The committee looked at evidence related to risk of scarring, which suggests that the severity and duration of acne may be risk factors for scarring. The committee noted that there is substantial uncertainty, as the studies did not control for the influence of other factors. However, they agreed that the risk factors were consistent with their knowledge and experience, so recommended that healthcare practitioners be made aware so that they can take this into account during discussions with the person.

The evidence indicated that topical agents such as benzoyl peroxide and retinoids often cause skin irritation. Therefore, based on this and clinical experience, the committee recommended an initial alternate-day or short-contact application to help reduce skin irritation, and in doing so encourage adherence to treatment.

Since some of the options include a topical retinoid or oral tetracyclines, the committee highlighted that these are contraindicated during pregnancy and when planning a pregnancy. Therefore use of effective contraception should be discussed with people with the potential to become pregnant.

Even though evidence for the combined oral contraceptive pill did not show clear effectiveness, based on consensus and clinical experience the committee decided that women who need hormonal contraceptives could be given the combined oral contraceptive pill in addition to a first-line treatment option. This would be preferable to the progestogen-only pill, which, based on the expertise and experience of the committee, is known to potentially cause acne. The committee also recognised that making recommendations about contraceptive methods is outside the scope of this guideline, and that the most reliable contraceptive is the one which the person would prefer to use after shared decision making looking at all options. They therefore only recommended this for people who had already chosen hormonal contraception. Due to specific considerations related to contraception when taking oral isotretinoin treatment, the committee added a cross reference to the relevant recommendation in the oral isotretinoin section.

The committee discussed that in clinical practice it may be anticipated that oral isotretinoin treatment will be needed in future, for example based on severity. A healthcare professional may then want to choose a first-line option with an oral antibiotic, as this is a prerequisite for oral isotretinoin treatment and may also successfully treat the acne.

The evidence showed lower clinical and cost effectiveness of oral antibiotics when used as monotherapy compared with the recommended treatment options in moderate to severe acne, and no clinical effectiveness in mild to moderate acne, and because of this as