Just like the 1999 and 2014 evaluations, the present assessment has to conclude that ‘too few randomised double-blind studies into the efficacy of various therapies have been published and that the available studies have had limited sample sizes and have suffered from methodological shortcomings.’

The argument for changing from a ‘step-up’ treatment policy to a policy based on the severity of the acne is not presented. Perhaps the new system is easier to manage.

Prescribing minocyclin for acne is discouraged.

If a woman requires reliable and safe contraception, with high compliance rate, for instance to reduce bleeding problems, a combined oral contraceptive with 30 μg ethinyl estradiol and levonorgestrel should be considered, rather than a pill with 20 μg.31 A combined pill with cyproteron (generic or Diane-35®) should not be prescribed.

Literature references

13. Leyden JJ, Krochmal L, Yaroshinsky A. Two randomized, double-blind, controlled trials of 2219 subjects to compare the combination clindamycin/tretinoin hydrogel with each agent alone and vehicle for the treatment of acne vulgaris. J


Authors

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