

THE AUSTRALIAN

HEALTH

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What I tell my patients about acne



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Acne places a huge health burden on our population. It costs taxpayers a lot of money, and it can have a significant physical and emotional impact on people of all ages.

[Acne is not confined to teenagers.](#) I occasionally see infants, and I definitely see adults with acne — even women approaching the menopause. It can have a real impact on people's self-confidence and how they feel about themselves. It can be painful; oozing; embarrassing. It can get infected and if the person picks and squeezes it can make it worse — the psychosocial burden of acne scarring is huge. Here are some things you should know about acne.

We can achieve real results

Acne is an important part of dermatological practice. I love seeing and treating patients with acne, managing their acne, seeing the difference it makes to their skin and their self-image. Treating acne scarring is also joyous because a dermatologist can take a patient through a whole process and change that person's day-to-day life.

By the time a patient comes to see me, however, they have often spent countless thousands of dollars and years seeing non-specialists. There are acne clinics, beauty clinics, cosmetic clinics, laser clinics, beauticians, non-specialists of all types who purport to treat acne.

Your first step should be to see your GP, who may start you on treatment. If the treatment is not successful, they may refer you to a dermatologist. If you prefer, or if your acne is severe, a GP may send you straight to a dermatologist.

There are multiple treatment options

There have been huge advances in acne management. We have a swag of treatment options at our disposal depending on the type of acne. We also consider the patient's circumstances, their life stage, and any imminent plans for childbearing among other factors. All of these are relevant to what prescriptions and treatments we provide. And of course the severity of the acne makes a big difference.

People often know the name Roaccutane. The generic name for this medication is isotretinoin, and this is the strongest treatment we have for acne.

Isotretinoin has stood the test of time since the 1970s but there are many treatment options and not every patient needs isotretinoin. There are new anti-hormonal creams so not every woman needs the addition of the oral contraceptive pill to treat hormonal acne. There are newer generation topical or cream-form vitamin A prescription medications that are very effective. Not everyone needs tablet therapy for acne. Anti-acne antibiotics are still used, but always in combination with other treatment.

TikTok is not your doctor

One of the main things I do in any acne consultation is dispel myths. Often patients have been to multiple non-specialist and usually not even medical providers or they've been taking advice from TikTok and doing different things to their skin that damage the skin barrier or inadvertently making acne worse, like stopping protein supplements.

The first thing is to explain the causes of acne. Acne is a multifactorial condition, and it needs a multi-pronged approach. A dermatologist rarely prescribes only one thing for acne. Often we will need vitamin A in a topical cream or an oral form, not like the vitamin A you get in the health food shop. We may need something that is anti-inflammatory. We may also need a product that is going to reduce the number of the cutibacterium, or acne bacteria.

Early treatment gets better results

Acne intervention is always best done early. And one of the key take-home messages I tell all my patients is please do not pick or squeeze, because usually it is the picking and squeezing that causes the scarring, rather than the acne itself. Having said that, acne scar treatment has also come on in leaps and bounds. We have multiple laser therapies at our disposal, including lasers that don't require patient downtime. In my practice I will often use a combination approach of ablative and non-ablative lasers in the one treatment session as well as a medicine that chemically stimulates collagen remodelling in the small ice-pick scars. If your dermatologist does not offer laser therapies they will be able to refer you to a reputable specialist.

What we know about scarring is that if scars are treated early while they're fresh, there is still so much collagen remodelling going on under the surface that the results are better with fewer treatments, less cost, less downtime, and less aggressive treatments. If scars are treated while the patient is young, they also have greater results — more bang for buck, you might say.

Remember, don't pick or squeeze

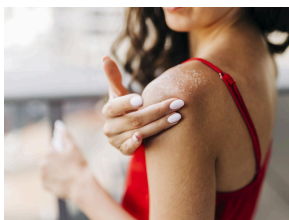
[So the take-home message is, don't pick or squeeze.](#) Be treated early and be treated by your GP and a specialist dermatologist if need be.

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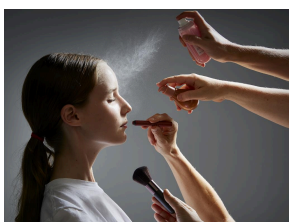
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