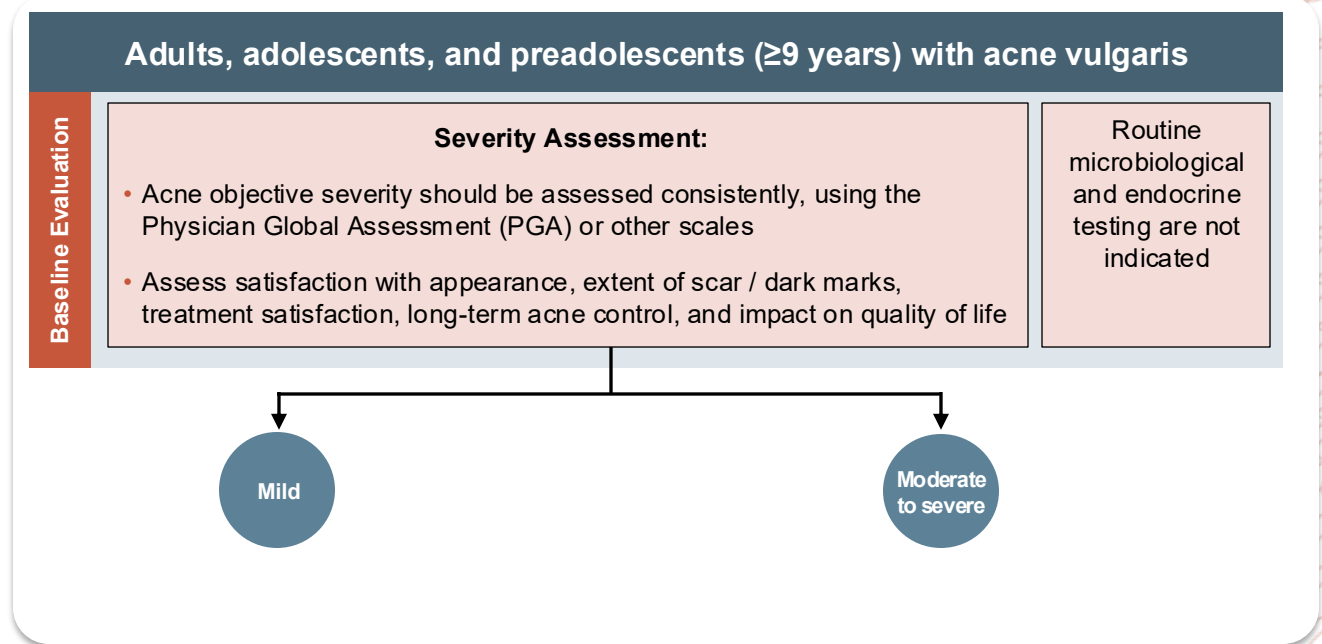
^a or consider trimethoprim or oral macrolide

MANAGING ACNE VULGARIS: AAD GUIDELINES (1/2)

EVIDENCE-BASED RECOMMENDATIONS FOR MULTIMODAL TREATMENT

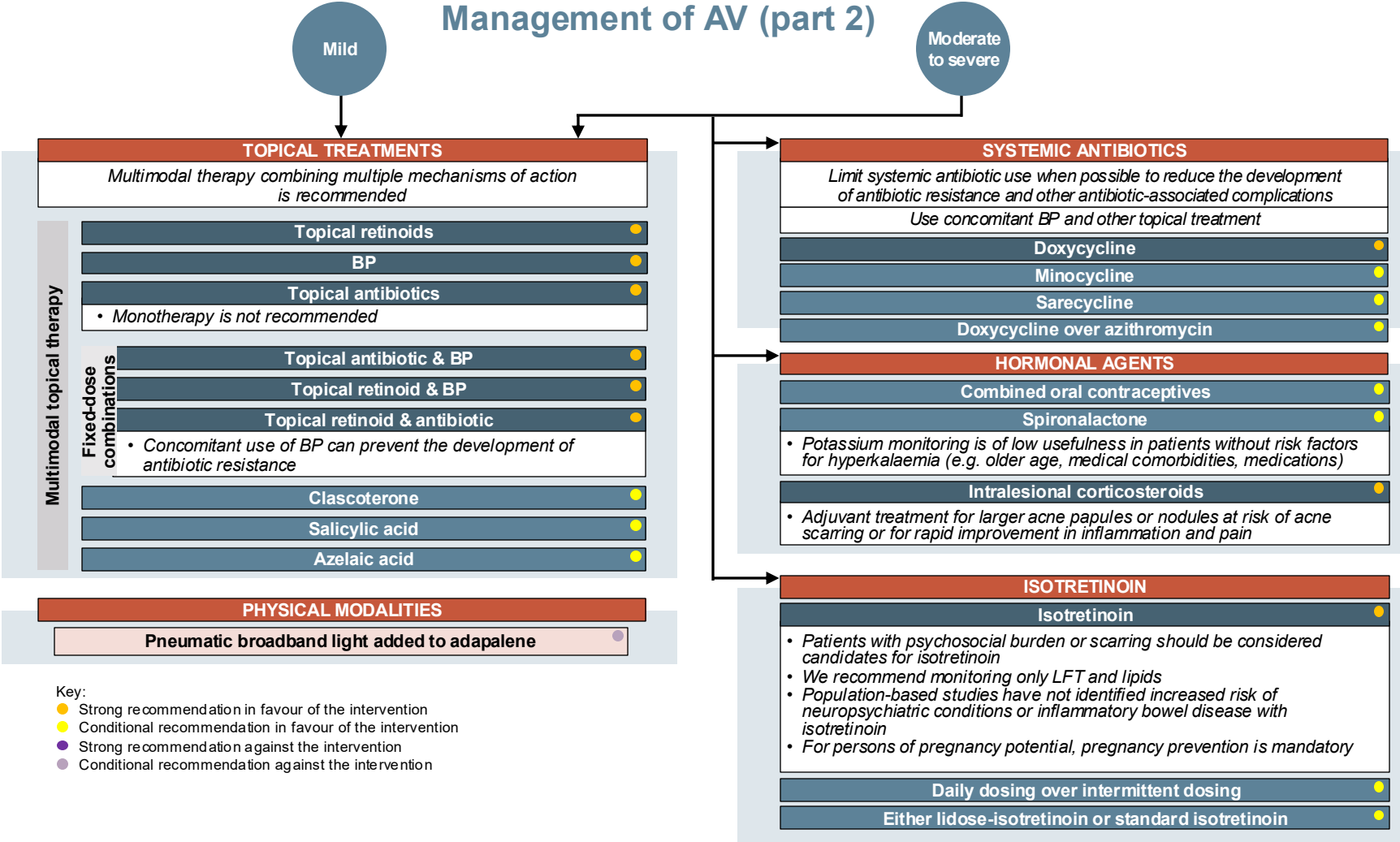
- The AAD 2016 acne vulgaris **guidelines**¹ were updated in **2024** with **18 evidence-based recommendations** and **5 good practice statements**²
- **Strong recommendations for:** topical benzoyl peroxide, retinoids, antibiotics, oral doxycycline; oral isotretinoin for severe or treatment-resistant acne²
- **Conditional recommendations for:** topical clascoterone, salicylic acid, azelaic acid, oral minocycline, sarecycline, combined oral contraceptives, and spironolactone²
- **Good clinical practices:** combining topical therapies with multiple mechanisms, limiting systemic antibiotics, and using intralesional corticosteroid injections²

Management of AV (part 1)²



MANAGING ACNE VULGARIS: AAD GUIDELINES (2/2)

EVIDENCE-BASED RECOMMENDATIONS FOR MULTIMODAL TREATMENT



MANAGING ACNE VULGARIS: GUIDELINES

FURTHER READING

- NICE management guideline for acne vulgaris¹
 - Click [HERE](#)
- AAD guidelines of care for the management of acne vulgaris²
 - Click [HERE](#)
- European S3 guideline for the treatment of acne*³
 - Click [HERE](#)



These guidelines may require **updates** as **new insights** and **evolving treatment options** continue to shape the acne vulgaris management landscape, especially as part of combination therapies with longer-known treatments

AAD, American Academy of Dermatology; NICE, National Institute for Health and Care Excellence

*Currently being updated (June 2025)

1. National Institute for Health and Care Excellence. Acne vulgaris: management NICE guideline [NG198]. Available at: www.nice.org;
2. Reynolds RV, et al. J Am Acad Dermatol. 2024;90(5):1006.e1-1006.e30; 3. EDF. S3-Guideline for the Treatment of Acne (Update 2016). Available [here](#) (accessed May 2025)