

The CLEAR antimicrobial prescribing review checklist for patients with acne vulgaris

Aim

Use this CLEAR checklist in conjunction with the [TARGET 'How to.?' booklet](#) for acne vulgaris to support a clinical review of antimicrobial prescribing with affected patients.

CLEAR

Carry out a patient-**C**entred review and confirm the following.

- ☐ Acne diagnosis, type and severity
- ☐ History of acne and treatments that have been tried
- ☐ Current medications (for all conditions)
- ☐ Side effects and compliance to acne treatment
- ☐ Is the patient pregnant and/or breastfeeding?
- ☐ Patient impact and preferences for ongoing treatment

Notes:

CLEAR

Limit antimicrobial treatment and duration by confirming:

- ☐ Non-antimicrobial treatment has been trialled for mild/moderate acne
- ☐ Antimicrobial choice is in line with NICE guidance
- ☐ Patient on antimicrobial treatment has been reviewed at 12 weeks and/or there is a process in place for the patient to be called in for a review at 12 weeks
- ☐ There is a clear recorded clinical rationale for continuing antimicrobial treatment longer than 24 weeks
- ☐ The patient is on suitable non-antimicrobial topical treatment alongside antimicrobial therapy (confirm compliance) i.e. not on antimicrobial monotherapy

Notes:

Key Points

Patient-centred review

- ✓ Grading of acne based on lesion type can help guide treatment
- ✓ Review if current medications may be exacerbating acne
- ✓ Topical treatments may irritate the skin and cause compliance issues
- ✓ Important to assess the psychological impact on the patient caused by acne and/or scarring

Treatment options

- ✓ Antimicrobials prescribed (whether oral or topical) to have a 12-week review plan in place
- ✓ Topical retinoids and oral tetracyclines should not be prescribed during pregnancy and/or breastfeeding
- ✓ In pregnant patients, the recommended treatments are benzoyl peroxide +/- topical erythromycin
- ✓ Topical and systemic antimicrobials should **not** be prescribed together

Educate and Advise patients on acne management

- ☐ Discuss skin care advice for acne-prone skin
- ☐ Discuss aggravating and modifiable risk factors for acne
- ☐ Inform patient that topical treatments can cause skin irritation
- ☐ Advise that treatments are effective but take time to work (typically 6-8 weeks)
- ☐ Advise patient to avoid strong sunlight while using benzoyl peroxide and use oil free sunscreen with SPF30 or above
- ☐ Advise that non-antimicrobial topical treatment must continue whilst on antimicrobial treatment
- ☐ Advise that antibiotic use may cause systemic side effects and antimicrobial resistance
- ☐ Advise that oral tetracyclines can cause photosensitivity – use suitable SPF if going out in the sun
- ☐ Provide contraceptive advice due to contraindications of pregnancy with topical retinoids and oral tetracyclines
- ☐ Advise patient (if on oral tetracyclines and/or topical retinoids) to urgently inform prescriber if pregnancy occurs during treatment
- ☐ Discuss when to seek help for symptoms of psychological distress caused by acne and/or scarring
- ☐ Advise on the use of [digital apps](#) or photos to monitor progress

Notes:

Aggravating and modifiable risk-factor

- ✓ Hormonal factors
- ✓ Stress
 - May cause patients to habitually scratch the spots the moment they appear
- ✓ Diet
 - Some patients have reported improvement in their skin when they follow a low-glycaemic index diet
- ✓ Cosmetics e.g., oil-based cosmetics
- ✓ Medicines
 - Topical and oral corticosteroids, Anabolic steroids, Lithium, Ciclosporin and Iodides taken orally, which may be part of some homoeopathic therapies

Skin care advice

- ✓ Use a non-alkaline [synthetic detergent \(syndet\)](#) cleansing product twice daily
- ✓ Avoid oil-based and comedogenic products
- ✓ Adapalene is better tolerated than other topical retinoids
- ✓ To reduce the risk of skin irritation associated with topical treatments start with alternate-day or short-contact application (for example washing off after an hour). If tolerated, progress to using at standard application
- ✓ Azelaic acid may be beneficial in patients with darker skin where acne can lead to hyperpigmentation
- ✓ Benzyl peroxide can cause bleaching of fabric

Review and refer for specialist treatment if required

- ☐ Assess if patient's acne has improved, and if there have been any side effects to treatment
- ☐ If treatment goals are reached, consider discontinuation of antimicrobial treatment but continuing the non-antimicrobial topical treatment
- ☐ If treatment goals have not been reached at review, consider adherence to treatment (oral and topical) and continuation of antimicrobial treatment, or alternative treatments
- ☐ Consider if referral to specialist consultant is required
- ☐ Review patient acne photos to monitor treatment success

Notes and action points:

Referral to specialist care

- ✓ Urgent referral for patients with acne fulminans – refer on the same day
- ✓ Refer for dermatology specialist review:
 - Diagnostic uncertainty
 - Nodulo-cystic acne
 - Severe acne that is unresponsive to treatment
 - Acne with scarring and/or persistent pigmentary changes
- ✓ Refer to mental health services:
 - Patients experiencing severe psychological distress caused by acne and/or scarring
- ✓ Other specialist referral If a medical disorder or medication is contributing to person's acne