

## Why am I getting Acne and What Can I do?

Acne can happen to anyone from infancy to the golden years, but it is most common in the teen years and again during “middle age”.

Basically, acne happens because, due to hormone changes / stress / unknown factors, the skin cells get “sticky”. They do not fall off of the skin in the acne prone areas the way that normal skin does in the non-acne prone areas. So, the sticky skin forms a “biofilm” over the tops of the pores.

Each pore is actually an opening in the skin where a sebaceous gland excretes its oils, so when there are skin cells clogging the top, the oil “backs up”. If the clog is only halfway blocking the oil excretion, so some oil gets out and some doesn’t, then you get a little bump (whitehead or blackhead, also called closed or open comedones). If it is a pretty tight clog, enough oil backs up that it becomes a space-filling lesion in the skin. This is irritating to the immune system, so the immune system sends white blood cells in to investigate the problem. This causes inflammation and that translates as a red, tender, swollen bump.

Topical retinoids (such as adapalene / Differin, tretinoin / Retin-A, and tazarotene /Tazorac) teach the skin to fall off normally to prevent acne in the first place, and oral antibiotics decrease inflammation in

the skin, making the swelling/redness/pain better and the bump smaller.

There is a type of bacteria found in acne lesions and on acne prone skin in general called *Propionibacterium acnes*. Benzoyl peroxide (BPO) tends to kill it and topical and oral antibiotics may or may not kill it, but it is generally felt to be less important in causing acne than the sticky skin clogs are. When we treat with topical BPO or topical antibiotics alone, we often still see acne, whereas topical retinoids alone (which don’t kill this bacteria), can completely get rid of acne. So it is usually felt that the bacteria probably add to the overall inflammation but are not the central factor causing acne.



There are lots of treatments for acne, but a mainstay of therapy is the topical retinoid (like Differin, Retin-A, or Tazorac). Topical retinoids are meant to help that “biofilm” release and stop the clogging of the pores. The problem with the topical retinoids peeling the skin off is that, in the beginning, there is a LOT of dead skin to peel off,

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and it is irritating to your skin as it peels off. So in the beginning when you are using the retinoid, you get dry flaking burning skin. You can decrease this several ways:

If you just have small flesh colored bumps (comedones / whiteheads / blackheads), then I often start with topical retinoids twice a week and slowly increase to nightly use over 3-6 months. I will often add a topical benzoyl peroxide to spot treat the bigger lesions since the topical retinoids are for prevention only (not for spot treating).

First, I usually tell my patients to start the topical retinoid two nights a week (let's say Monday and Thursday night). Use a small amount for the whole face (a dot on the forehead, each cheek, nose, and chin). More is not better, more just makes more side effects. Your skin will feel dry and tight the day after you put it on (Tuesday and Friday). After 2-4 weeks, you will notice that you aren't dry on Tues and Fri. That's when your skin is ready to add another day (let's say Monday and Wednesday and Friday). You will repeat the process over 3-6 months and will eventually be able to tolerate nightly use of the medication, which is when it works best.



Other ways to make the retinoid less irritating

- Use a moisturizer BEFORE you apply the retinoid. This ends up with slower / less delivery of the med to the skin so there's less irritation.

- Use a "night cream" on the Tues/Fridays when you are super dry (usually too oily to do every day).

- Wait an hour after washing the face to put on the retinoid. This is basically impossible to do in reality because waiting that long means you usually forget to put it on entirely, but when the face is damp with water, it is better at absorbing the retinoid, so it is stronger.

If a patient just cannot tolerate the topical retinoids or needs more than just the retinoid, I try other topical medications meant to control inflammation such as topical azelaic acid, metronidazole, erythromycin gel or dapsone gel, or combinations of these, sometimes along with systemic medications like antibiotics, hormonal medications, isotretinoin, or laser treatments. These will be covered in future newsletters, so stay tuned! If you have any questions or concerns, feel free to schedule an appointment.

-Jennifer Rivard, M.D

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We carry sunscreens, moisturizers, cleansers, toners, and eye cream designed to enhance and improve your skin. All of our products are dermatologist approved and contain the best and safest ingredients available.

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When you come in, we'd be happy to provide you with a brief complimentary questionnaire that will determine your specific skin type – dry, oily, sensitive, wrinkle-prone, pigmented, tight, etc. There's actually 16 different skin types...do you know which type of skin you have?



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