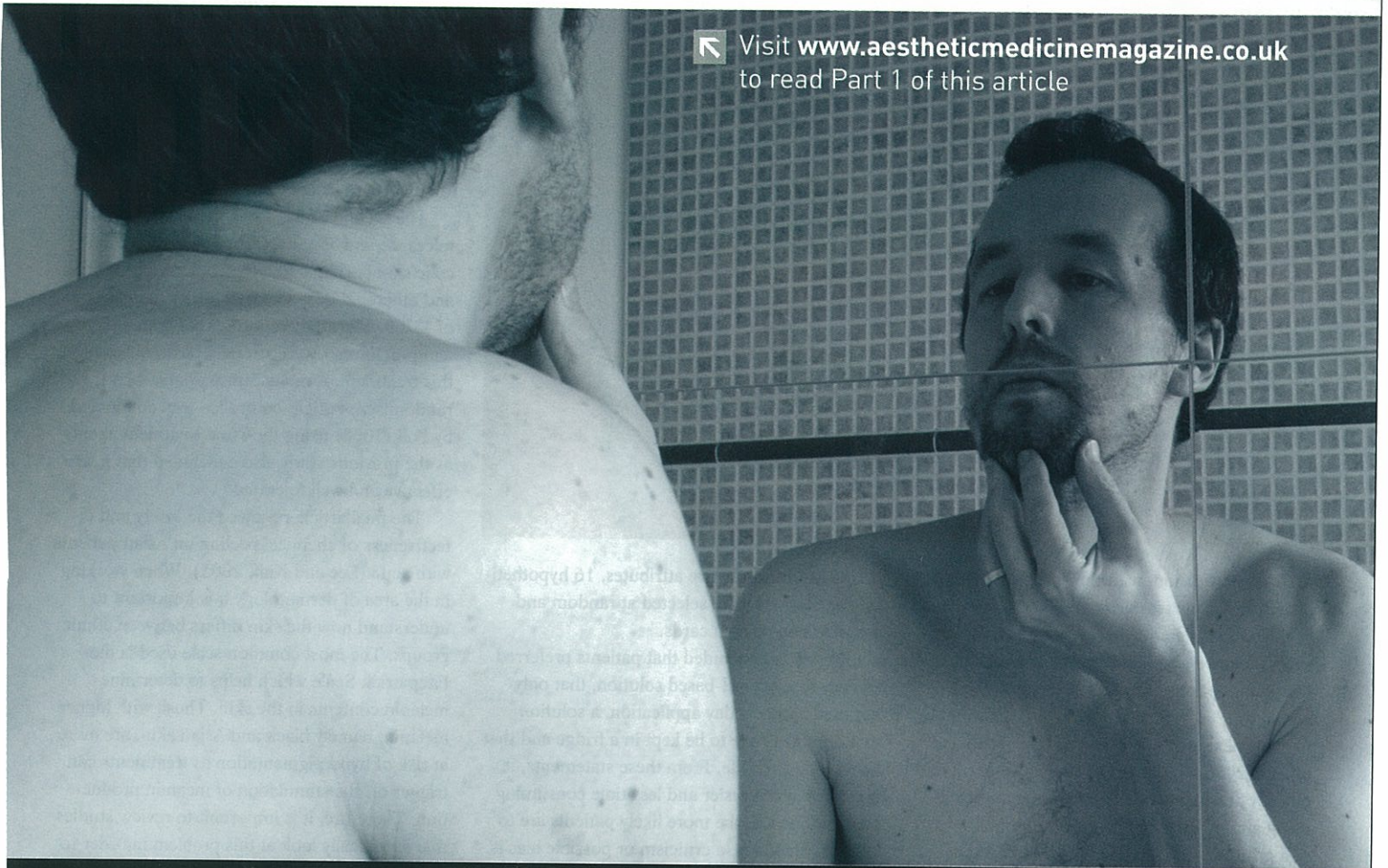


Visit www.aestheticmedicinejournal.co.uk
to read Part 1 of this article



SPOT ON

PART 2

IN THE SECOND OF A TWO-PART SERIES EXAMINING THE MOST EFFECTIVE TREATMENTS FOR ACNE, **FRANCES FURLONG** SUMMARISES HER DISSERTATION AS PART OF HER BSC HONOURS IN PROFESSIONAL PRACTICE IN HEALTH AND SOCIAL CARE AT THE UNIVERSITY OF GREENWICH

In last month's issue we explored the psychological impact of acne and the use of laser therapy in treating this condition. This month we will look at drug therapy and chemical peeling.

DRUG THERAPY

Within the clinical arena in which I work, patients will have had experience of taking medications such as antibiotics, oral and/or topical, anti-inflammatories or steroids to help control their acne.

In some cases other treatment programs have to be used as some patients may have built up a resistance to these medications or are simply not compliant with taking them.

Finlay (1999) and Renzi and others (2002) noted that, 'In dermatology, poor compliance

with treatment is a well recognised problem, and it is believed that 30-40% of patients using topical formulations fail to comply with their treatment regimen'. Furthermore, a study conducted by Cunliffe (1995) reported that resistance to antibiotics commonly used in treating acne was significant, and made recommendations to avoid prescribing them if there is an alternative.

A commonly used oral tretinoin is isotretinoin (Roaccutane), a drug used in the treatment of severe acne that has failed to respond to other treatments (Oxford Nursing Dictionary, 2000).

The first article I reviewed in this section by Kellett and Gawkrödger (1999). Its purpose was to find out if isotretinoin had any effect on the patient's psychological or emotional state.

A sample of 34 patients (19 men and 15 women) with chronic acne were assessed for

psychological, emotional and dermatological symptomatology using a variety of questionnaires over four time points during 16-week treatment with isotretinoin. The study showed that isotretinoin did not have a direct impact on the patients' emotional state. The design of the research was well conducted however, prior to taking the drug, 15 patients reported significant levels of anxiety and a further six patients had been diagnosed with clinical depression. I therefore feel that a further investigation would be needed using patients who do not suffer with emotional problems for this evidence to be concrete.

Furthermore, a report by Hull and D'Arcy (2003) showed that a search conducted between 1966 and 2003 on published medical literature, found 24 documented cases of isotretinoin-as-