

Final

Acne vulgaris: management

[A] Information and support

NG198

Methods, evidence and recommendations

Evidence review underpinning recommendations 1.1.1 and 1.1.2 as well as a research recommendation in the NICE guideline

June 2021

Final

*These evidence reviews were developed by
the National Guideline Alliance which is a part
of the Royal College of Obstetricians and
Gynaecologists*

Disclaimer

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or service users. The recommendations in this guideline are not mandatory and the guideline does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Local commissioners and/or providers have a responsibility to enable the guideline to be applied when individual health professionals and their patients or service users wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with compliance with those duties.

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](#). All NICE guidance is subject to regular review and may be updated or withdrawn.

Copyright

© NICE 2021. All rights reserved. Subject to [Notice of Rights](#).

ISBN:978-1-4731-4147-6

Contents

Contents	4
Information and support.....	5
Review question	5
Introduction	5
Summary of the protocol	5
Methods and process	6
Clinical evidence	6
Summary of clinical studies included in the evidence review	6
Quality assessment of clinical outcomes included in the evidence review	6
Economic evidence	6
Economic model.....	6
Evidence statements	6
The committee’s discussion of the evidence.....	7
Recommendations supported by this evidence review	8
References.....	8
Appendices.....	9
Appendix A – Review protocol.....	9
Appendix B – Literature search strategies	14
Appendix C – Clinical evidence study selection	20
Appendix D – Evidence tables	21
Appendix E – Forest plots.....	22
Appendix F – GRADE tables	23
Appendix G – Economic evidence study selection.....	24
Appendix H – Economic evidence tables.....	25
Appendix I – Economic evidence profiles	26
Appendix J – Economic analysis	27
Appendix K – Excluded studies	28
Clinical studies	28
Economic studies	29
Appendix L – Research recommendations	30

Information and support

Review question

What information and support is valued by people with acne vulgaris, and their parents or carers?

Introduction

The onset of acne at any age can be distressing, particularly facial acne, which may significantly impact people's appearance and have negative effects on people's self-esteem and confidence. People who experience acne vulgaris may not initially seek help from their GP and might try to manage the condition, seeking information from many different sources including word of mouth, the internet and local pharmacies. For those experiencing acne vulgaris at the onset of puberty, reliance on parents and caregivers for information and help to manage the condition is likely. People who experience acne in later life may naturally look at different information sources than teenagers. This guideline will take into account the different preferences for information whilst seeking to establish what information and advice is most valued by people living with acne vulgaris.

Summary of the protocol

Please see Table 1 for a summary of the Population, phenomenon of Interest, and Context (PICo) characteristics of this review.

Table 1: Summary of the protocol

Population	People with acne vulgaris, or their parents or carers
Phenomenon of interest	Views and experiences of people who currently have acne or had acne in the past, and their parents or carers, on the type of information and support they found (or would have found) helpful. Themes will be identified from the literature, but may include: <ul style="list-style-type: none">• Adherence tools/tips• Antibiotics and their side-effects• Commonly-used treatments (for example isotretinoin) and associate risks (for example effect on mood)• Cosmetics• Diet and acne• Format of information (for example pamphlet, website)• Identification, cause and prognosis of acne• Lifestyle, sexuality and psychosocial issues• Myths and wrongly held beliefs about acne• Self-care and skin care routine• Skin changes/disfigurement to face/body• What is acne?
Context	Studies should be conducted in high-income countries, as defined by the World Bank, on people's views and experiences of receiving information (or not) about acne vulgaris, relevant treatments, and related support.

For further details see the review protocol in appendix A.

Methods and process

This evidence review was developed using the methods and process described in [Developing NICE guidelines: the manual](#). Methods specific to this review question are described in the review protocol in appendix A and the methods document (supplementary document 1).

Declarations of interest were recorded according to [NICE's conflicts of interest policy](#).

Clinical evidence

Included studies

A systematic review of the clinical literature was conducted but no studies were identified which were applicable to this review question.

See the literature search strategy in appendix B and study selection flow chart in appendix C.

Excluded studies

Studies not included in this review are listed, and reasons for their exclusion are provided in appendix K.

Summary of clinical studies included in the evidence review

No studies were identified that were applicable to this review question (and so there are no evidence tables in Appendix D). No meta-analysis was undertaken for this review (and so there are no forest plots in Appendix E).

Quality assessment of clinical outcomes included in the evidence review

No studies were identified which were applicable to this review question.

Economic evidence

Included studies

A single economic search was undertaken for all topics included in the scope of this guideline but no economic studies were identified which were applicable to this review question. See the literature search strategy in appendix B and economic study selection flow chart in appendix G.

Excluded studies

No economic studies were reviewed at full text and excluded from this review.

Economic model

No economic modelling was conducted for this review question, because the committee agreed that other topics were higher priorities for economic evaluation.

Evidence statements

No evidence was identified which was applicable to this review question.

The committee's discussion of the evidence

Interpreting the evidence

The outcomes that matter most

The committee were aware of the type of information and support people with acne, their parents or carers may find helpful, such as: adherence tools/tips; antibiotics and their side-effects; commonly-used treatments (for example isotretinoin) and associate risks (for example effect on mood); cosmetics; diet and acne; format of information (for example pamphlet, website); identification, cause and prognosis of acne; lifestyle, sexuality and psychosocial issues; myths and wrongly held beliefs about acne; self-care and skin care routine; skin changes/disfigurement to face/body; what is acne?

The committee noted that these topics may not be present in the literature or different topics may arise that could be considered. However, there was no evidence identified for any of these outcomes or other relevant topics.

The quality of the evidence

No evidence was identified which was applicable to this review question.

Benefits and harms

No evidence was found on what information and support is valued by people with acne vulgaris, and their parents or carers. Therefore, the committee made recommendations based on their knowledge and experience. Despite the lack of evidence, the committee made a strong recommendation to provide information because information provision is an essential part of good clinical practice to help discuss treatment options during the process of shared decision-making.

The committee listed some topics that, based on their experience, they thought most people with acne vulgaris would like to know about. These include possible reasons for acne vulgaris, how it would be treated, the potential impact of acne (for example that it may cause psychological distress); whether there are drawbacks (such as how often to apply treatment and whether it may cause skin irritation) and whether the condition would return and what to do if it does.

Based on experience the committee also noted that it is important to encourage people to adhere to treatment because improvement may not be seen immediately. The committee acknowledged that general information about adherence is covered in the [NICE guideline on medicines adherence](#) to which they cross-referred.

The committee were aware that general principles about tailoring information to people's needs and circumstance are set out in the NICE guideline on [patient experience in adult NHS services](#) and decided that this would also be relevant to young people.

The committee discussed support needs of people. They noted that some people may need support by parents or carers during discussions, for example, when the person with acne has a cognitive impairment that makes it difficult to understand information or follow instructions.

Due to the lack of evidence and the positive impact that information provision can have on people's satisfaction with services and their feelings of being in control of their options, the committee decided to prioritise this topic for a research recommendation (see appendix L).

Other factors the committee took into account

The committee discussed equality considerations in relation to the understanding of treatment plans and regimes for people with cognitive impairments. They noted that it was

important that throughout the guideline it is made clear that 'people with acne' would be understood to include family and carers where appropriate so that they can also receive information and instruction so that the person can be supported.

Cost effectiveness and resource use

No economic evidence was identified for this review question. The recommendations made by the committee may have very small healthcare resource implications comprising potentially extra healthcare professionals' time to provide information and support. In current healthcare practice, some information and support is already provided to people with acne. The recommendations are expected to improve the care and quality of life of people with acne and their families and carers, and therefore any resource implications are outweighed by benefits.

Recommendations supported by this evidence review

This evidence review supports recommendations 1.1.1 and 1.1.2 as well as a research recommendation on information and support in the guideline.

References

There were no studies identified that were applicable to this review question.

Appendices

Appendix A – Review protocol

Review protocol for review question: What information and support is valued by people with acne vulgaris, and their parents or carers?

Table 2: Review protocol for information and support

Field	Content
PROSPERO registration number	CRD42019139246
Review title	Information and support for people with acne vulgaris and their parents or carers
Review question	What information and support is valued by people with acne vulgaris, and their parents or carers?
Objective	The aim of this review is to identify the information and support that should be provided to people with acne vulgaris, and their parents or carers.
Searches	<p>The following databases will be searched:</p> <ul style="list-style-type: none">• CINAHL• Embase• MEDLINE• PsycINFO <p>Searches will be restricted by:</p> <p>Date: 2008</p> <p>Language of publication: English language only</p> <p>Publication status: Conference abstracts will be excluded because these do not typically provide sufficient information to fully assess risk of bias</p> <p>Standard exclusions filter (animal studies/low level publication types) will be applied</p> <p>For each search (including economic searches), the principal database search strategy is quality assured by a second information specialist using an adaption of the PRESS 2015 Guideline Evidence-Based Checklist</p>
Condition or domain being studied	Acne vulgaris: views and experiences regarding information and support
Population	<p>Inclusion: People with acne vulgaris, or their parents or carers</p> <p>Exclusion: Neonatal acne</p>
Phenomenon of interest	<p>Views and experiences of people who currently have acne or had acne in the past, and their parents or carers, on the type of information and support they found (or would have found) helpful. The committee identified the following potential themes (however, not all of these themes may be found in the literature, and additional themes may be identified):</p> <ul style="list-style-type: none">• Adherence tools/tips• Antibiotics and their side-effects

Field	Content
	<ul style="list-style-type: none"> Commonly-used treatments (for example isotretinoin) and associated risks (e.g. effect on mood) Cosmetics Diet and acne Format of information (for example pamphlet, website) Identification, cause and prognosis of acne Lifestyle, sexuality and psychosocial issues Myths and wrongly held beliefs about acne Self-care and skin care routine Skin changes/disfigurement to face/body What is acne?
Comparator/Reference standard/Confounding factors	Not applicable.
Types of study to be included	<p>Only published full-text English language papers</p> <p>Included study types:</p> <ul style="list-style-type: none"> Systematic reviews of qualitative studies Qualitative studies (for example, interviews, focus groups, observations) conducted in high-income countries, as defined by the World Bank (see https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups) that specifically address people's views and experiences of acne information and support Studies conducted in UK will be prioritised over studies conducted in other high-income countries as these are most applicable to the UK context. <p>Restriction to UK evidence will be considered by the committee if there is a sufficient number of recent studies to inform recommendations.</p>
Other exclusion criteria	<p>Excluded study types:</p> <ul style="list-style-type: none"> Purely quantitative studies (including surveys with only descriptive quantitative data) Studies not conducted in high-income countries, as defined by the World Bank Studies with indirect population: Where studies with a mixed population [that is including people with acne vulgaris and another condition different to acne vulgaris] are identified, data from these will only be included if source of theme/quotations is clearly from (that is, where it is obvious from a person with acne).
Context	Studies should be conducted in high-income countries, as defined by the World Bank, on people's views on and experiences of receiving information (or not) about acne vulgaris, relevant treatments, and related support.
Primary outcomes (critical outcomes)	Not applicable
Secondary outcomes (important outcomes)	Not applicable

Field	Content
Data extraction (selection and coding)	<p>All references identified by the searches and from other sources will be uploaded into STAR and de-duplicated. Review questions selected as high priorities for health economic analysis (and those selected as medium priorities and where health economic analysis could influence recommendations) will be subject to dual weeding and study selection; any discrepancies above 10% of the dual weeded resources will be resolved through discussion between the first and second reviewers or by reference to a third person. The full text of potentially eligible studies will be retrieved and will be assessed in line with the criteria outlined above. A standardised form will be used to extract data from studies (see Developing NICE guidelines: the manual section 6.4). All data extraction will quality assured by a senior reviewer. Draft included and excluded studies tables will be circulated to the Topic Group for their comments. Resolution of disputes will be by discussion between the senior reviewer, Topic Advisor and Chair.</p>
Risk of bias (quality) assessment	<p>Quality assessment of individual studies will be performed using the Critical Appraisal Skills Programme (CASP) qualitative checklist.</p> <p>See Appendix H in Developing NICE guidelines: the manual for further details.</p> <p>The quality assessment will be initially performed by one reviewer and this will be quality assessed by a senior reviewer.</p>
Strategy for data synthesis	<p>Extracted second-order study themes and related first-order quotes will be synthesised by the reviewer into third-order themes and related sub-themes. The GRADE-CERQual (Confidence in the Evidence from Reviews of Qualitative research; Lewin 2015) approach will be used to summarise the confidence in the third-order themes synthesised from the qualitative evidence. The overall confidence in evidence about each third-order theme or sub-theme will be rated on four dimensions: methodological limitations, applicability, coherence and adequacy of data.</p> <p>Methodological limitations refer to the extent to which there were problems in the design or conduct of the studies and will be assessed with the Critical Appraisal Skills Programme (CASP) checklist for qualitative studies. Applicability of evidence will be assessed by determining the extent to which the body of evidence from the primary studies are applicable to the context of the review question. Coherence of findings will be assessed by examining the clarity of the data. Adequacy of data will be assessed by looking at the degree of richness and quantity of findings.</p>
Analysis of sub-groups	<p>If there is sufficient data, views and experiences will be analysed separately by severity (mild to moderate; moderate to severe).</p>

Field	Content	
	<p>Note: Recommendations will apply to all people with acne vulgaris unless there is evidence of difference for these subgroups. 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.</p>	
Type and method of review	<input type="checkbox"/> Intervention <input type="checkbox"/> Diagnostic <input type="checkbox"/> Prognostic <input checked="" type="checkbox"/> Qualitative <input type="checkbox"/> Epidemiologic <input type="checkbox"/> Service Delivery <input type="checkbox"/> Other (please specify)	
Language	English	
Country	England	
Anticipated or actual start date	18 February 2019	
Anticipated completion date	13 January 2021	
Stage of review at time of this submission	Review stage <input checked="" type="checkbox"/> Preliminary searches <input type="checkbox"/> Piloting of the study selection process <input checked="" type="checkbox"/> Formal screening of search results against eligibility criteria <input checked="" type="checkbox"/> Data extraction <input checked="" type="checkbox"/> Risk of bias (quality) assessment <input checked="" type="checkbox"/> Data analysis	Completed
Named contact	5a. Named contact National Guideline Alliance 5b. Named contact e-mail AcneManagement@nice.org.uk 5e. Organisational affiliation of the review National Institute for Health and Care Excellence (NICE) and National Guideline Alliance	
Review team members	National Guideline Alliance	
Funding sources/sponsor	This systematic review is being completed by the National Guideline Alliance, which is funded by NICE and hosted by the Royal College of Obstetricians and Gynaecologists. NICE funds the National Guideline Alliance to develop guidelines for those working in the NHS, public health, and social care in England.	
Conflicts of interest	All guideline committee members and anyone who has direct input into NICE guidelines (including the evidence review team and expert witnesses) must declare any	

Field	Content
	potential conflicts of interest in line with NICE's code of practice for declaring and dealing with conflicts of interest. Any relevant interests, or changes to interests, will also be declared publicly at the start of each guideline committee meeting. Before each meeting, any potential conflicts of interest will be considered by the guideline committee Chair and a senior member of the development team. Any decisions to exclude a person from all or part of a meeting will be documented. Any changes to a member's declaration of interests will be recorded in the minutes of the meeting. Declarations of interests will be published with the final guideline.
Collaborators	Development of this systematic review will be overseen by an advisory committee who will use the review to inform the development of evidence-based recommendations in line with section 3 of Developing NICE guidelines: the manual . Members of the guideline committee are available on the NICE website: https://www.nice.org.uk/guidance/NG198/history
Other registration details	Not applicable
Reference/URL for published protocol	https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=139246
Dissemination plans	NICE may use a range of different methods to raise awareness of the guideline. These include standard approaches such as: <ul style="list-style-type: none"> • notifying registered stakeholders of publication • publicising the guideline through NICE's newsletter and alerts • issuing a press release or briefing as appropriate, posting news articles on the NICE website, using social media channels, and publicising the guideline within NICE.
Keywords	Acne; acne vulgaris; experience; information; support; views.
Details of existing review of same topic by same authors	Not applicable
Current review status	<input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> Completed but not published <input type="checkbox"/> Completed and published <input type="checkbox"/> Completed, published and being updated <input type="checkbox"/> Discontinued
Additional information	Not applicable
Details of final publication	www.nice.org.uk

CDSR: Cochrane Database of Systematic Reviews; CENTRAL: Cochrane Central Register of Controlled Trials; DARE: Database of Abstracts of Reviews of Effects; GRADE: Grading of Recommendations Assessment, Development and Evaluation; GMFCS: gross motor function classification system; HTA: Health Technology Assessment; ICF: International Classification of Functioning, Disability and Health; MID: minimally important difference; NGA: National Guideline Alliance; NHS: National health service; NICE: National Institute for Health and Care Excellence; RCT: randomised controlled trial; RoB: risk of bias; SD: standard deviation.

Appendix B – Literature search strategies

Literature search strategies for review question: What information and support is valued by people with acne vulgaris, and their parents or carers?

Clinical search

Date of initial search: 19/07/2019

Database(s): Embase 1980 to 2019 Week 28, Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily 1946 to July 18, 2019, PsycINFO 1806 to July Week 3 2019

Multifile database codes: emez = Embase; ppez = MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily: psyh = PsycINFO

#	Searches
1	exp acne vulgaris/ use ppez
2	exp acne/ use emez
3	acne.tw.
4	or/1-3
5	(access to information/ or exp audiovisual aid/ or blogging/ or consumer advocacy/ or consumer health information/ or exp decision support system/ or e-mail/ or email support/ or health education/ or health promotion/ or hotline/ or text messaging/ or text messaging support/ or information/ or information center/ or information dissemination/ or information seeking/ or information service/ or exp Internet/ or exp interpersonal communication/ or medical information/ or mobile application/ or patient education/ or patient decision making/ or patient information/ or exp patient participation/ or exp self help/ or social support/ or exp support group/ or telehealth/ or telemedicine/ or telephone/ or telephone support/ or visual information/ or publication/ or exp mobile phone/ or exp mass communication/ or psychosocial care/) use emez
6	(access to information/ or exp Audiovisual Aids/ or blogging/ or communication/ or exp communications media/ or consumer advocacy/ or consumer health information/ or decision support systems, clinical/ or electronic mail/ or government publications as topic/ or health communication/ or health education/ or exp health information management/ or health knowledge, attitudes, practice/ or health literacy/ or health promotion/ or hotlines/ or information centers/ or information dissemination/ or information seeking behavior/ or information services/ or exp Internet/ or mobile applications/ or exp mobile phone/ or pamphlets/ or patient education as topic/ or patient participation/ or self help groups/ or social media/ or exp social support/ or telemedicine/ or telephone/ or text messaging/) use ppez
7	(exp Audiovisual communications media/ or exp Advocacy/ or Client Education/ or exp communication/ or exp communications media/ or computer mediated communication/ or exp Decision Support Systems/ or Health Education/ or Health Care Utilization/ or exp Help Seeking Behavior/ or exp Health Care Seeking Behavior/ or Health Promotion/ or hot line services/ or exp internet/ or exp interpersonal communication/ or information services/ or exp mass media/ or Reading Materials/ or Support Groups/ or exp Self-Help Techniques/ or social support/ or exp social media/ or telephone systems/ or telemedicine/ or text messaging/ or exp Treatment Compliance/ or exp verbal communication/ or exp written communication/) use psyh
8	(group* adj2 support*).tw.
9	(psychosocial* adj2 support*).tw.
10	((inform* or support* or advice or advise or guidance) adj3 (adherence or cause* or treatment* or antibiotic* or medication* or prognosis or side effect* or sideeffect* or diet* or cosmetic* or therap* or isotretinoin or roaccutane)).tw.
11	(blog* or "mobile* app*" or "mobile* phone* app*" or "mobile* health* app*" or "download* app*" or ipad app* or booklet* or brochure* or cellphone* or dvd* or handout* or ict or internet* or leaflet* or manual or manuals or media or mobile* or online app* or pamphlet* or phone* or publication* or smartphone* or telephone* or webpage* or web based or website* or web site* or web page* or video*).tw.
12	((discussion* or online* or on-line*) adj3 (forum* or fora)).tw.
13	messag* board*.tw.
14	(hotline* or helpline* or hot-line* or help-line*).tw.
15	(Social adj (network* or media)).tw.
16	((inform* or advice* or support* or guidance) adj5 (selfcare* or self care or selfmanag* or self manag* or skin care* or skincare* or "skin change**")).tw.
17	((user* or family or families or parent* or father* or mother* or carer* or caregiver* or care giv*) adj3 (advice or inform* or support* or guidance)).tw.
18	((information* adj3 (model* or program* or need* or require* or seek* or access* or dissem* or shar* or provid* or provision)).tw.
19	((inform* or support*) adj3 (help* or support* or benefi* or hinder* or hindran* or barrier* or facilitate* or practical* or clear* or accurate*)).tw.
20	((information* or support* or advice or guidance) adj3 (type* or content* or method* or quality or format*)).tw.
21	information sheet.tw.
22	patient guidance.tw.
23	or/5-22
24	Qualitative Research/
25	exp interview/ use emez
26	interview/ use ppez

FINAL

Information and support

#	Searches
27	interviews/ use psych
28	interview*.tw.
29	thematic analysis/ use emez
30	(theme\$ or thematic).mp.
31	qualitative.af.
32	questionnaire\$.mp.
33	ethnological research.mp.
34	ethnograph\$.mp.
35	ethnonursing.af.
36	phenomenol\$.af.
37	(life stor\$ or women* stor\$).mp.
38	(grounded adj (theor\$ or study or studies or research or analys?s)).af.
39	((data adj1 saturat\$) or participant observ\$).tw.
40	(field adj (study or studies or research)).tw.
41	biographical method.tw.
42	theoretical sampl\$.af.
43	((purpos\$ adj4 sampl\$) or (focus adj group\$)).af.
44	open ended questionnaire/ use emez
45	((open end* or openend*) adj3 questionnaire*).tw.
46	(account or accounts or unstructured or openedended or open ended or text\$ or narrative\$).mp.
47	(life world or life-world or conversation analys?s or personal experience\$ or theoretical saturation).mp.
48	((lived or life) adj experience\$).mp.
49	narrative analys?s.af.
50	(parental attitude/ or patient satisfaction/ or patient preference/ or personal experience/) use emez
51	(exp parental attitudes/ or exp client attitudes/) use psych
52	exp patient satisfaction/ use ppez
53	(dissatisf* or expectation* or experienc* or opinion* or perceive* or perspective* or preferenc* or satisf* or view*).tw.
54	or/24-53
55	4 and 23 and 54
56	limit 55 to (yr="2008 - current" and english language)
57	Letter/ use ppez
58	letter.pt. or letter/ use emez
59	note.pt.
60	editorial.pt.
61	Editorial/ use ppez
62	News/ use ppez
63	news media/ use psych
64	exp Historical Article/ use ppez
65	Anecdotes as Topic/ use ppez
66	Comment/ use ppez
67	Case Report/ use ppez
68	case report/ or case study/ use emez
69	Case report/ use psych
70	(letter or comment*).ti.
71	or/57-70
72	randomized controlled trial/ use ppez
73	randomized controlled trial/ use emez
74	random*.ti,ab.
75	cohort studies/ use ppez
76	cohort analysis/ use emez
77	cohort analysis/ use psych
78	case-control studies/ use ppez
79	case control study/ use emez
80	or/72-79
81	71 not 80
82	animals/ not humans/ use ppez
83	animal/ not human/ use emez
84	nonhuman/ use emez
85	"primates (nonhuman)"/
86	exp Animals, Laboratory/ use ppez
87	exp Animal Experimentation/ use ppez
88	exp Animal Experiment/ use emez
89	exp Experimental Animal/ use emez
90	animal research/ use psych
91	exp Models, Animal/ use ppez
92	animal model/ use emez
93	animal models/ use psych
94	exp Rodentia/ use ppez
95	exp Rodent/ use emez
96	rodents/ use psych

FINAL

Information and support

#	Searches
97	(rat or rats or mouse or mice).ti.
98	or/81-97
99	56 not 98
100	remove duplicates from 99

Date of initial search: 19/07/2019

Database(s): CINAHL Plus (Cumulative Index to Nursing and Allied Health Literature) 1937-current, EBSCO Host

#	Searches	
S44	S42 AND S43	Limiters - Published Date: 20080101-20191231; Clinical Queries: Qualitative - Best Balance; Language: English Search modes - Boolean/Phrase
S43	S3 OR S4 OR S5 OR S6 OR S7 OR S8 OR S9 OR S10 OR S11 OR S12 OR S13 OR S14 OR S15 OR S16 OR S17 OR S18 OR S19 OR S20 OR S21 OR S22 OR S23 OR S24 OR S25 OR S26 OR S27 OR S28 OR S29 OR S30 OR S31 OR S32 OR S33 OR S34 OR S35 OR S36 OR S37 OR S38 OR S39 OR S40 OR S41	Search modes - Boolean/Phrase
S42	S1 OR S2	Search modes - Boolean/Phrase
S41	TI (patient N1 guidance) OR AB (patient N1 guidance)	Search modes - Boolean/Phrase
S40	TI (information N1 sheet) OR AB (information N1 sheet)	Search modes - Boolean/Phrase
S39	TI (((information* or support* or advice or guidance) N3 (type* or content* or method* or quality or format*))) OR AB (((information* or support* or advice or guidance) N3 (type* or content* or method* or quality or format*)))	Search modes - Boolean/Phrase
S38	TI (((inform* or support*) N3 (help* or support* or benefi* or hinder* or hindran* or barrier* or facilitate* or practical* or clear* or accurate*))) OR AB (((inform* or support*) N3 (help* or support* or benefi* or hinder* or hindran* or barrier* or facilitate* or practical* or clear* or accurate*)))	Search modes - Boolean/Phrase
S37	TI (information* N3 (model* or program* or need* or require* or seek* or access* or dissem* or shar* or provid* or provision)) OR AB (information* N3 (model* or program* or need* or require* or seek* or access* or dissem* or shar* or provid* or provision))	Search modes - Boolean/Phrase
S36	TI (((user* or family or families or parent* or father* or mother* or carer* or caregiver* or care giv*) N3 (advice or inform* or support* or guidance))) OR AB (((user* or family or families or parent* or father* or mother* or carer* or caregiver* or care giv*) N3 (advice or inform* or support* or guidance)))	Search modes - Boolean/Phrase
S35	TI (((inform* or advice* or support* or guidance) N5 (selfcare* or self-care or selfmanag* or self-manag* or skin-care* or skincare* or skin-change*))) OR AB (((inform* or advice* or support* or guidance) N5 (selfcare* or self-care or selfmanag* or self-manag* or skin-care* or skincare* or skin-change*)))	Search modes - Boolean/Phrase
S34	TI ((Social N1 (network* or media))) OR AB ((Social N1 (network* or media)))	Search modes - Boolean/Phrase
S33	TI ((hotline* or helpline* or hot-line* or help-line*)) OR AB ((hotline* or helpline* or hot-line* or help-line*))	Search modes - Boolean/Phrase
S32	TI (messag* N1 board*) OR AB (messag* N1 board*)	Search modes - Boolean/Phrase
S31	TI (((discussion* or online* or on-line*) N3 (forum* or fora))) OR AB (((discussion* or online* or on-line*) N3 (forum* or fora)))	Search modes - Boolean/Phrase
S30	TI (mobile* N1 app*) or (mobile* N1 phone* N1 app*) or (mobile* N1 health* N1 app*) or (download* N1 app*) or (ipad N1 app*) or booklet* or brochure* or cellphone* or dvd* or handout* or ict or internet* or leaflet* or manual or manuals or media or mobile* or (online N1 app*) or pamphlet* or phone* or publication* or smartphone* or telephone* or webpage* or web-based or website* or web-site* or web-page* or video*) OR AB (mobile* N1 app*) or (mobile* N1 phone* N1 app*) or (mobile* N1 health* N1 app*) or (download* N1 app*) or (ipad N1 app*) or booklet* or brochure* or cellphone* or dvd* or handout* or ict or internet* or leaflet* or manual or manuals or media or mobile* or (online N1 app*) or pamphlet* or phone* or publication* or smartphone* or telephone* or webpage* or web-based or website* or web-site* or web-page* or video*)	Search modes - Boolean/Phrase
S29	TI (((inform* or support* or advice or advise or guidance) N3 (adherence or cause* or treatment* or antibiotic* or medication* or prognosis or side effect* or sideeffect* or diet* or cosmetic* or therap* or isotretinoin or roaccutane))) OR AB (((inform* or support* or advice or advise or guidance) N3 (adherence or cause* or treatment* or antibiotic* or medication* or prognosis or side effect* or sideeffect* or diet* or cosmetic* or therap* or isotretinoin or roaccutane)))	Search modes - Boolean/Phrase
S28	(MH "Social Media+")	Search modes - Boolean/Phrase

#	Searches	
S27	(MH "Communications Media")	Search modes - Boolean/Phrase
S26	(MH "Telephone")	Search modes - Boolean/Phrase
S25	(MH "Telehealth") OR (MH "Telemedicine")	Search modes - Boolean/Phrase
S24	(MH "Pamphlets")	Search modes - Boolean/Phrase
S23	(MH "Consumer Participation")	Search modes - Boolean/Phrase
S22	(MH "Decision Making, Patient")	Search modes - Boolean/Phrase
S21	(MH "Patient Education")	Search modes - Boolean/Phrase
S20	(MH "Cellular Phone+")	Search modes - Boolean/Phrase
S19	(MH "Mobile Applications")	Search modes - Boolean/Phrase
S18	(MH "Internet+") OR (MH "Social Media+")	Search modes - Boolean/Phrase
S17	(MH "Health Literacy")	Search modes - Boolean/Phrase
S16	(MH "Health Knowledge")	Search modes - Boolean/Phrase
S15	(MH "Government Publications")	Search modes - Boolean/Phrase
S14	(MH "Information Centers")	Search modes - Boolean/Phrase
S13	(MH "Information Seeking Behavior")	Search modes - Boolean/Phrase
S12	(MH "Health Information Networks")	Search modes - Boolean/Phrase
S11	(MH "Text Messaging")	Search modes - Boolean/Phrase
S10	(MH "Health Promotion")	Search modes - Boolean/Phrase
S9	(MH "Health Education")	Search modes - Boolean/Phrase
S8	(MH "Email")	Search modes - Boolean/Phrase
S7	(MH "Decision Support Systems, Clinical")	Search modes - Boolean/Phrase
S6	(MH "Consumer Health Information")	Search modes - Boolean/Phrase
S5	(MH "Consumer Advocacy")	Search modes - Boolean/Phrase
S4	(MH "Blogs")	Search modes - Boolean/Phrase
S3	(MH "Access to Information")	Search modes - Boolean/Phrase
S2	TI acne OR AB acne	Search modes - Boolean/Phrase
S1	(MH "Acne Vulgaris")	Search modes - Boolean/Phrase

Health Economics search

Date of initial search: 12/12/2018

Date of updated search: 06/05/2020

Database{s}: Embase 1980 to 2020 May 05, Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily 1946 to May 05, 2020

Multifile database codes: emez = Embase; ppez = MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily

#	Searches
1	exp Acne Vulgaris/ use ppez
2	exp acne/ use emez
3	acne.tw.
4	or/1-3

#	Searches
5	Economics/
6	Value of life/
7	exp "Costs and Cost Analysis"/
8	exp Economics, Hospital/
9	exp Economics, Medical/
10	Economics, Nursing/
11	Economics, Pharmaceutical/
12	exp "Fees and Charges"/
13	exp Budgets/
14	(or/5-13) use ppez
15	health economics/
16	exp economic evaluation/
17	exp health care cost/
18	exp fee/
19	budget/
20	funding/
21	(or/15-20) use emez
22	budget*.ti,ab.
23	cost*.ti.
24	(economic* or pharmaco?economic*).ti.
25	(price* or pricing*).ti,ab.
26	(cost* adj2 (effective* or utilit* or benefit* or minimi* or unit* or estimat* or variable*)).ab.
27	(financ* or fee or fees).ti,ab.
28	(value adj2 (money or monetary)).ti,ab.
29	or/22-27
30	14 or 21 or 29
31	4 and 30
32	limit 31 to english language
33	limit 32 to yr="2004 -Current"
34	remove duplicates from 33

Date of initial search: 12/12/2018

Date of updated search: 06/05/2020

Databases(s): NIHR Centre for Reviews and Dissemination: Health Technology Assessment Database (HTA) and the NHS Economic Evaluation Database (NHS EED)

#	Searches
1	MeSH DESCRIPTOR Acne Vulgaris EXPLODE ALL TREES
2	(acne) IN NHSEED, HTA FROM 2004 TO 2018
3	#1 OR #2

Search for health utility values

Date of initial search: 29/01/2019

Date of updated search: 06/05/2020

Database(s): Embase 1980 to 2020 May 05, Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily 1946 to May 05, 2020

Multifile database codes: emez = Embase; ppez = MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily

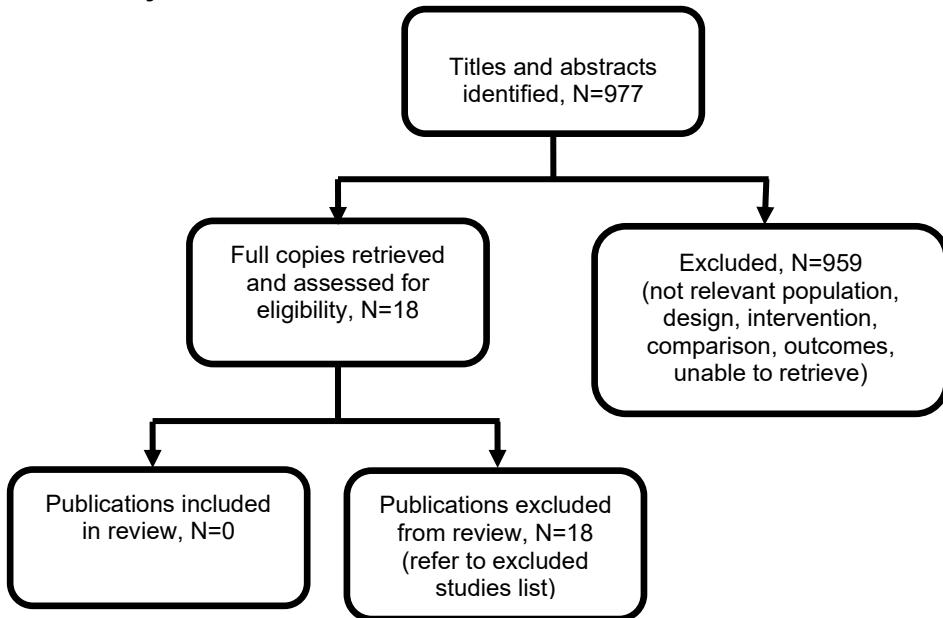
#	Searches
1	exp Acne Vulgaris/ use ppez
2	exp acne/ use emez
3	acne.tw.
4	or/1-3
5	Quality-Adjusted Life Years/ use ppez
6	Sickness Impact Profile/
7	quality adjusted life year/ use emez
8	"quality of life index" use emez
9	(quality adjusted or quality adjusted life year*).tw.
10	(qaly* or qal or qald* or qale* or qtime* or qwb* or daly).tw.
11	(illness state* or health state*).tw.
12	(hui or hui2 or hui3).tw.
13	(multiattribute* or multi attribute*).tw.

#	Searches
14	(utilit* adj3 (score*1 or valu* or health* or cost* or measur* or disease* or mean or gain or gains or index*)).tw.
15	utilities.tw.
16	(eq-5d* or eq5d* or eq-5* or eq5* or euroqual* or euro qual* or euroqual 5d* or euro qual 5d* or euro qol* or euroqol* or euro qual* or euroqual* or euro qual5d* or euroqual5d* or eur qol* or eurqol* or eur qol5d* or eurqol5d* or eur?qui* or eur?qul5d* or euro* quality of life or european qol).tw.
17	(euro* adj3 (5 d* or 5d* or 5 dimension* or 5dimension* or 5 domain* or 5domain*)).tw.
18	(sf36 or sf 36 or sf thirty six or sf thirtysix).tw.
19	(time trade off*1 or time tradeoff*1 or tto or timetradeoff*1).tw.
20	Quality of Life/ and ((quality of life or qol) adj (score*1 or measure*1)).tw.
21	Quality of Life/ and ec.fs.
22	Quality of Life/ and (health adj3 status).tw.
23	(quality of life or qol).tw. and Cost-Benefit Analysis/ use ppez
24	(quality of life or qol).tw. and cost benefit analysis/ use emez
25	((qol or hrqol or quality of life).tw. or *quality of life/) and ((qol or hrqol* or quality of life) adj2 (increas* or decreas* or improv* or declin* or reduc* or high* or low* or effect or effects or worse or score or scores or change*1 or impact*1 or impacted or deteriorat*).ab.
26	Cost-Benefit Analysis/ use ppez and cost-effectiveness ratio*.tw. and (cost-effectiveness ratio* and (perspective* or life expectanc*)).tw.
27	cost benefit analysis/ use emez and cost-effectiveness ratio*.tw. and (cost-effectiveness ratio* and (perspective* or life expectanc*)).tw.
28	*quality of life/ and (quality of life or qol).ti.
29	quality of life/ and ((quality of life or qol) adj3 (improv* or chang*)).tw.
30	quality of life/ and health-related quality of life.tw.
31	Models, Economic/ use ppez
32	economic model/ use emez
33	or/5-32
34	4 and 33
35	limit 34 to english language
36	limit 35 to yr="2004 -Current"
37	remove duplicates from 36

Appendix C – Clinical evidence study selection

Clinical study selection for: What information and support is valued by people with acne vulgaris, and their parents or carers?

Figure 1: Study selection flow chart



Appendix D – Evidence tables

Evidence tables for review question: What information and support is valued by people with acne vulgaris, and their parents or carers?

No evidence was identified which was applicable to this review question.

Appendix E – Forest plots

Forest plots for review question: What information and support is valued by people with acne vulgaris, and their parents or carers?

No evidence was identified which was applicable to this review question.

Appendix F – GRADE tables

GRADE tables for review question: What information and support is valued by people with acne vulgaris, and their parents or carers?

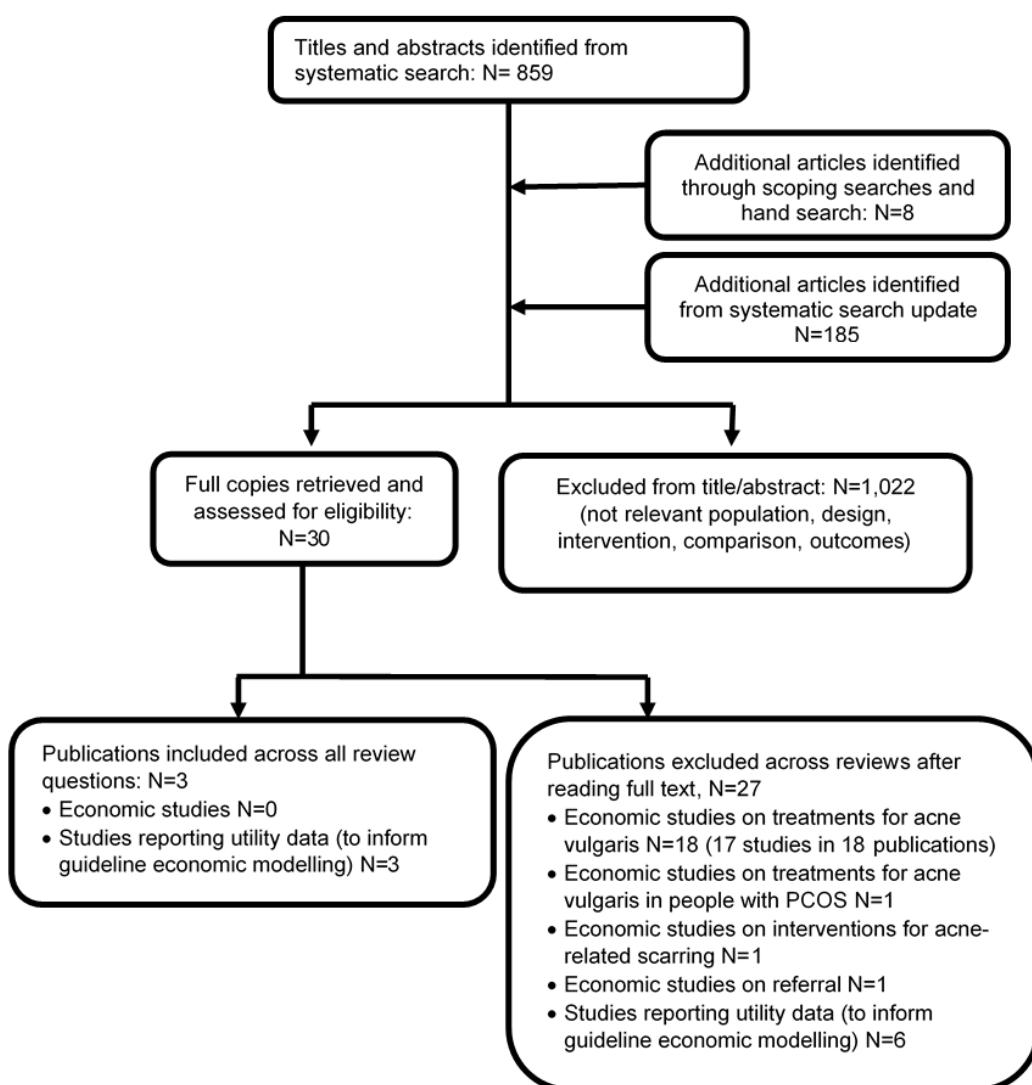
No evidence was identified which was applicable to this review question.

Appendix G – Economic evidence study selection

Economic evidence study selection for review question: What information and support is valued by people with acne vulgaris, and their parents or carers?

A global health economics search was undertaken for all areas covered in the guideline. Figure 2 shows the flow diagram of the selection process for economic evaluations of interventions and strategies associated with the care of people with acne vulgaris and studies reporting acne vulgaris-related health state utility data.

Figure 2. Flow diagram of selection process for economic evaluations of interventions and strategies associated with the care of people with acne vulgaris and studies reporting acne vulgaris-related health state utility data



Appendix H – Economic evidence tables

Economic evidence tables for review question: What information and support is valued by people with acne vulgaris, and their parents or carers?

No economic evidence was identified which was applicable to this review question.

Appendix I – Economic evidence profiles

Economic evidence profiles for review question: What information and support is valued by people with acne vulgaris, and their parents or carers?

No economic evidence was identified which was applicable to this review question.

Appendix J – Economic analysis

Economic analysis for review question: What information and support is valued by people with acne vulgaris, and their parents or carers?

No economic analysis was conducted for this review question.

Appendix K – Excluded studies

Excluded clinical and economic studies for review question: What information and support is valued by people with acne vulgaris, and their parents or carers?

Clinical studies

Table 3: Excluded studies and reasons for their exclusion

Study	Reason for Exclusion
Adkins, K., Moses, J., Overton, P., Thompson, A., Living with acne in a digital age: A qualitative exploration of young women's experiences of acne and digital media use, British Journal of Dermatology, 177 (Supplement 1), 206, 2017	No full text article available
Almazan, T., Kabigting, F., Dermatologic care of the transgender patient: Highlighting a practice gap within dermatology, Journal of the American Academy of Dermatology, (1), AB29, 2016	No full text article available
Amini, L., The stigma of womanhood thiaf: Polycystic ovary syndrome, International Journal of Fertility and Sterility, 1), 153, 2012	Duplicate
Azzam, O. A., Atta, A. T., Sobhi, R. M., Mostafa, P. I. N., Fractional CO ₂ laser treatment vs autologous fat transfer in the treatment of acne scars: A comparative study, Journal of Drugs in Dermatology, 12, e7-e13, 2013	Duplicate
Denis, L., Storms, M., Peremans, L., Van Royen, K., Verhoeven, V., Contraception: A questionnaire on knowledge and attitude of adolescents, distributed on Facebook, International Journal of Adolescent Medicine and Health, 2015	Survey data presented as quantitative data and study does not focus on what information people with acne value
Dressler, C., Rosumeck, S., Nast, A., Which treatment options do acne patients prefer?, JDDG - Journal of the German Society of Dermatology, 15, 77-81, 2017	Article written in German
Fabbrocini, G., Izzo, R., Donnarumma, M., Marasca, C., Monfrecola, G., Acne smart club: an educational program for patients with acne, Dermatology, 229, 136-40, 2014	Survey data presented as quantitative data and study does not focus on what information people with acne value
Feldman, S. R., Fried, R. G., Herndon Jr, J. H., Johnson, L., Preston, N., Gottschalk, R. W., Caveney, S. W., Digital videography assessment of patients' experiences using adapalene-benzoyl peroxide gel in the treatment of acne vulgaris, Journal of Drugs in Dermatology, 11, 919-925, 2012	This study does not focus on what information people with acne value
Giannouli, A., Tsimarlis, P., Potiris, A., Apostolaki, D., Athanasopoulos, N., Karountzos, V., Dimopoulos, K. D., Deligeoroglou, E., Adolescents explain: Why did they decided to discontinue the pill?, European Journal of Contraception and Reproductive Health Care, 23 (Supplement 1), 99, 2018	No full text article available
John, A., John, E., Hansberry, D., Lambert, W., Analysis of the readability of patient education materials in pediatric dermatology, Pediatric Dermatology, 34 (Supplement 1), S77-S78, 2017	No full text article available
Kwon, H. H., Yoon, H. S., Suh, D. H., Yoon, J. Y., Park, S. K., Lee, E. S., Lee, J. H., Kim, N. I., Kye, Y. C., Ro, Y. S., Lee, S. J., Kim, M. N., Sung, K. J., Lee, E. S., Kim, K. J., Korean Society for Acne, Research, A nationwide study of acne treatment patterns in Korea: analysis of patient preconceived notions and dermatologist suggestion for treatment, Acta Dermato-Venereologica, 92, 236-40, 2012	Survey data presented as quantitative data and study does not focus on what information people with acne value

Study	Reason for Exclusion
Layton, A. M., Whitehouse, H., Eady, E. A., Cowdell, F., Warburton, K. L., Fenton, M., Prioritizing treatment outcomes: How people with acne vulgaris decide if their treatment is working, <i>Journal of Evidence-Based Medicine</i> , 10, 163-170, 2017	This study does not focus on what information people with acne value
Poli, F., Auffret, N., Beylot, C., Chivot, M., Faure, M., Moyse, D., Pawin, H., Revuz, J., Dreno, B., Acne as seen by adolescents: Results of questionnaire study in 852 French individuals, <i>Acta dermato-venereologica</i> , 91, 531-536, 2011	Survey data presented as quantitative data and study does not focus on what information people with acne value
Reddy, P. S., DeBord, L. C., Gupta, R., Kapadia, P., Mohanty, A., Dao, H., Antibiotics for acne vulgaris: using Instagram to seek insight into the patient perspective, <i>Journal of Dermatological Treatment.</i> , 2019	This study does not focus on what information people with acne value
Rendon, M. I., Rodriguez, D. A., Kawata, A. K., Degboe, A. N., Wilcox, T. K., Burk, C. T., Daniels, S. R., Roberts, W. E., Acne treatment patterns, expectations, and satisfaction among adult females of different races/ethnicities, <i>Clinical, Cosmetic and Investigational Dermatology</i> , 8, 231-8, 2015	This study does not focus on what information people with acne value
Santer, M., Chandler, D., Lown, M., Francis, N. A., Muller, I., Views of oral antibiotics and advice seeking about acne: a qualitative study of online discussion forums, <i>British Journal of Dermatology</i> , 177, 751-757, 2017	This study does not focus on what information people with acne value
Suthipinittharm, P., Noppakun, N., Kulthanon, K., Jiamton, S., Rajatanavin, N., Aunhachoke, K., Sindhavanonda, J., Akraphan, R., Manapajon, A., Opinions and perceptions on acne: a community-based questionnaire study in Thai students, <i>Journal of the Medical Association of Thailand</i> , 96, 952-9, 2013	This article was not available
Tahir, C. M., Ansari, R., Beliefs, perceptions and expectations among acne patients, <i>Journal of Pakistan association of dermatologists</i> , 22, 98-104, 2012	Survey data presented as quantitative data and study does not focus on what information people with acne value

Economic studies

No economic evidence was identified for this review.

Appendix L – Research recommendations

Research recommendations for review question: What information and support is valued by people with acne vulgaris, and their parents or carers?

Research question

What information and support is valued by people with acne vulgaris, and their parents or carers?

Why this is important

The committee agreed that people with acne vulgaris and their carers should have reliable information and support but could not find any relevant studies on which to base recommendations. Information on acne vulgaris can be inconsistent and confusing because of the amount of it available online or in magazines, which young people may access. Acne can affect self-image and mood and the committee agreed that information on the natural history of acne vulgaris, prevention of scarring, skin care routine, lifestyle and treatment options, and emotional support were important. However, due to the lack of evidence there is uncertainty around this. Therefore, the committee agreed to recommend research to identify what topics and types of information are most important to people with acne vulgaris.

Table 4: Research recommendation rationale

Research question	What information and support is valued by people with acne vulgaris?
Why is this needed	
Importance to ‘patients’ or the population	There were no research studies to inform the sorts of information which people with acne vulgaris would value generally or in specific subgroups for example women with polycystic ovary syndrome, those wanting contraception, young people wanting to undertake body building or older age group sufferers with recurrent acne. Information which people with acne vulgaris find useful should be shared to create consistency of message for parents and guardians and help prevent confusion. In addition, the committee were keen to understand the support that those with acne vulgaris would find useful, including psychological issues, given that acne often affects appearance and young people are developing skills in peer and personal relationships at the time that acne may occur.
Relevance to NICE guidance	The search on information and support valued by people with acne vulgaris yielded no studies at review.
Relevance to the NHS	Relevance to the NHS is high because understanding, and subsequently improving information and support given to people may improve management, prevent conflict between people with acne vulgaris and their families, identify and treat low mood and depression and so improve the overall experience of those with acne vulgaris
National priorities	There are 2 national priorities, one is to improve young people’s mental health and another is to reduce antibiotic prescribing to prevent resistance. <ul style="list-style-type: none">Improving the mental health of young people is a national priority. Being well informed makes people feel in control of their choices and options and this may therefore impact positively on their mental wellbeing. Rates of depression and suicide are increasing in the under 25 year old age group, especially amongst men 20-25 years old. (suicides in the UK 2019

Research question	What information and support is valued by people with acne vulgaris?
	<p>ons.gov.uk). In 2018 the government produced a paper 'Transforming children's and young people's mental health provision', including improving services for those 16-25 years old. This aligns with a need to understand support required for young people with acne vulgaris</p> <p>https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper/quick-read-transforming-children-and-young-peoples-mental-health-provision</p> <ul style="list-style-type: none"> • Acne has traditionally been treated with long courses of antibiotics. Antibiotic resistance is rising in the UK and the government wants to optimise antibiotic prescribing to prevent the development of superbugs. Keeping people well informed would therefore help to address this priority (Tackling antimicrobial resistance 2019–2024 The UK's five-year national action plan Published 24 January 2019. HM Government) <p>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/784894/UK_AMR_5_year_national_action_plan.pdf</p>
Current evidence base	The guideline identified a gap in the evidence base. The systematic review of this topic did not find any evidence addressing this topic. Currently information on this is anecdotal.
Equality	What information and support is valued by people with acne vulgaris should take into consideration the views of all acne sufferers, including children and young people, and of their parents or carers views. The research should prevent language barriers and seek cultural views and impact at different socioeconomic levels.
Feasibility	People with acne often consult with community pharmacists, GPs and allied health care professionals, and secondary care dermatologists and their clinical teams. At each of these places there are opportunities to explore people's views on information and support.
Other comments	<ul style="list-style-type: none"> • Parental and carer support of acne sufferers by consistency of understanding was considered important by the committee

Table 5: Research recommendation characteristics table

Criterion	Explanation
Population	<ul style="list-style-type: none"> • All people presenting with acne vulgaris • Parents and carers of those with acne • May also involve healthcare professionals <p>Relevant subgroups of the above populations may also be considered</p>
Phenomena of interest	<ul style="list-style-type: none"> • Themes of information need and support required generally by people with acne involving acne management and psychological distress. • Also personalised enquiry to subgroups for example women with polycystic ovary syndrome, those wanting contraception, those trying to conceive, people over 25 years old, adolescent and young men.

Criterion	Explanation
Context	<ul style="list-style-type: none"> Identifying themes of need in information and support provision, in order to provide future reliable advice and support which is wanted by the acne vulgaris sufferer
Study design	<p>Qualitative studies using open ended questionnaire, survey approaches, focus groups, or interview. Survey should allow for free text as well as specific responses. Information could be sought or depth of need assessed on a Likert scale</p> <p>Identifying general questions for all on the natural history and expectations of acne vulgaris, knowledge of diet, exercise, and lifestyle. Risks of scarring, skin self-management at home, treatment options, how and when to present to health care professionals, mental well-being</p> <p>Subset questions on needs for information for some subgroups. Do specific groups of acne vulgaris sufferers want specific information for example on bodybuilding, contraception information needs, PCOS, preconception and conception.</p> <p>Support in various forms for all such as emotional support and peer support, for all topics, such as managing active acne and acne related scarring.</p> <p>A feasibility study to pilot methodology should be performed prior to full study.</p> <p>Results should theme areas of need for acne sufferers to inform information development.</p>
Timeframe	<ul style="list-style-type: none"> 2 years
Additional information	<p>The research recommendation mirrors the review question for this section of the guideline as there is a need to develop an understanding of need from acne sufferers.</p>