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LONG TERM ANTIBIOTIC USE FOR ACNE, ROSACEA AND OTHER DERMATOLOGY CONDITIONS

In response to a request from SAPG members about use of long term use of antibiotics in acne and rosacea in primary care, advice has been received from dermatology specialists (Scottish Dermatological Society and Scottish Government Adviser), some of which is also available at <http://www.sds.org.uk/general-practioners.php>

SAPG agreed to share this information with Antimicrobial Management Teams and the Scottish Prescribing Advisers Association to inform review of patients receiving repeat prescriptions for antibiotics for these conditions. Unfortunately there are no clear criteria for discontinuation but regular review is recommended.

- Acne and rosacea carry a terrible burden of depression, low self confidence, pain and scarring, both physical and mental. Long term antibiotics will remain the mainstay of treatment for moderate-severe acne for the foreseeable future as although isotretinoin is the most effective treatment it has a high side effect profile and is contra indicated in up to 25% of the population.
- In the acute presentation of acne or rosacea, antibiotic treatment should be reviewed every 2-3 months. It takes 8 to 12 weeks before an improvement will be seen because it is probably an anti-inflammatory effect of the antibiotic, and not the antibacterial activity that leads to improvement.
- Many peoples' symptoms will clear with 6 months of antibiotics but in others treatment controls rather than cures the condition and they may require to stay on treatment until they "grow out "of it or in some cases treatment can be life-long.
- Specialists suggest that GPs review anyone on long term antibiotics for acne and rosacea a minimum of 6-monthly. GPs must be aware that in males with rosacea there is a significant risk of rhynophyma if therapy is discontinued and the disease becomes active again, so follow up after discontinuation may be required.
- Long term tetracycline use is being used increasing in dermatology due to the anxieties of long term steroids and is now standard practice with most bullous diseases, pyoderma gangrenosum and many vasculitis. Tetracyclines are extremely effective and can allow withdrawal of oral steroid. This also avoids using toxic drugs such as ciclosporin, azathioprine and cyclophosphamide.