

Update from the Middle Eastern Group for the study of Acne

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ABSTRACT

The Middle Eastern Group for the Study of Acne was formed after an initial meeting in 2015 in Dubai, United Arab Emirates. The group includes the authors - dermatologists from Saudi Arabia, United Arab Emirates, Kuwait, and Lebanon - and its objectives are to improve patient outcomes and quality of life in acne by harmonizing acne management in the Middle East with best practices across the world. This brief communication provides an overview of the second meeting of the group.

KEY WORDS: Acne vulgaris, acne management, consensus recommendations, treatment protocols

As reported in the October, 2016 issue of *The Gulf Journal of Dermatology and Venereology*, the Middle Eastern Group for the Study of Acne was formed after an initial meeting in 2015 in Dubai, United Arab Emirates.¹ The group includes the authors - dermatologists from Saudi Arabia, United Arab Emirates, Kuwait, and Lebanon - and its objectives are to improve patient outcomes and quality of life in acne by harmonizing acne management in the Middle East with best practices across the world. The focus of our first meeting was to discuss current practice patterns in the Middle East, identifying areas of commonality between our nations as well as between the Middle East and other world regions. Pr Harald Gollnick, world-recognized researcher in acne and past Chair of the worldwide network of dermatologists known

as the Global Alliance to Improve Outcomes in Acne, was a guest at both meetings and shared his thoughts and expertise.

The group held a second meeting in Dubai to discuss current management approaches in more depth, with a goal of reaching consensus about the best practices with each anti-acne therapeutic class and thereby help our colleagues both in dermatology and general medicine improve their ability to manage acne. In the year between the two meetings, we studied guidelines and recommendations from other regions of the world to best understand how to apply acne therapy in our lands.²⁻⁵ One positive finding from pre-meeting evaluation of current literature was that interest and participation in acne research has blossomed in the Middle East over the past decade. Studies have examined

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attitudes and beliefs of acne patients, as well as characteristics associated with acne in our populations (like family history, stress, season/climate). Additional studies have evaluated impact of acne on quality of life, and several treatment modalities.

Some topics were discussed during this important meeting and will be presented in more detail in our upcoming consensus recommendations. These included the improved understanding of the complex interplay of many receptors and mediators within the pilosebaceous unit in acne pathogenesis. Also, the impact of growth factors in lipogenesis and inflammation, which may explain the presence of microcomedogenesis prior to *P acnes* colonization. Another topic the group explored were potential drug candidates for acne, such as PPAR modulators, which may be added to the therapeutic armamentarium. We all agreed that data support the need to treat acne efficiently as soon as possible to prevent sequelae that are common in our patient populations – post-inflammatory hyperpigmentation and scarring. The latter may represent an important sequelae given the prevalent skin phototypes in the region. In addition, we feel it is important to lobby for appropriate use of oral isotretinoin as well as a reduction of use in cases that are outside of indication. Similarly, in an era where the international community is struggling to preserve the utility of existing antibiotics and to advocate for antibiotics stewardship programs, the duration of systemic antibiotic therapy in acne should be limited. Topical antibiotics as monotherapy should be strictly avoided. Finally, maintenance therapy has a vital role in good acne management. In addition, there is a significant need for effective patient education strategies focusing on key messages: acne is a chronic disease, good results take time, and it is

important to use medication as directed.

We feel there is a significant need for patient education about acne as a disease as well as acne treatment and use of sunscreens and skin care. The general public should know that acne is a non-infectious chronic disease and that overcleaning of the skin destroys the cutaneous microbiota. Tolerability can be a problem in our areas, so we are working to reach consensus on how best to manage specific acne treatments with minimal tolerability problems. In summary, interest in acne is growing and having a Middle Eastern consensus on treatment and management of acne is important to address regional needs and cultural differences.

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