Links
NICE NG198: acne vulgaris
NICE CKS: acne vulgaris

Mild to Moderate Acne Vulgaris

(For people aged 12 years and over)

NHS England

Exclusion considerations: acne currently managed by general practice or a specialist

Patient presenting with suspected acne on the face, chest or back
Face-to-face examination is required. On darker skin, redness may be less visible and dark marks (post-inflammatory hyperpigmentation) are common. Example images: DermNet

Is acne fulminans suspected?
Sudden, severe, ulcerated or crusted acne with fever, malaise or joint pain

YES → **Urgent onward referral**
Same-day referral to general practice for urgent dermatology assessment; A&E if systemically unwell (consider calculating NEWS2 score ahead of signposting)

NO

Does the patient have current suicidal thoughts, or are they self-harming?

YES → **Urgent mental health support first**
NHS 111 (mental health option), or A&E or 999 if immediate risk; under 18: also follow local safeguarding procedures
Acne treatment can continue: return to pathway once immediate safety is addressed

NO

Does the patient have comedones (blackheads or whiteheads), with or without papules or pustules?

NO → **Acne less likely**
Consider rosacea, perioral dermatitis, folliculitis or keratosis pilaris
Onward referral: general practice or other provider as appropriate

YES

Is the acne mild to moderate, with ALL of the following?
- Up to 34 inflammatory lesions (papules or pustules) and up to 2 nodules
- No nodulo-cystic acne or acne conglobata
- No prescribed course from this pathway or another service in the past 12 months
- No prescribed topical treatment used for 6 to 8 weeks without adequate improvement, or worsening

NO → **Onward referral: general practice**
Acne conglobata: urgent appointment
Moderate to severe acne: 35 or more inflammatory lesions, or 3 or more nodules (NICE NG198)

YES

Also refer to general practice, and continue the pathway, if:
- A medicine, including anabolic steroids, is likely contributing (anabolic steroids: discuss the likely link and signpost to support services)
- Persistent psychological distress, a mental health disorder, or past self-harm or suicidal thoughts
- Features of hyperandrogenism, with or without PMOS (formerly PCOS)
- Acne leading to scarring or persistent pigmentary changes

Has over-the-counter treatment been tried for 6 to 8 weeks without adequate improvement, or is it unsuitable or not tolerated?

NO → **Recommend self-care and safety-netting advice**
Over-the-counter treatment, such as benzoyl peroxide; return to the pharmacy for reassessment if not improved after 6 to 8 weeks

YES

Offer a 12-week course of topical treatment only, plus self-care, in line with NICE NG198, informed by NICE CKS, PCDS guidance and local antimicrobial guidelines, taking account of the NHS Community Pharmacy Clinical Prescribing Guidance
- Topical retinoids: not in pregnancy or when planning a pregnancy (discuss contraception); if breastfeeding, check NICE NG198
- If shelf life is under 12 weeks, a second prescription at a separate consultation completes the course

FOR ALL PATIENTS: share self-care and safety-netting advice

Self-care
- Apply thinly to the whole area prone to spots (not just individual spots), avoiding the eyes and lips
- Benzoyl peroxide and retinoids can irritate: start on alternate days or wash off after an hour, then increase as tolerated
- Do not apply other skin products at the same time of day
- Non-alkaline cleanser twice daily; avoid oil-based and comedogenic products
- Avoid picking spots: this increases the risk of scarring
- Patient information: BAD acne leaflet

Safety-netting
- Improvement can take 6 to 8 weeks; complete the 12-week course
- Cleared: continue skin care
- Not cleared after 12 weeks, worsening, or relapse: see general practice
- Severe or persistent irritation, or low mood: see general practice sooner
- Thoughts of self-harm or suicide: NHS 111 (mental health option), or A&E or 999 if immediate risk

This pathway supports, but does not replace, professional judgement.

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