

Q19 Topical Acne Treatments

Which *one* of the following statements about the use of topical agents to treat acne vulgaris is *false*?

- 1. Daily sunscreen should be used concurrently with topical retinoids to protect against ultraviolet radiation damage.
- 2. Resistance to benzoyl peroxide is increasing in frequency.
- 3. Combining topical antibiotics with benzoyl peroxide improves efficacy.
- 4. Azelaic acid is the acne vulgaris treatment of choice during pregnancy.

Educational Point: Since the last Canadian guidelines for acne vulgaris (AV) management were published in 2016, there have been important advances and updates to treatment recommendations. Topical therapies are fundamental in the first-line management of AV, either as monotherapy or adjuncts. Combining multiple therapeutic modalities that target different pathogenic mechanisms is advised to enhance efficacy and lower the potential for antibiotic resistance. Retinoids are comedolytic and anti-inflammatory agents. No single topical retinoid outperforms others. Most topical retinoids are photolabile and should be applied at night. Adapalene and tretinoin exhibit greater photostability and may be applied during the day. **Daily sunscreen should be used concurrently to protect against ultraviolet radiation damage.**

Benzoyl peroxide (BP) is available over the counter (OTC) in concentrations of 5% or less, or as a prescription of 10% cleansing gel. It functions as a topical antimicrobial agent and has mild comedolytic properties. **There have been no reported**

instances of BP-resistant Cutibacterium acne, highlighting its advantage amid growing antibiotic resistance concerns. No evidence supports the superiority of a single topical antibiotic. **Combining antibiotics with BP is recommended for improving efficacy** and decreased antibiotic resistance. Retinoid-antibiotic combinations are also advised. A topical triple-combination of clindamycin, adapalene, and BP for patients with AV older than 12 years is approved.

The safety and efficacy of many acne treatments in pregnancy and lactation cannot be confirmed. Topical azelaic acid, clindamycin, BP and salicylic acid are safe for use during pregnancy. Salicylic acid and lower concentrations of azelaic acid are available (OTC), whereas 15% azelaic acid is prescription only. **Azelaic acid offers additional antibacterial, anti-inflammatory, and antipigmentary properties, and is the AV treatment of choice during pregnancy.**

Reference: Keow S, Xiong G, Abu-Hilal M. Update to acne vulgaris treatment for Canadian practice. *Can Fam Physician*. 2025 Jul-Aug;71(7-8):455-466.

Link: <https://www.cfp.ca/content/71/7-8/455.long>

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The correct answer is 2.