



Belfast Health and Social Care Trust

# A review of acne vulgaris management prior to referral to specialist care between October 2020-July 2021.

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## Introduction

Acne vulgaris is a chronic inflammatory skin condition affecting both sexes across various age groups. The Global Burden of Diseases Study 2010 placed acne in the top ten most prevalent diseases worldwide, with an estimated 9.4% of the population being affected.<sup>1</sup> The severity of acne ranges from mild with non-inflammatory open and closed comedones, to severe nodulocystic lesions, most commonly on the face, upper trunk and back. Due to the visible nature of acne, the psychological impact on patients with any severity of acne is significant. Research shows increased rates of anxiety, depression and suicidal thoughts amongst those affected, alongside a reduction in quality of life said to be comparable to arthritis, epilepsy and diabetes.<sup>2</sup> Research also emphasises the need for management of early acne to prevent scarring, which can contribute to persisting psychological distress after the acne has cleared.<sup>3</sup> Yet, delayed and suboptimal management of acne is still common.

## Aim and Method

This audit aims to compare treatment plans prescribed to acne patients in primary care, with the 2021 NICE guidelines for acne management. In particular, investigating whether the type and duration of therapies prescribed were suitable for the severity of acne described. A retrospective audit was carried out on referral letters to secondary care between October 2020-July 2021. The referrals had been graded to a nurse lead inflammatory clinic. 27 patient referrals were received and reviewed, 7 of which were excluded as they had previously been treated in secondary care.

## Results

20 referral letters were included in the final audit. Female patients accounted for 70% of included referrals and the mean age at referral was 21.

60% of referrals were for moderate acne. Of these referrals:

- 25% were prescribed a NICE recommended treatment type.
- 25% were prescribed treatments for a NICE recommended duration.
- 8% had been prescribed a NICE recommended treatment plan.

40% of referrals were for severe acne. Of these referrals:

- 25% were prescribed a NICE recommended treatment type.
- 13.5% were prescribed treatments for a NICE recommended duration.
- 0% were prescribed a NICE recommended treatment plan.

Overall, 5% of patients referred, regardless of severity, received a NICE recommended treatment plan.

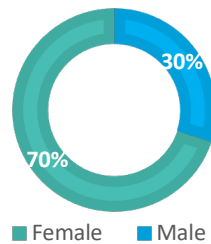
## Discussion

Overall, adherence to NICE guidelines was poor for both moderate and severe severity, with referral letters lacking evidence of a stepwise approach to management and referral. However, this can partially be explained by an absence of specifics of previous and ongoing treatments in the referrals, i.e. names and durations of therapies and an absence of explanations in referral letters as to why certain second line treatments or monotherapies were prescribed. Lastly, patient preference and failure to attend review appropriately may have contributed to treatment choices and duration not emulating guidance.

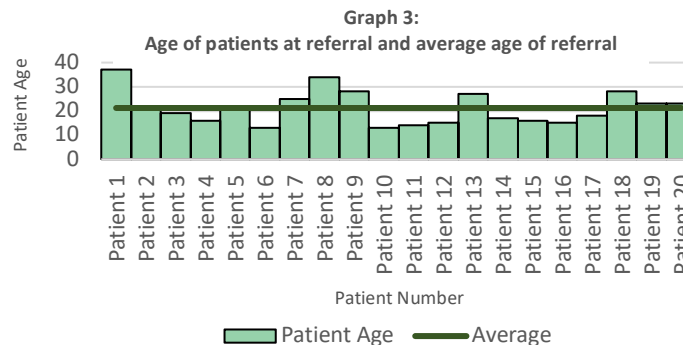
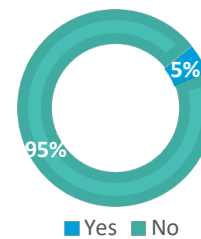
## Conclusion

Prompt and sufficient acne treatment prior to referral to specialist care is crucial to achieve control of the disease process and the physical and emotional impact it can have on patients. We hope the introduction of regional primary care guidelines for the treatment of acne will improve adherence to the NICE guidelines. This will potentially improve our patient's journey and reduce referrals into secondary care. Following the introduction of these guidelines we plan to re-audit referrals into secondary care.

Graph 1: Referrals according to patient sex



Graph 2: % of referrals showing evidence of a prescribed NICE recommended treatment plan



## References

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2. Loney, T., Standage, M. & Lewis, S. Not Just 'Skin Deep': Psychosocial Effects of Dermatological-related Social Anxiety in a Sample of Acne Patients. *J. Health Psychol.* **13**, 47–54 (2008).
3. Zaenglein, A. L. Making the case for early treatment of acne. *Clin. Pediatr. (Phila).* **49**, 54–59 (2010).