

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Guideline scope

Acne vulgaris: management

The Department of Health and Social Care in England has asked NICE to develop a new guideline on the management of acne.

The guideline will be developed using the methods and processes outlined in [developing NICE guidelines: the manual](#).

This guideline will also be used to develop the NICE quality standard for Acne vulgaris.

1 Why the guideline is needed

Key facts and figures

- Acne vulgaris (often abbreviated to 'acne') is a common skin disorder characterised by inflammation of pilosebaceous units.
- Lesions occur mainly on the face, neck, upper back and chest.
- The severity of acne vulgaris can vary from mild to severe (including acne conglobata and acne fulminans).
- Typical lesions include open (black) and closed (white) comedones, inflammatory papules, pustules, nodules and cysts, and it can lead to scarring and hyperpigmentation.
- It often first develops around puberty. It is most prevalent among adolescents and young adults, affecting approximately 80% of people at some time between 11 and 30 years of age.
- It can have a serious impact on the affected person's quality of life.
- A wide range of non-prescription acne treatments and prescribed agents is available.

Current practice

When treating acne vulgaris its severity, including the distribution, number and type of lesions present, and also the views of the affected person, are taken into account. The aim of treatment is generally to reduce the severity of skin lesions and to prevent recurrence and scarring. Treatment might also be given to improve the appearance of the skin.

While many people with acne vulgaris self-treat using over-the-counter topical agents, the effectiveness of such treatments can be uncertain and some people could be discouraged from self-treatment because of the cost. There is variation in how acne vulgaris is treated in clinical practice. The use of systemic antibiotic therapy varies in terms of indications, choice of agent and length of treatment. Nutritional factors may be important, but there is a lack of certainty around this. People with polycystic ovary syndrome (PCOS) can be treated with hormone modifying agents but there is variation in practice. There is also variation in the stage of management at which people are referred from primary care to specialist care. Timely referral may be important in the prevention of scarring.

This guideline will help ensure that services treating people with acne vulgaris will be appropriate and standardised.

Policy, legislation, regulation and commissioning

The guideline will take into account the national and international principles of antimicrobial guidance and policy, as outlined in the NICE guideline on [antimicrobial stewardship: systems and processes for effective antimicrobial medicine use](#), as well as the [Global action plan on antibiotic resistance](#) from the World Health Organisation.

NHS resource use is also an important factor. For this reason NHS England has advised clinical commissioning groups (CCGs) that a prescription for treatment of mild acne will not routinely be offered in primary care as the condition is appropriate for self-care (see [Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs - 2018](#)). Laser treatment for acne scars is also not routinely

commissioned by CCGs and greater clarity on its effectiveness and cost effectiveness would help to standardise care in this area. The guidance will help to reduce variation in practice, and improve access to services and treatments where needed.

2 Who the guideline is for

This guideline is for:

- Healthcare professionals providing NHS-commissioned services
- Commissioners of services
- People with acne vulgaris (and their parents or carers, when relevant)

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the [Welsh Government](#), [Scottish Government](#), and [Northern Ireland Executive](#).

Equality considerations

NICE has carried out [an equality impact assessment](#) [add hyperlink in final version] during scoping. The assessment:

- lists equality issues identified, and how they have been addressed
- explains why any groups are excluded from the scope.

The guideline will look at inequalities relating to people of darker skin colour, people with pre-existing mental health conditions, transgender people and people whose first language is not English.

3 What the guideline will cover

3.1 Who is the focus?

Groups that will be covered

- People with acne vulgaris

Specific consideration will be given to

- People who are pregnant
- People with potential to become pregnant
- Children, young people and adults with acne vulgaris related scarring.

3.2 Settings

Settings that will be covered

All settings in which NHS commissioned care for people with acne vulgaris is provided.

3.3 Activities, services or aspects of care

Key areas that will be covered

We will look at evidence in the areas below when developing the guideline, but it may not be possible to make recommendations in all the areas.

- 1 Skin care advice for acne vulgaris.
- 2 Topical treatment interventions for acne vulgaris, including benzoyl peroxide, antibiotics, antiseptics, retinoids, azelaic acid and combinations of topical treatments.
- 3 Oral antibiotics for acne vulgaris, including tetracyclines, macrolide antibiotics and trimethoprim.
- 4 Oral antibiotics combined with topical treatments for acne vulgaris.
- 5 Optimal duration of antibiotic treatments (topical and systemic) for acne vulgaris.
- 6 Hormonal contraceptive treatments and hormone modifying agents (for example spironolactone and metformin) for people with acne vulgaris.
- 7 Oral corticosteroid agents for the treatment of acne conglobata and acne fulminans.
- 8 Oral isotretinoin for acne vulgaris.
- 9 Physical treatments for acne vulgaris, including comedone extraction, chemical peels, intralesional steroids and light devices.
- 10 Dietary interventions for acne vulgaris, including milk free diet, dairy product free diet and low glycaemic load diet.
- 11 Risk factors for scarring resulting from acne vulgaris.

- 12 Management of scarring resulting from acne vulgaris.
- 13 Information and support for people with acne vulgaris, and their parents or carers.
- 14 Referral to specialist care for treatment of acne vulgaris or scarring resulting from acne vulgaris.

Note that guideline recommendations for medicines will normally fall within licensed indications; exceptionally, and only if clearly supported by evidence, use outside a licensed indication may be recommended. The guideline will assume that prescribers will use a medicine's summary of product characteristics to inform decisions made with individual patients.

Areas that will not be covered

- 1 Diagnosis of acne vulgaris.
- 2 Prevention of acne vulgaris.
- 3 Neonatal acne vulgaris.
- 4 Treatment of acne vulgaris-related scarring in babies.
- 5 Treatment of mental health conditions precipitated by, or exacerbated by, acne vulgaris.
- 6 Treatment of post-inflammatory dyspigmentation.

Related NICE guidance

Published

- [Transition from children's to adults' services for young people using health or social care services](#) (2016) NICE guideline NG43.
- [Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use](#) (2015) NICE guideline NG15.
- [Long acting reversible contraception](#) (2014) NICE guideline CG30.
- [Common mental health problems: identification and pathways to care](#) (2011) NICE guideline CG123.

NICE guidance about the experience of people using NHS services

NICE has produced the following guidance on the experience of people using the NHS. This guideline will not include additional recommendations on these topics unless there are specific issues related to acne:

- [Medicines optimisation](#) (2015) NICE guideline NG5
- [Patient experience in adult NHS services](#) (2012) NICE guideline CG138
- [Medicines adherence](#) (2009) NICE guideline CG76

3.4 Economic aspects

We will take economic aspects into account when making recommendations. We will develop an economic plan that states for each review question (or key area in the scope) whether economic considerations are relevant, and if so whether this is an area that should be prioritised for economic modelling and analysis. We will review the economic evidence and carry out economic analyses, using an NHS and personal social services (PSS) perspective, as appropriate.

3.5 Key issues and draft questions

While writing this scope, we have identified the following draft review questions related to the key areas (as outlined in section 3.3):

- 1 Skin care advice for acne vulgaris.
 - 1.1 What skin cleansing advice is effective in the treatment of acne vulgaris?
- 2 Topical treatment interventions for acne vulgaris including benzoyl peroxide, antibiotics, antiseptics, retinoids, azelaic acid and combinations of topical treatments.
 - 2.1 What is the effectiveness of topical treatments individually or in combination in the treatment of acne vulgaris, for example:
 - benzoyl peroxide
 - antibiotics
 - antiseptics
 - retinoids and retinoid-like agents (for example, tretinoin, adapalene)

- azelaic acid
 - nicotinamide
 - combination of antibiotic and retinoid or retinoid-like agent
 - combination of benzoyl peroxide and retinoid or retinoid-like agent
 - combination of antibiotic and benzoyl peroxide?
- 3 Oral antibiotics for acne vulgaris including tetracyclines, macrolide antibiotics and trimethoprim.
- 3.1 What is the effectiveness of oral antibiotic treatments individually or in combination in the treatment of acne vulgaris, for example:
- tetracyclines (for example oxytetracycline, doxycycline, minocycline, tetracycline, lymecycline)
 - macrolide antibiotics (for example, erythromycin and azithromycin)
 - trimethoprim?
- 4 Oral antibiotics combined with topical treatments for acne vulgaris.
- 4.1 What is the effectiveness of an oral antibiotic with a topical agent compared to oral antibiotic alone in the treatment of acne vulgaris?
- 5 Optimal duration of antibiotic treatments (topical and systemic) for acne vulgaris.
- 5.1 What is the optimal duration of antibiotic treatments (topical and systemic) for acne vulgaris?
- 6 Hormonal contraceptive treatments and hormone modifying agents (for example spironolactone and metformin) for people with acne vulgaris.
- 6.1 What is the effectiveness of hormonal contraceptives in the treatment of acne vulgaris?
- 6.2 What is the effectiveness of spironolactone in the treatment of acne vulgaris?
- 6.3 What is the effectiveness of metformin in the treatment of acne vulgaris?
- 7 Oral corticosteroid agents for the treatment of acne conglobata and acne fulminans.
- 7.1 What is the effectiveness of oral corticosteroid agents in the treatment of acne conglobata and acne fulminans?
- 8 Oral isotretinoin for acne vulgaris.

- 8.1 What is the effectiveness of oral isotretinoin in the treatment of acne vulgaris?
- 9 Physical treatments for acne vulgaris including comedone extraction, chemical peels, intralesional steroids and light devices.
- 9.1 What is the effectiveness of physical treatments for acne vulgaris, for example
- comedone extraction
 - chemical peels (for example, glycolic acid, lactic acid, salicylic acid)
 - intralesional steroids
 - light devices (for example, intense pulsed light, photopneumatic therapy and photodynamic therapy)?
- 10 Dietary interventions for acne vulgaris including milk free diet, dairy product free diet and low glycaemic load diet.
- 10.1 What is the effectiveness of dietary interventions in the treatment of acne vulgaris, for example
- milk free diet
 - dairy product free diet
 - low glycaemic load diet?
- 11 Risk factors for scarring resulting from acne vulgaris.
- 11.1 What are the risk factors for scarring in people with acne vulgaris?
- 12 Management of scarring resulting from acne vulgaris.
- 12.1 What interventions are effective in the management of scarring resulting from acne vulgaris, for example
- microneedling techniques
 - laser treatment
 - intradermal injection (for example, autologous platelet-rich plasma; autologous fibroblasts; polymethylmethacrylate (PMMA) microspheres in collagen)
 - surgical treatment (for example, subcuticular incision)?
- 13 Information and support for people with acne vulgaris, and their parents or carers.
- 13.1 What information and support is valued by people with acne vulgaris, and their parents or carers?

- 14 Referral to specialist care for treatment of acne vulgaris or scarring resulting from acne vulgaris.
- 14.1 When should people with acne vulgaris be referred to specialist care?

The key issues and draft questions will be used to develop more detailed review questions, which guide the systematic review of the literature.

3.6 Main outcomes

The main outcomes that may be considered when searching for and assessing the evidence are:

- adverse effects of treatment
- altered skin pigmentation
- antimicrobial resistance
- emotional wellbeing
- improvement of acne
 - self-reported
 - investigator reported
 - reduction in the number of acne lesions
- quality of life
- scarring
- satisfaction with treatment.

4 NICE quality standards and NICE Pathways

4.1 NICE quality standards

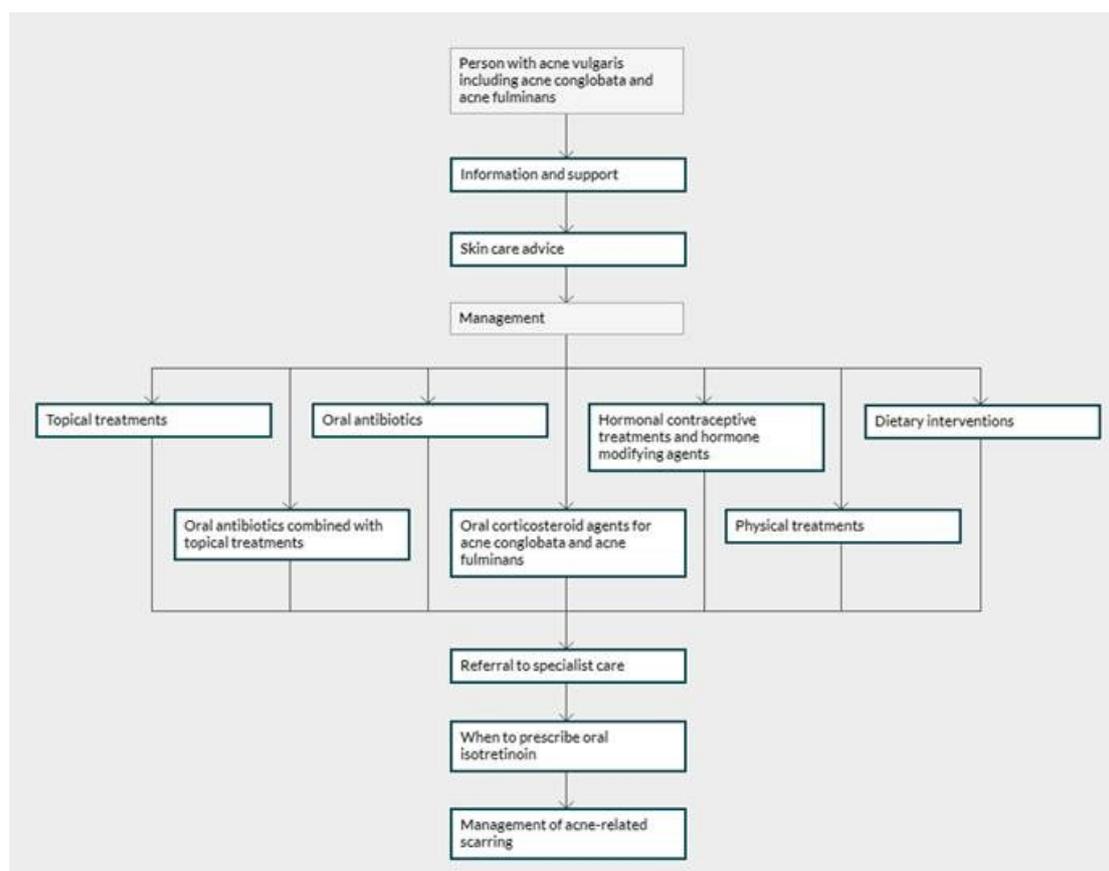
NICE quality standards that will use this guideline as an evidence source when they are being developed

- Acne vulgaris NICE quality standard. Publication date to be confirmed

4.2 NICE Pathways

[NICE Pathways](#) bring together everything we have said on a topic in an interactive flowchart. When this guideline is published, the recommendations will be included in the NICE Pathway on acne (in development).

An outline based on this scope is included below. It will be adapted and more detail added as the recommendations are written during guideline development.



5 Further information

This is the final scope, which takes into account comments from registered stakeholders during consultation.

The guideline is expected to be published in January 2021.

You can follow progress of the [guideline](#).

Our website has information about how [NICE guidelines](#) are developed.

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