

Acne	Referral Guide: Page 2 of 3	Dermatology
<p>Initial Diagnosis and Management (Cont'd):</p> <p>Severe acne: Initial treatment is usually the same as for moderate acne, if possible with the higher dose of oral antibiotic. Referral to dermatology is usually appropriate (see below).</p>		
<p>Ongoing Management and Objectives:</p> <p>Decreased numbers of lesions and minimization of scarring are the goals of treatment. Total clearing of acne is usually not an achievable goal.</p> <p>Scarring should not be confused with post-inflammatory hyperpigmentation. Scars show a change in the contour of the skin, for example, ice-pick scarring, while post-inflammatory hyperpigmentation is a change in the color of the skin. The major importance of the distinction is that scars are permanent, while post-inflammatory hyperpigmentation is usually temporary. Post-inflammatory hyperpigmentation may take several months to resolve, though, and in the interim, if new inflammatory lesions are forming, it may be difficult to appreciate improvement.</p> <p>Compliance with therapy should be reviewed at each visit.</p> <p>Some patients do well with therapy but very infrequently have an isolated small cyst or deep inflammatory nodule. In that circumstance, it may be helpful to inject directly into the cyst a small amount of triamcinolone 2.5 (2 ½) mg/ml. This often serves to decrease the inflammation quickly, over the course of a few days.</p>		
<p>Indications for Specialty Care Referral:</p> <p>Mild to moderate acne: Poor response to standard therapy after 6 months, assuming the patient has been compliant.</p> <p>Severe acne: In general, patients with severe acne should be referred to dermatology. It is acceptable in most cases to place the patient on a treatment regimen highly likely to be effective (e.g., doxycycline 100 mg po bid plus topical tretinoin qd), and schedule a non-urgent visit to dermatology. For patients with extremely severe cystic acne (e.g., see pictures of acne conglobata), more immediate referral to dermatology may be advisable.</p> <p>For severe acne that is unresponsive to standard therapies, Accutane may be recommended. (Note that Accutane is currently non-formulary.) Accutane is highly teratogenic, and its use is tightly regulated by the FDA. Females must be on a highly effective method of birth control (such as oral contraceptives) plus a second method of birth control (such as condoms), and must have been using these methods for at least a month before Accutane is instituted. The regulations governing the use of Accutane, including the severity of acne required before Accutane use is considered, are strictly adhered to in Denver Health dermatology clinics. Although it is probably the case that most patients referred to dermatology for possible Accutane treatment do in fact receive Accutane either at the initial visit or after a trial of other therapy, there are some patients who are not good candidates for Accutane. Please do not promise to any patient that he/she will receive Accutane.</p>		
Test(s) to Prepare for Consult:	Test(s) Consultant May Need To Do:	

Disclaimer: Adherence to these guidelines will not ensure successful treatment in every situation. Further, these guidelines should not be considered inclusive of all accepted methods of care or exclusive of other methods of care reasonably directed to obtaining the same results. The ultimate judgment regarding the appropriateness of any specific procedure, therapy, or referral must be made by the physician/provider in light of all circumstances presented by an individual patient.

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Criteria for Return to Primary Care: Acne stabilized Accutane course completed		
Revision History: Created Revised		

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