specialist tailored approach to treatment.

Full details of the evidence and the committee's discussion are in evidence review H: management options for refractory acne.

Return to recommendations

Maintenance

Recommendations 1.7.1 to 1.7.5

Why the committee made the recommendations

There was some evidence on this topic, and the committee used this together with their experience and expertise to make recommendations.

The committee noted that appropriate skin care, as described in section 1.2, should be encouraged to maintain the skin improvements achieved by acne treatment.

The committee discussed that people whose acne has cleared are often concerned that not having further treatment will mean their acne will relapse, which is often not the case. The committee therefore recommended that healthcare professionals should explain that maintenance treatment is not always needed.

Based on clinical experience, the group that the committee thought may benefit from maintenance treatment were those whose acne had previously returned after treatment.

There was some evidence of limited quality suggesting that topical retinoids such as adapalene and tretinoin, topical benzoyl peroxide or topical azelaic acid, could reduce lesion count with few adverse effects for maintenance treatment. The committee agreed that the combination treatment of adapalene and benzoyl peroxide demonstrated the best clinical effect, but discussed that other options should be available for those who have contraindications or who are unable to tolerate the treatment. They agreed that topical adapalene, topical azelaic acid or topical benzoyl peroxide could be used.

Based on experience, the committee agreed that a 12-week review was suitable to decide whether or not continued maintenance treatment is necessary because by 12 weeks any effects of the maintenance treatments should have become apparent.