



SPOT ON

PART 1

IN THE FIRST OF A TWO-PART SERIES, **FRANCES FURLONG** SUMMARISES HER DISSERTATION AS PART OF HER BSC HONOURS IN PROFESSIONAL PRACTICE IN HEALTH AND SOCIAL CARE AT THE UNIVERSITY OF GREENWICH

'Acne is a polymorphic and multifactorial inflammatory disease of the pilosebaceous follicles in the skin of the face and trunk' (Layton, 2006). The purpose of this article is to examine the most effective treatments for acne by using research from both quantitative and qualitative methods. The conventional method of treating acne has been by oral or topical antibiotics, however, research studies show that methods such as lasers, lights and chemical peeling are now commonly used by the medical world (although these particular treatments are not freely available to all patients on the National Health Service).

As a nurse practitioner, I have used all of these methods to treat patients. For the

majority of patients they will start by using traditional antibiotic methods. However many patients express their concerns over long-term side effects of continuous antibiotic use. Other patients may have built up a resistance to antibiotics that were once very helpful for the condition while others simply do not like the idea of taking antibiotics for a skin complaint. However, the alternative treatments offered by the clinic in which I work are not without their own side effects and risks.

My role is to ensure patients are assessed in a holistic manner as to determine the right treatment pathway for that individual. The first part of the assessment is to take a detailed medical history. If the patient requires further medical attention I then refer them to the

medical director. Furthermore, considerations of skin type, skin colour, prior treatments, age, sex, how long they have suffered with the condition, nutritional assessment and the psychological impact on the patient are needed to make a clinical judgment on treatment programmes. Patients are often more concerned about the problems they encounter once the infection is being controlled (scarring, redness, sensitivity and general skin quality). These are all cosmetic features of the disease, however, this does not mean that they are not equally as important, as many of the patients under the care of the clinic are taking anti-depressants prescribed by their general practitioners to cope with the psychological impact of the condition.