

	Mild	Moderate	Severe
1st Line Treatment	Benzoyl Peroxide (BP) or Topical Retinoid -or- Topical Combination Therapy** BP + Antibiotic or Retinoid + BP or Retinoid + BP + Antibiotic	Topical Combination Therapy** BP + Antibiotic or Retinoid + BP or Retinoid + BP + Antibiotic -or- Oral Antibiotic + Topical Retinoid + BP -or- Oral Antibiotic + Topical Retinoid + BP + Topical Antibiotic	Oral Antibiotic + Topical Combination Therapy** BP + Antibiotic or Retinoid + BP or Retinoid + BP + Antibiotic -or- Oral Isotretinoin
Alternative Treatment	Add Topical Retinoid or BP (if not on already) -or- Consider Alternate Retinoid -or- Consider Topical Dapsone	Consider Alternate Combination Therapy -or- Consider Change in Oral Antibiotic -or- Add Combined Oral Contraceptive or Oral Spironolactone (Females) -or- Consider Oral Isotretinoin	Consider Change in Oral Antibiotic -or- Add Combined Oral Contraceptive or Oral Spironolactone (Females) -or- Consider Oral Isotretinoin

Fig 1. Treatment algorithm for the management of acne vulgaris in adolescents and young adults. The *double asterisks* (**) indicate that the drug may be prescribed as a fixed combination product or as separate component. *BP*, Benzoyl peroxide.

Table II. Recommendations for grading and classification of acne

Clinicians may find it helpful to use a consistent grading/classification scale (encompassing the numbers and types of acne lesions as well as disease severity, anatomic sites, and scarring) to facilitate therapeutic decisions and assess response to treatment.

Currently, no universal acne grading/classifying system can be recommended.

affects approximately 85% of teenagers, but can occur in most age groups⁶ and can persist into adulthood. The prevalence of acne in adult women is about 12%.⁷ There is no mortality associated with acne, but there is often significant physical and psychological morbidity, such as permanent scarring, poor self-image, depression, and anxiety. The direct cost of the disease is estimated to exceed \$3 billion per year.⁶

Acne is a multifactorial inflammatory disease affecting the pilosebaceous follicles of the skin. The current understanding of acne pathogenesis is continuously evolving. Key pathogenic factors that play an important role in the development of acne are follicular hyperkeratinization, microbial colonization with *Propionibacterium acnes*, sebum production, and complex inflammatory mechanisms involving