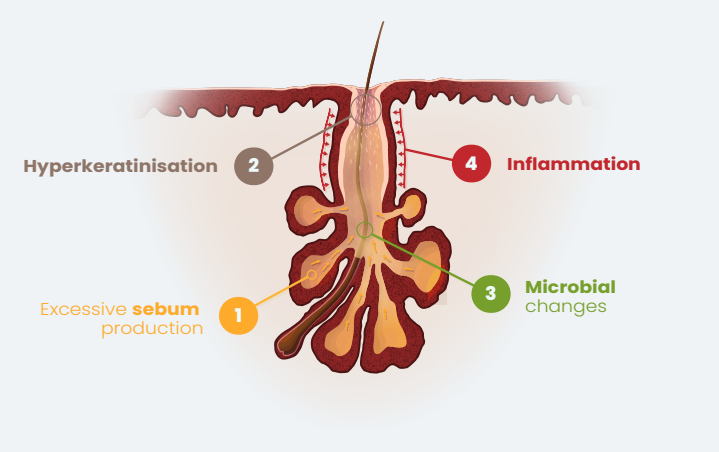


ACNE VULGARIS

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

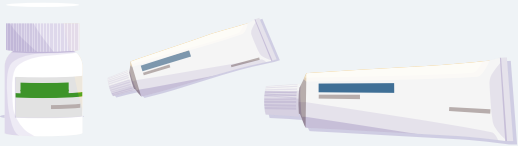


Latest guidelines, such as NICE, European and AAD, provide excellent evidence-based treatment options available to optimise acne outcomes aligned to patient needs and expectations

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

