**Patient Age, Severity Should Guide Acne Tx**

BY SUSAN LONDON

SEATTLE — The treatment of acne in adolescents should be tailored to the type and severity of lesions and the adolescent’s age, according to Dr. Annette Wagner.

Fully 80% of teenagers develop acne, noted Dr. Wagner, a pediatric dermatologist at Northwestern University in Chicago. “But the age of onset is really young now that puberty is starting earlier,” she commented. “I see comedones on many 8-year-olds in my clinic.”

Myths abound when it comes to the cause of acne, she said at a meeting sponsored by the American Academy of Pediatrics. Chocolate, fatty foods, poor eating habits, and lack of cleanliness have all been wrongly accused. The real culprit, she said, is an inherited predisposition to form comedones, or pores plugged by keratin behind which oil and bacteria can accumulate.

“This is familial,” she stressed. “That’s the No. 1 big thing, and I tell that to every adolescent in the room in front of the parent, because parents can make their kids feel responsible for their acne,” naggings them about diet, not washing their face, and such.

Myths are equally common when it comes to treating acne. Removing oil is ineffective because oil itself is not to blame, she said. And although most teenagers believe otherwise, sunlight does not improve acne; in fact, because it will dry up in about 10 days,” she said. “I tell kids, if you squeeze a zit, you are going to be looking at it for a month; if you don’t squeeze it, it will dry up in about 10 days,” she said.

Topical steroids used to treat seborrheic dermatitis also should be avoided. “I tell kids, if you squeeze a zit, you are going to be looking at it for a month; if you don’t squeeze it, it will dry up in about 10 days,” she said.

**Probable the thing that worsens acne more than anything else is working too hard to get rid of it.**

DR. WAGNER

Teenagers often blame various things that worsen acne. “This is familial,” she stressed. “That’s the No. 1 big thing, and I tell that to every adolescent in the room in front of the parent, because parents can make their kids feel responsible for their acne,” naggings them about diet, not washing their face, and such.

“Probable the thing that worsens acne more than anything else is working too hard to get rid of it.”

As long as cosmetics are labeled non-comedogenic, they should be used by adolescents or high school students. Dr. Wagner commented, offering some rules of thumb as to when treatment is appropriate. “I always treat it when any parent requests it, even if it’s minor acne,” she said, and all adolescents with lesions should be offered systemic treatment. Systemic treatment is also warranted if acne is visible from across the examination room or if it has caused any scarring.

As far as skin care basics, Dr. Wagner recommended that young people with acne be advised to wash their skin gently. “Tell them, use your hands—not washcloths, not buff puffs, not exfoliants. Those make acne worse.” They should also use a mild soap, preferably a liquid one, and apply sunscreen daily.

Excessive washing, application of petrolatum jelly, and manipulation should be avoided. “I tell kids, if you squeeze a zit, you are going to be looking at it for a month; if you don’t squeeze it, it will dry up in about 10 days,” she said.

**New combination topical products offer some advantages, she observed. For example, benzoyl peroxide or a retinoid promotes desquamation, so combining these with a topical antibiotic helps an antibiotic penetrate the skin. And zinc helps overcome antibiotic resistance. Furthermore, adolescents—who dislike putting anything on their skin—may have better compliance with a combination product.**

Noting that skin care may be a low priority in this age group generally, she recommended telling adolescents to just apply their medication at night even if they are too tired to wash their face. “It’s not a problem of dirt or not removing oil,” she said. “It’s a problem of not doing the treatment.”

Resorting to oral antibiotic therapy should be based on several factors, but age is not one of them, she said. Instead, this therapy should be initiated whenever a child has inflammatory lesions and topical therapy has failed, or when the acne can be seen from across the room, is cystic, or involves the trunk. In addition, “I go much more quickly to oral treatment in boys with inflammatory acne because they will take pills much more willingly than they will put products on their skin.”

“You should treat with oral antibiotics for a minimum of 6 months,” she said. “And it’s typical to treat for several years because it’s not a short period of time that acne is a problem.”

Birth control pills should be considered for acne treatment in older girls. Finally, if adolescents wish to treat acne scars, they must be free of any new lesions for at least a year, said Dr. Wagner.

She reported having no conflicts of interest relevant to her presentation.

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**Half of Texas Physicians Don’t Recommend HPV Vaccine**

BY ELIZABETH MECHCATIE

Less than half of some 1,100 surveyed primary care physicians in Texas said they follow current recommendations to vaccinate adolescents with the human papillomavirus vaccine.

The results suggest that “additional efforts are needed to improve clinician awareness of and adherence to national recommendations,” the study investigators write in Cancer Epidemiology, Biomarkers & Prevention.

The Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices has recommended targeting girls in the 11-to-12-year-old age group.

But only 42% of respondents said they would vaccinate a 13- to 26-year-old female. Eighty percent of respondents said they would vaccinate girls aged 9-10 years of age.

Of the 1,122 physicians who responded to the survey, 49% said they always recommend the HPV vaccine to girls aged 11-12. Forty-four percent said they always recommend vaccination for 9- to 10-year-olds at the provider’s discretion.

Nearly 70% of respondents said they would vaccinate a 13- to 17-year-old girl, suggesting that parents or physicians may be delaying vaccination until girls are older than 12, the authors said.

Most respondents said they would be “extremely” or “somewhat” likely to recommend the vaccine for boys aged 11-12, if the vaccine were approved for use in that population.

Physicians in the South, the researchers wrote, are “more likely” to recommend vaccination as their counterparts in nonacademic settings. Barriers to recommending the vaccine included parental refusal because of concern about safety and effective, and inadequate insurance coverage.

Two years after the FDA approved the vaccine, the study suggests that additional efforts are needed to encourage physicians to follow these national recommendations, Dr. Jessica A. Kahn, the study’s lead author, said in a statement issued by the American Association for Cancer Research, which published the journal.

“Most physicians are aware of the vaccine and what it prevents, but they may lack knowledge about issues of safety and how to address parental concerns,” she added.

In the statement, Dr. Kahn, associate professor of pediatrics at Cincinnati Children’s Hospital Medical Center, said she believed that the opinions of the Texas physicians “might also be representative of physicians in other states. The study notes that in 2007, HPV vaccination rates among girls aged 11-18 years in the United States ranged from about 6% to 27%, and that “physician endorsement of vaccination is one of the most important predictors of vaccine acceptance.”

Dr. Kahn is a co–principal investigator in a National Institutes of Health–sponsored study of use of the HPV vaccine in HIV-infected adolescents. Merck is providing the vaccine (Gardasil) used in that study.