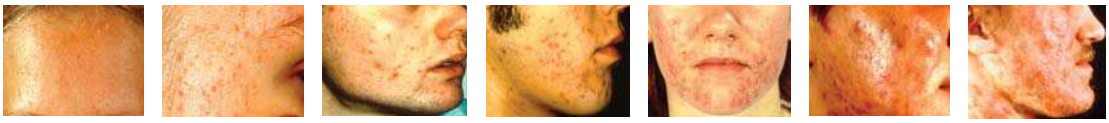

	Mild		Moderate		Severe
	Comedonal	Papular/pustular	Papular/pustular	Nodular[1]	Nodular/ conglobate
1st[3]	Topical retinoid	Topical retinoid + topical antimicrobial	Oral antibiotic + topical retinoid +/– BP	Oral antibiotic + topical retinoid + BP	Oral isotretinoin[2]
Alternative[3]	Azelaic acid or salicylic acid	Alternative topical antimicrobial + alternative topical retinoid or azelaic acid[4]	Alternative oral antibiotic + alternative topical retinoid +/– BP	Oral isotretinoin or alternative oral antibiotic + alternative topical retinoid +/– BP/azelaic acid[4]	High dose oral antibiotic + topical retinoid + BP
Alternatives for females[3]	See 1st choice	See 1st choice	Oral antiandrogen + topical retinoid/azelaic acid[4] +/– BP	Oral antiandrogen + topical retinoid +/– oral antibiotic +/– alternative antimicrobial	High dose oral antiandrogen + topical retinoid +/– alternative topical antimicrobial
	Maintenance: Topical retinoid +/– BP				

[1]Papulopustular acne with some nodular lesions; [2]Second course in case of relapse; [3]Consider physical removal of comedones. [4]There was no consensus on this alternative recommendation. However, in some countries, azelaic acid prescribing is appropriate practice.

BP: benzoyl peroxide.

Figure 1. *Acne treatment algorithm suggested by Gollnick et al.* (2003) [5]. Reprinted from the *Journal of the American Academy of Dertatology,* Vol. 49 (I suppl.); Gollnick *et al.* Management of acne: a report from a global alliance to improve outcomes in acne, pages S1-S38, © 2003, American Academy of Dermatology, Inc, with permission from Elsevier.

oral antibiotics that can be used in the daily practice of physicians treating acne across Europe. This paper therefore presents the available clinical data and expert opinion, followed by a set of detailed and user-friendly recommendations on many aspects of the use of oral antibiotics in acne.

Methodology

These recommendations were developed over a series of three meetings in 2002 and 2003. During the first two meetings, a core of six independent European acne specialists reviewed current practices around Europe; conducted a systematic literature review (using Medline) covering the years 1992 to 2003; and discussed personal experiences. In a final workshop, the findings of this core group were presented to the wider group of 23 acne specialists, mainly from Europe, but also Brazil and Morocco *(Appendix 1)* for discussion and review. Recommendations are based on efficacy, practical applicability in daily practice, safety/tolerability, antimicrobial resistance, and pharmacoeconomic considerations.

I. Literature review

The pathophysiology of acne and rationale for using antibiotics

There are a number of pathophysiologic components to acne, including sebaceous gland hyperplasia with seborrhoea; altered follicular growth and differentiation; microbial colonization; and inflammation and other immune responses [5]. The precursor lesion in all acne is the microcomedone, which features altered follicular growth and differentiation, and sebaceous gland hyperplasia with seborrhoea. Microcomedones can then enlarge to form non-inflammatory closed or open comedones, and micro-