

WHAT IS ACNE?

Acne is the eighth most prevalent disease worldwide, leading to 3.5 million primary care visits in the UK every year.^{1,2}

Acne is a chronic inflammatory skin condition involving the pilosebaceous unit (consisting of the hair, hair follicle, sebaceous gland and erector pili muscle). It affects most people at least once throughout their lives and can affect all skin colours.

Acne results in different types of pimples, including comedones (blackheads and whiteheads), inflamed bumps (papules and pustules), and deep painful lumps (nodules and cysts) that can cause scarring.

Acne breakouts occur most commonly in areas of the body that contain lots of sebaceous glands, such as the face, back and chest.

Acne affects up to 95% of teenagers, with males and females equally affected.³ It tends to go away by mid-20s for most.⁴



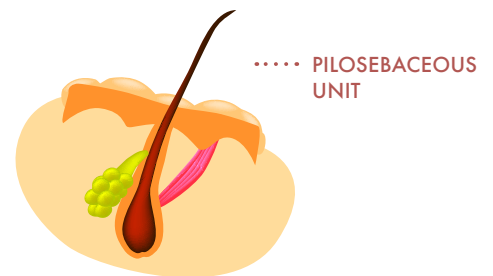
WHAT CAUSES ACNE?

Acne occurs when hair follicles get blocked by excessive sebum (an oily substance that helps keep skin lubricated), dead skin cells, and bacteria. This is caused by several factors.

Androgen hormones regulate production of sebum by the sebaceous gland. Increased levels of androgens, or increased sensitivity to androgens, causes the sebaceous gland to swell and produce excess oil (hyperseborrhea).

Another important contributor to acne is hyperkeratinisation, a disorder of the hair follicle in which dead skin cells in the hair follicle bond together and block the pore instead of shedding. This results in comedones.

Excess sebum and dead skin cells cause disruption to the skin microbiome, encouraging the growth of certain bacteria, which in turn triggers inflammation. This results in inflammatory acne – papules and pustules.



HOW TO MANAGE ACNE

People with acne should seek medical advice if over-the-counter products are not working, acne is affecting their self-esteem, or their acne is severe and causing scars.


Treatments can be topical (applied directly to the skin) or oral (usually prescribed by a doctor). Topical treatments are available in various formulations including gels, washes, and moisturisers. These can be combined into a skincare routine for acne-prone skin.

TIPS FOR MANAGING ACNE




Do not pick or squeeze spots

- o This can lead to inflammation and infection, and increase risk of scars.

Follow a consistent skincare routine for acne-prone skin:

-  o Wash your face twice daily with a gentle cleanser.

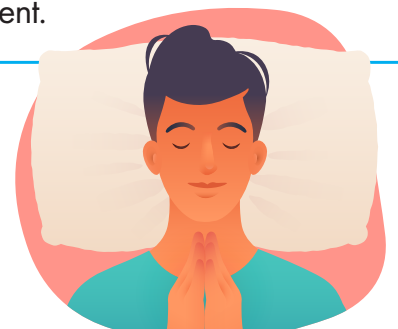
Avoid scrubbing as this can irritate skin:

-  o Moisturise with non-comedogenic products that do not block pores, and use a product appropriate to your skin type.
-  o Use sunscreen to protect your skin from UV radiation.
-  o Be patient. It can take 4-6 weeks to notice an improvement.



Manage lifestyle factors to prevent acne:

- Ensure you get enough sleep.
- Avoid stress.
- Don't smoke.



MANAGING BLEMISH-PRONE SKIN WITH **LA ROCHE-POSAY EFFACLAR**

STEP 1: WASH

Wash with **Effaclar Purifying Gel**, a foaming facial wash with pH 5.5 for oily and blemish-prone skin.

Lather the cleanser in the hands with warm water. Massage gently onto the face, avoiding the delicate eye area. Rinse thoroughly. Pat dry.



Effaclar Purifying Gel

STEP 2: MOISTURISE

Moisturise with **Effaclar Duo(+)**, a non-greasy and non-comedogenic corrective daily moisturiser with Aqua Posae Filiformis to help rebalance the microbiome.

Apply to the whole face and neck, morning and evening. Avoid the delicate eye contour.



Effaclar Duo(+)

STEP 3: PROTECT

Protect the skin from UV damage with **Anthelios UVMune 400 Invisible Fluid**, an ultra-resistant, non-greasy formula specifically developed for sensitive skin.

Apply to the face just before sun exposure.



Anthelios UVMune 400 Invisible Fluid

EFFACLAR products are available from pharmacies nationwide and online at:

www.laroche-posay.co.uk and www.laroche-posay.ie

References:

1. Tan, Jerry KL, and K. Bhat. "A global perspective on the epidemiology of acne." *British Journal of Dermatology* 172 (2015): 3-12.
2. Dawson, Annelise L., and Robert P. Dellavalle. "Acne vulgaris." *Bmj* 346 (2013).
3. Skroza, Nevena, et al. "Adult acne versus adolescent acne: a retrospective study of 1,167 patients." *The Journal of clinical and aesthetic dermatology* 11.1 (2018): 21.
4. British Skin Foundation. Acne. <https://knowyourskin.britishskinfoundation.org.uk/condition/acne/> [Accessed May 2022]

This leaflet has been developed with expertise from three UK and Ireland dermatologists; Dr. Faraz Ali, Prof. Nicola Ralph and Dr. Hiva Fassihi.