SCOPE AND OBJECTIVES

Acne vulgaris is one of the most common skin conditions diagnosed and treated by dermatologists in the United States (US) and worldwide.[1,2] These guidelines aim to provide evidence-based recommendations to guide the clinical management of acne vulgaris for adults, adolescents, and preadolescents aged 9 years or older from the perspectives of US and Canadian dermatologists, clinicians who treat acne, and patients. These guidelines update the 2016 American Academy of Dermatology guidelines of care for the management of acne.[3] We examine evidence based on a systematic review of the literature on acne grading and classification, laboratory testing, and treatment using topical therapies, systemic antibiotics, hormonal agents, oral isotretinoin, physical modalities, complementary and alternative medicine, and dietary and environmental interventions. These guidelines focus on acne treatments that are available, approved by the US Food and Drug Administration (FDA), and commonly used in the US. Acneiform eruptions and medication-induced acne are not addressed. Diagnosis and treatment of infantile acne, mid-childhood acne in children under the age of 9 years, and acne-induced hyperpigmentation and scarring are beyond of the scope of these guidelines.[4]

- The American Academy of Dermatology's 2016 guidelines for the management of acne vulgaris are updated with a systematic review, which resulted in 18 evidence-based recommendations and 5 good practice statements.
- Strong recommendations are made for topical benzoyl peroxide, retinoids, and/or antibiotics and their fixed-dose combinations, and for oral doxycycline. Oral isotretinoin is strongly recommended for severe acne, acne causing psychosocial burden or scarring, or acne failing standard treatment with oral or topical therapy.
- Conditional recommendations are made for the use of topical clascoterone, salicylic acid, azelaic acid, oral minocycline, sarecycline, combined oral contraceptives, and spironolactone.
- Using topical therapies combining multiple mechanisms of action, limiting systemic antibiotic use, combining systemic antibiotics with benzoyl peroxide and other topical therapies, and adjuvant intralesional corticosteroid injections are recommended as good clinical practices.

METHODS

The American Academy of Dermatology (AAD) and Evidinno, Inc., conducted a series of focused and systematic reviews from May 2021 to November 2022 (see Detailed Methods in Supplementary Materials, available via Mendeley at https://data.mendeley.com/datasets/z2bmdwwdf9/2) to determine the effectiveness and safety of treatments currently available and approved in the US for the management of acne vulgaris in adults, adolescents, and preadolescents aged 9 years or older based on the 9 clinical questions with prespecified patient, intervention, comparator, and outcome and study eligibility criteria (Table I and Supplementary Tables I-VII, available via Mendeley at https://data.mendeley.com/datasets/z2bmdwwdf9/2). The Work Group consisted of 9 board-certified dermatologists (including 1 methodologist and 1 measure representative and medical writer), 3 board-certified pediatric dermatologists, 1 staff liaison, and 1 patient representative. The work group employed the Grading of Recommendations, Assessment, Development, and Evaluation approach for assessing the certainty of the evidence and formulating and grading clinical recommendations. This approach incorporates benefits and harms, patient values and preferences, resource use, and certainty of evidence as key factors in the evidence to decision framework (Supplementary Table X, available via Mendeley at https://data.mendeley.com/datasets/z2bmdwwdf9/2). Strength of recommendation and strength of the supporting evidence were expressed as shown in Table II.[5-7] A strong recommendation means that the work group believes that the benefits clearly outweigh risks and burden (or that the risks and burden clearly outweigh the benefits), and a conditional recommendation means that the work group believes that the benefits are closely balanced with risks and burden. A conditional recommendation implies that we believe most people would want the recommended course of action.

DEFINITION

Acne vulgaris is a chronic, inflammatory skin disease of the pilosebaceous unit.[8] Acne primarily presents with open or closed comedones, papules, pustules, or nodules on the face or trunk and may result in pain, erythema, hyperpigmentation, or scars.[8]