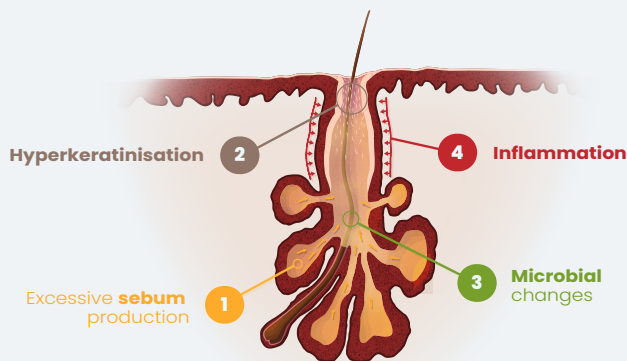


# ACNE VULGARIS

## IMPROVING ACNE VULGARIS WITH MULTIMODAL TREATMENT STRATEGIES

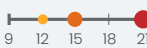


Acne vulgaris is driven by **four key pathogenic factors**



Appropriate **placement of therapies:** Depends on disease severity, duration, disease burden, history, prior therapies and response

### Clinical history



### Prior therapy response

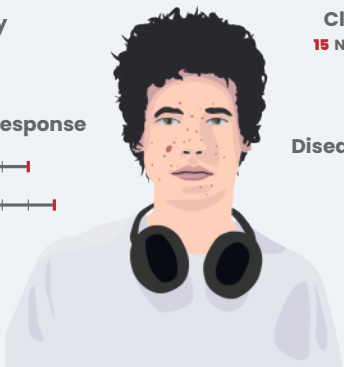


### Clinical presentation

**15** Non-inflammatory lesions  
**23** Inflammatory lesions  
**1** Nodule

### Disease severity burden

**Moderate-to-severe**



**Latest guidelines**, such as NICE, European and AAD, provide excellent evidence-based treatment options available to optimise acne outcomes aligned to patient needs and expectations

### Topical

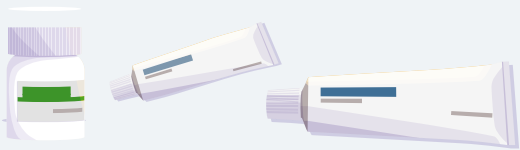
### Systemic

Retinoids	Benzoyl peroxide	Azelaic acid	Clascoterone	Antibiotics	Antibiotics	Isotretinoin	Contraceptives	Spironolactone
Target 2 3 4	Target 2 3 4	Target 2 3 4	Target 1 2 3 4	Target 2 3 4	Target 2 3 4	Target 1 2 3 4	Target 1 2 3 4	Target 1 2 3 4

Although acne treatments are generally well tolerated, it is important to consider their safety profiles and local prescribing practices.

### Use multimodal treatment strategies:

Combining treatments targeting different pathogenic factors, using fixed-dose topicals and systemic treatments where appropriate, is essential to achieve the best efficacy



### RECOMMENDATIONS

**Assess and tailor treatment** – Carefully evaluate lesion type, site and extent and factors influencing severity, and personalise treatment based on history, clinical presentation, patient needs and expectations

**Take acne vulgaris seriously** – Acne is not a trivial disease. The burden is not always linked to objective visual severity; individual patient experiences and psychosocial impact should also guide management

