

## Acne: It's Not Just for Kids Anymore

Contributed by Dr. Peter Karlsberg

Many of us who suffered from acne as teenagers believed that we would outgrow our acne as we reached adulthood. Others were lucky enough to have escaped acne as adolescents, only to find that they are now developing acne for the first time as adults. The unfortunate truth is that adolescent acne persists long into adulthood in a significant number of men and women. Adult onset acne may first appear in one's 20's, 30's or even later. Remedies that worked for us as teens may now be less effective or more irritating than before. Worse yet, scarring due to acne can continue to develop in adulthood for as long as the acne remains uncontrolled. The good news is that dermatologists have more effective and diverse treatments than ever before for this vexing, and highly visible, problem.

Factors which contribute to acne in adulthood are more clearly understood now. First, the levels of testosterone and related "androgenic" hormones in our bodies tend to increase with age, and this is true for both men and women. These hormones stimulate oil glands to produce increasing amounts of sebum, a known contributor to acne development. Androgens may also stimulate increased amounts of facial and body hair, while simultaneously promoting scalp hair loss in both men and women. (Female-pattern "adrogenetic" baldness is a real problem for many women, manifesting as diffuse thinning of the hair in the central scalp.)

Second, the sensitivity of oil glands to androgens likewise increases with age in predisposed individuals. Another consequence of this is increasing oil gland size, also known as sebaceous hypertrophy. When this occurs, facial pores appear larger and the skin's texture becomes more coarse. Finally, emotional and physical stress, a hallmark of the times, is increasing for most of us. Stress and an unhealthy lifestyle are known contributors to acne in all stages of life.

Typical adult acne tends to concentrate along the jaw line, chin, and around the mouth, often producing painful red bumps in the skin which may persist for weeks, sometimes leaving behind dark brown spots or even scars. But adult acne comes in many different forms. Two skin conditions which are often mistaken for acne and which are quite common in adults are rosacea and bacterial folliculitis, two distinct problems with treatments very different from those for acne.

But what are these new and exciting acne therapies for adults? Perhaps the most valuable therapy is the rational use of combined individual therapies by a knowledgeable dermatologist. Retin-A is still an integral part of acne treatment for many adults but can produce excessive irritation. New Retin-A derivatives which have just recently been introduced appear to produce effective results with less irritation than the traditional formulation. The stability of these products and their compatibility with other acne treatments is also improved.

Other new and valuable products include topical azaleic acid and combination products incorporating benzoyl peroxide, zinc, glycolic acid and topical antibiotics. Many acne products are now much more cosmetically elegant and acceptable, and less irritating, due to the development of new vehicles for delivering them to the skin. As a "quick fix," a very small amount of cortisone injected directly into a persistent and painful acne cyst can clear the cyst in just a few days, often preventing the development of a scar at that site. There are also new and effective treatments for the brown spots left behind by a fading acne lesion.

Oral antibiotics are extremely safe and effective for acne which does not respond sufficiently to topical agents alone. Other oral agents which are highly effective and safe when used appropriately include Accutane, "acne friendly" birth control pills, and anti-androgens, which block the stimulatory effect of androgens upon oil glands.

For acne that has already left its mark in the form of pitted, depressed or elevated scars, enlarged pores and oil glands or coarse skin, a number of effective and safe treatment options exist. These include selective core excision or elevation of depressed scars, followed by dermabrasion or laser resurfacing; elevation with filler substances like collagen, and vascular laser treatment of red or elevated acne scars. For mild to moderate scarring, and pore and oil gland enlargement, laser resurfacing can produce dramatic results.

No single acne regimen is helpful or appropriate for every individual. State-of-the-art acne therapy and scar revision requires both a thorough, informed and individualized assessment of the patient and complete familiarity with the full spectrum of currently available therapies. Optimal treatment depends upon the rational, combined application of these techniques to the patient's own unique problems. As research continues, more new and effective therapies are certain to follow.