



sociated depression, with three suicides. It is essential that nurses carry out a full assessment of the patient's mental health before such medications can be given, and where possible other treatment options to minimise any potential harm.

This next article I reviewed, by Leyden and others (2006), consisted of clinical trials on the efficacy and safety of a combination approach using a topical antibiotic and a retinoid – one of a group of drugs related to vitamin A that acts on the skin to cause drying and peeling and a reduction in oil (sebum) production. The article initially interested me as patients within my clinical setting not only want to clear up the infection, but want it to happen with the least risk of post-inflammatory side effects. Vitamin A has the ability to increase new cell re-growth, which leads to more collagen production, so the integrity of the skin is maintained.

This was a randomised double-blind study with a sample size of 2,219. The conclusion given was that the combination of using oral antibiotics and topical tretinoin was more effective than using either product alone. However, while this proved effective with the majority of those suffering with mild to moderate acne, I do not feel it was representative of moderate to severe acne patients. One of the limitations within the study was the fact that the sample size of patients with grade II-III acne was 82.6% compared with 17.4% having grade IV-V, which, I believe, could indicate sampling bias.

The final study by Kellett and others (2006) focused on patient compliance with the use of topical antibiotic treatment by using a randomised controlled approach. This study aimed to look at patient preferences in order to determine which agents the patients thought helped their condition and, more importantly, which one they felt most able to comply with. Four medications were given to 64 randomly assigned patients to trial for a week. From 108 possible

permutations of the five attributes, 16 hypothetical medications were selected at random and described on printed cards.

The study concluded that patients preferred an easy to apply gel-based solution, that only required a once a day application, a solution that does not have to be kept in a fridge and that had a long shelf life. From these statements, it is clear that the easier and less time consuming medications are, the more likely patients are to comply. However, a criticism or possible bias is the fact that the study was only conducted over a week, which could be construed as a hasty approach. One way of developing further would be to study these patients over a longer time in order to get a clearer picture of overall patient compliance as well as tolerance to long-term medication.

These studies show that antibiotic therapies are the usual first choice, especially when treating adolescents when they first are diagnosed with the condition.

#### CHEMICAL PEELING IN ACNE

Chemical peeling is a technique that I use in my area of work. Patients often attend when the common treatments such as antibiotics are no longer controlling their acne. Furthermore, the process of chemexfoliation has many other valuable qualities including improvement to acne scars, blemishes and coarse thickened skin.

The first article I reviewed was a quantitative study by Atzori and others (1999). The aim of the study was to evaluate the use of glycolic peels in the main clinical forms of acne. The clinical trial was performed between January 1995 and December 1996. A total of 80 women, aged 13-40, were assessed for acne symptoms and selected for the study. A criticism of this type of trial is that it doesn't state whether the selection of participants was randomised. I also believe the trial would have more credibility if it had used both males and females.

However the article must not be dismissed, as 'quasi-experimental designs are frequently the most suitable approach in nursing practice research' (Mulhall, 1994). According to Crombie (1996) 'If there are differences at baseline in important factors, this need not negate the whole study. Careful statistical analysis can go a long way to take account of such differences'.

The second article I reviewed looked at the tolerance and acceptability of combining glycolic skin peeling and a topical Retinoid (Dreno and others, 2005). The trial used a sample size of 1,709. The study reported that both patient and practitioner were strongly favorable to this treatment. A multi-centre double-blind, randomised, vehicle-controlled trial conducted by Poli (2005) using the same treatment agents as the previous study also concluded that it was effective and well tolerated.

The final article reviewed the safety and effectiveness of chemical peeling on Asian patients with acne (Lee and Kim, 2003). When working in the area of dermatology it is important to understand how the skin differs between ethnic groups. The most common scale used is the Fitzpatrick Scale which helps to determine melanin contents in the skin. Those with higher melanin, namely black and Asian skin, are more at risk of hyperpigmentation as treatments can trigger off the stimulation of melanin production. Therefore, it is important to review studies that specifically look at this problem in order to be able to offer safe and holistic care.

The quantitative method involved 35 Korean patients, who were all treated with 30% acid peels, bi-weekly for 12 weeks. The fact that they used a blinded evaluator shows that measures have been placed in order to make the findings more reliable. The study showed that these types of peels used on Asian skin were safe and effective.

The action of chemical peeling seems to be able to provide more acceptable quantitative studies than that of laser but I feel that, as previously mentioned, this is changing somewhat and being researched more efficiently and effectively as patient demand grows for options in managing their acne.

#### CONCLUSION

From these studies we can see that the most effective treatments for acne patients must take into account factors such as skin type and patient compliance as well as a holistic approach to assessing the patients emotional needs. In all areas drug therapy seemed to be the first choice, usually because acne effects adolescents and their first point of contact will be their GP – also the clinic in which I work for can only treat those over 18 years. However, resistance to such treatments, as well as patient, demand shows a need for alternative or combination methods in order to provide a good standard of care. ■