

Acne in India: Guidelines for management

Introduction

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Acne is unique to humans,^[1] who tend to view it as a rite of passage. It is stated that 90% of individuals, male and female, between puberty and age 30 years, experience some degree of acne. That is nearly everyone. A report in the British Medical Journal in 1989 opined that in a lifetime a person is more likely to have acne than any other disease.^[2]

Acne ruins beauty and, in some, it scars for life. Acne impacts profoundly on the quality of life, on psychosocial development, and on career prospects.^[3] It is perilous to underestimate its importance.

The magnitude of acne in India remains unknown due to paucity of published data. Judging from experience in the dermatology clinics in urban areas, where it is easily the most common skin disease, acne is believed to be as common in India as it is in European Union (EU) and USA (consensus of the Indian Acne Alliance). For a country with a billion plus population and a proportionally greater number of young individuals, there are estimated 200–300 million acne sufferers. Half of them are expected to have acne severe enough to experience physical and psychosocial morbidity and are, therefore, in need of systematic and rational treatment.

We have never been better placed to treat acne as we are today. There is scarcely a case that cannot be treated well. Numerous topical and systemic drugs have been developed in the past 25 years and most,

if not all, are available in India, and typically in an economic price-band that is commensurate with our general economic status, with fair affordability all around. Our democratic milieu, freedom to practice, and easy access to latest scientific information, further the scope of acne management. Our challenge is to meet the rising expectations of the youth of India, who make up the bulk of acne population, many of whom are netizens and therefore well aware, who will not be hoodwinked or shortchanged, and will demand the best.

We, the dermatologists of India, have to rise to the occasion. We have to do a good job of managing acne. And we have to begin by updating ourselves on all aspects of the subject. To facilitate the process, a group of experts and thought leaders from across the country were gathered in 2005 and Indian Acne Alliance (IAA) was founded. The brief of the IAA is to further the cause of acne in India. As a first step, IAA has chosen to develop guidelines for management of acne.

Why create another set of guidelines when one was recently published – “Management of Acne: A Report from a Global Alliance to Improve Outcomes in Acne”?^[4] This is because our requirements are different. The differences cut across ethnicity, environment, healthcare organizations, and healthcare regulations. EU and USA are very restrictive in professional practices, driven by cost-containments (mainly through insurance companies), conservative and litigious outlooks, and rigid laws. This has necessitated formulation of national guidelines. For example – Guidelines of care for acne vulgaris management, USA 2007, German Guidelines for Acne Treatment 2001, Practice Guidelines for the Oral Treatment

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of Acne in France 1999, Canadian Acne Treatment Guidelines 1995. IAA has attempted to formulate guidelines for treatment of acne in India with clarity of purpose, which is, to provide current overview of the various aspects of acne, to evaluate evidence for reported treatments, to do comparative analyses, and to identify and modify treatment approaches best suited for our particular needs. IAA hopes that these acne management guidelines will help achieve rationalization, improvement in outcomes, and more uniform therapeutic approaches.

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