

IN THIS ISSUE

Acne Vulgaris – Not Just Pimples!

Every day we are met with adverts on TV and in magazines promoting beauty products to reduce sweating, treat acne and give us clear skin. However, simply buying a skin cream at the supermarket may not be enough for some, as many people suffer from severe acne that requires medical treatment. Several articles in this issue deal with this topic and discuss treatment options, patient satisfaction and acne as a risk indicator for other medical conditions.

An efficient method in treating severe acne is the use of retinoids, such as isotretinoin, that reduce sebum, which prevents the proliferation of *Propionibacterium acnes*. Marron and others (p. 701–706) investigated the level of patient satisfaction in acne patients treated with isotretinoin. The primary goals in treatment are to prevent scarring, reduce the number and intensity of the lesions and reduce duration. Thirty weeks post-treatment with oral isotretinoin a significant reduction in clinical symptoms and negative impact on life were observed in a majority of the patients. Isotretinoin should nevertheless be used with caution because of its side effects. It is highly teratogenic, which causes a problem in fertile women and there is also a risk of increased levels of triglycerides and blood cholesterol.

It is also important to highlight that acne is often associated with great anxiety and embarrassment. It usually appears in exposed areas such as the face and back, which adds to the negative impact on life for acne patients. Studies have also shown associations between acne and obsessive compulsive disorders, as investigated by Bez et al. (p. 679–683) who used the Maudsley Obsessive Compulsive Questionnaire to show how acne patients scored higher for checking, slowness and rumination compared to the control group and lower for vitality, general health perception and physical functioning.

Alarmingly, acne also appears to signal an increased risk of more serious diseases linked to Western diet and the potential need for a lifestyle change (reviewed by Melnik et al., p. 644–649). Hyperglycaemic carbohydrates and dairy products, important constituents of Western diet both promote acne pathogenesis and several studies have confirmed an acne–milk consumption relationship. Milk contains high amounts of the amino acid leucine, which in turn is crucial for the activation of the nutrient-sensitive kinase mammalian target of rapamycin complex 1 (mTORC1), involved in cell growth, proliferation, and protein- and lipid synthesis. Furthermore, Melnik et al. also highlight a link between milk and increased body mass index, insulin resistance, early menarche and risk of prostate cancer. An epidemic acne diagnosis should therefore not only be considered as a skin condition but also as an opportunity for dietary intervention. This review will indeed provide food for thought for dermatologists treating acne.

*Hanna Norsted, PhD, Scientific writer
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