INTRODUCTION

Acne vulgaris is a chronic inflammatory dermatologic disease characterized by open and/or closed comedones (blackheads and whiteheads) and inflammatory papules, pustules, and nodules that can appear on the face, neck, and trunk. It is the most common skin disease in the United States, affecting 40 to 50 million people. Despite the high prevalence, acne is frequently undertreated, with many patients discontinuing therapy prematurely or failing to follow the treatment regimen. This results in treatment failure and increases the burden of disease. In response to the limited therapeutic options available, there has been a growing interest in the development of new therapies that are more effective, convenient, and safer than existing treatments. Several new topical acne treatments have been developed that provide a broader range of targets, have different mechanisms of action, and offer improved efficacy and tolerability profiles.

The pathophysiologic basis of acne is characterized by abnormal follicular keratinization, increased production of sebum, proliferation and colonization of Propionibacterium acnes, and inflammation. Effective treatment of acne targets more than one pathophysiologic pathway, and combination therapies are often used to increase efficacy and tolerability. Patients with moderate to severe acne often require combination therapy, and the combination of clindamycin and benzoyl peroxide (BPO) is a widely used regimen. This combination therapy has been shown to be effective in clinical trials and is recommended by the American Academy of Dermatology for the treatment of moderate to severe acne.

CL/BPO 2.5% in Clinical Practice

Patient adherence is one of the greatest obstacles to successful acne treatment. Many effective treatments are available, but consistent and correct use is needed to produce efficacy. Maintaining adherence is especially challenging among pediatric patients, but there are several strategies for maximizing adherence in children, teenagers, and adults.

With pediatric and teenage patients, it is first important to ensure that it is the patients, and not the parents, seeking treatment. If the patients are not independently seeking treatment, they will not be motivated to take the necessary steps for a successful outcome. If the patients are motivated, empowering them as active participants in treatment selection may also help improve adherence.

When selecting treatment, clinicians can consider several factors that may help patient adherence, as well. Combination products such as CL/BPO 2.5% are more convenient and easier to use than are multiple single-agent products. They also do not preclude the use of additional topical or systemic therapies when indicated. Tolerability is also a consideration.

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REFERENCES


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