Acne Vulgaris: Management

Consultation on draft scope – deadline for comments by 5pm on Monday 22 October 2018
email: AcneManagement@nice.org.uk

	Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly or arrive after the deadline. In addition to your comments below, we would like to hear your views on these questions: 1. Are there any cost saving interventions or examples of innovative approaches that should be considered for inclusion in this guideline? Developing NICE guidance: how to get involved has a list of possible areas for comment on the draft scope.
Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):	**British Association of Dermatologists**
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	**No**
Name of person completing form:	**Prof Nick Levell, Drs Alison Layton and Jane Ravenscroft on behalf of the Therapy & Guidelines sub-committee**

Type		[for office use only]	
Comment No.	**Page number** or **'general'** for comments on the whole document	**Line number** or **'general'** for comments on the whole document	**Comments** Insert each comment in a new row. Do not paste other tables into this table, as your comments could get lost – type directly into this table.
1		Key issue 7	Hormone-modifying agents should include women with persistent/recurrent acne regardless of whether they have polycystic ovary syndrome (PCOS).
2		Key issue 8	Oral corticosteroids for the treatment of acne conglobate and acne fulminans should be a bit broader to cover other aspects of management of these conditions, e.g. use of high-dose antibiotics, dapsone and steroid injections.
3		Key issue 9	Isotretinoin for acne should also be broader to include initiation, dose peak, duration and concomitant treatments to prevent flares.
4	General		This is a very broad agenda and it would be useful for the team to consider breaking it down to make this a practical guide for clinical use as the literature for each will be different and significant for individual areas. Possible areas: • Acne vulgaris defined as acne that may develop from around adrenarche (so allows for patients with earlier puberty) to an upper-defined age limit. • If including childhood acne suggest needs defining as very few studies have been done in children but appreciate the treatment recommendations for children may be different • Some unusual variants (could specify these, e.g. acne fulminans and include endocrinopathies if required) • Management in pregnancy and reproductive age • Sequelae to include scars and possibly other sequelae as outlined below, etc.

Please add extra rows as needed

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5	General		We would avoid introducing the concept of PCOS within the context of acne vulgaris *per se* – generally, females with acne have no evidence of biochemical hormonal abnormalities but over 40% get pre-menstrual flares and respond well to hormonal therapies – PCOS is a potential subgroup and patients may present with acne but within this subgroup there is a spectrum of PCOS which is challenging to diagnose in adolescents – recent new guidance makes reference to this. The PCOS literature is significant and therefore if going to include suggest that this is dealt with as a subsection in unusual variants.
6	General		If including acne scarring, which is another large area to search, we suggest post-inflammatory pigmentation should also be included as this is a significant issue for many patients especially with skin phototypes 4-5. If considering sequelae, a practical guide to psychosocial aspects / impacts of acne might be considered?
7	General		Exclusion of babies less than 28 days – this cut-off is arbitrary so may wish to avoid stating this time frame – in reality, true neonatal acne can persist longer than 28 days.
8	General		We would avoid the concept of “hygiene” as this sounds as if acne may be due to poor hygiene, a myth that needs to be addressed – suggest use the term “skin care” an important area that is frequently neglected in acne treatment regimes.
9	General		In our previous response we encouraged the development of some really practical guidelines that could be adopted in clinical practice and would provide practitioners with the best advice on implementing active therapy within the context of a chronic disease, i.e. over time, so providing a treatment algorithm within the context of a guidelines including how to manage relapses and maintaining improvement once control is gained. This would align with judicious use of antibiotics and current policies on avoidance of antimicrobial resistance. Some of the newest international guidelines have considered common clinical scenarios to support better prescribing over time.
10	General		Challenges to consider: - 1. any systematic review of the evidence should factor in older, but very relevant studies, e.g. those on benzoyl peroxide 2. efficacy studies use many different outcome measures making comparisons between studies and treatments difficult 3. most efficacy studies are in a specific population and done over a relatively short period of time not reflecting the nature of the disease 4. there is currently no up-to-date data on antibiotic resistance patterns across the U.K. and there is still no evidence to confirm the relative benefits of anti-inflammatory effects of antibiotics vs. antimicrobial effects

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11	General	Key issue 13	Some Trusts have introduced the concept of supporting clinicians and patients about choice and decision-making it would be useful to consider what is needed as well as what is valued in section 13. This could align well with practical information on when to escalate treatment and consider referral from both clinician and patient perspective – an implementation tool and possible decision aid would make this guideline unique and practical to use.
12	Stakeholders		1. British Society for Paediatric Dermatology 2. Primary Care Dermatological Society 3. Verity-PCOS 4. Young People's Health Special Interest Group
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Add extra rows if needed

Checklist for submitting comments

- Use this form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include page and line number (not section number) of the text each comment is about.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use

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