

Dispelling Common Myths About Acne

Here's how to help your patients become better informed about this commonly misconstrued condition.

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As dermatologists, we see patients with the gamut of skin conditions from the mundane to the exotic. Most often, though, we treat patients presenting with the most common skin disorder: acne. This is also the condition patients are most likely to associate with dermatology. Along with skin cancer, it is within this realm that the public views us as experts. But whereas public understanding of skin cancer has improved dramatically in recent years, a large segment of society continues to entertain misapprehensions about acne that can prolong the course of the disease or generate frustration when a therapy proves ineffective.

In many cases, individuals with acne choose to self-medicate with over-the-counter products or heed the recommendations of friends rather than visiting a physician—a sure-fire source of misinformation or, at best, folk wisdom. In this feature, we will outline the most common myths our patients subscribe to regarding acne, and offer advice as to how to best steer them toward accuracy and make them more likely to comply with therapy.

Myth 1: Acne is caused by dirt that fills the pores, causing breakouts.

This is without question the biggest misapprehension among our patients. In no uncertain terms, we explain to patients that this is not merely incorrect, but potentially harmful. It leads teenagers to over-wash the face and overuse Bioré strips and abrasive scrubs. A lot of parents grew up with this myth, and have passed it along to their offspring. To counteract it, we impress upon patients the actual sequence of events in acne production by providing a schematic drawing. This visual aid also shows how topical products attack different aspects of acne. If patients want the abbreviated version, we tell them that the four steps in acne production are: oil secretion, plugging of the pore, bacteria living in the pore breaking down oil, and inflammation.

“The dirty secret,” we tell patients, “is that dirt is not the culprit.”

Myth 2: “Give it time — you'll grow out of it.”

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If teenagers heed this misbegotten parental advice, their faces are scarring as they wait. Self-esteem plummets. Parents often claim that they grew out of it. Acne is not curable, but it is treatable, we tell our patients. It could take three months or 30 years. There is no sense in waiting for treatment. It is necessary to treat every day and to treat the whole face or affected region, not just the pustule, papule or comedone. "If you take a wait and see approach," we tell patients, "you'll run the risk of scarring or pigmentary changes that are at least as unsightly as acne symptoms." Patients must leave your office ready to combat acne aggressively on a daily basis.

Myth 3: If you dab medicine on the pimple itself, you'll get rid of it.

Manufacturers of OTC products have perpetuated this myth for over 30 years. It is imperative for patients to treat the whole face or area every day even when they are asymptomatic.

Myth 4: A bad diet contributes or even unavoidably leads to acne.

It isn't your fault, we tell patients—you didn't get acne because you decided to share in the birthday cake. In addition to chocolate, many patients consider greasy, fatty foods and caffeine as especially conducive to acne production. In the case of acne, we are not what we eat. Patients always wonder if they're doing something wrong, thereby unwittingly causing their breakouts. They aren't. Hormones and heredity are the main factors in bringing acne about. We plug away at reminding them that it is the plugging of pores with bacteria and oil secretions. Inflammation is the main activity, not food consumption.

Bingeing on a particular food might stress the body enough to cause breakouts, but this is extremely rare and unlikely. Foods that are high in iodine (such as shellfish or seaweed) can lead to acne flare-ups. We encourage patients, then, to let common sense prevail by avoiding foods that they're sure make them break out. Finally, we inform them that it takes two to three weeks for a blemish to form, so breakouts that occur today have no correlation with what the patient ate yesterday.

Myth 5: A healthy diet leads to better skin.

People understandably want control over their health. As a result, many more people, as the average person becomes more and more health conscious, have come to believe that if they eat and drink well, they'll have good skin. It isn't so simple. Brewer's yeast, onion juice,

wheat grass - it doesn't matter. Diet doesn't affect the skin. Friends may often help perpetuate myths like this one. We don't urge them to get new friends, just tell them that they are misinformed.

Myth 6: Make-up causes acne.

Most make-up products are made so well that they are non-comedogenic. They don't clog the pores, we tell our patients. However, if a person engages in strenuous aerobic exercise while wearing excessive make-up (or heavy, greasy make-up), the product may contribute to acne by clogging the pores. We encourage the use of water-based foundations.

While make-up can, in rare circumstances, contribute to acne, we make sure to comfort our patients who are concerned about this issue by telling them that they can still wear make-up. In fact, some make-up products will help camouflage their acne during treatment, but prior to clearance. As a guideline, if we can avoid it, we don't take away a woman's make-up.

"Make-up and heavy exercise aren't mutually exclusive," we explain, "but it's best not to combine the two if you're concerned about acne."

Myth 7: Exercise makes acne better. Sweating cleans out the pores.

Not true. Exercise can actually cause flares on the chest and back by stimulating oil production, which combines with perspiration, heat, and friction to cause flares on the chest and back. We advise patients who insist on maintaining an exercise regimen that provokes excessive sweating to keep a towel handy. Swimming is probably the ideal form of exercise anyway, but it might be especially suitable for patients suffering from chest and back acne and who prefer not to curtail their exercise regimens much while treating the condition.

Myth 8: Stress causes acne.

Though exaggerated, this is based in reality. Stress can be a contributing factor in exacerbating acne. It can aggravate the hormones, possibly increasing the cortisol level in the blood, which may affect the comedogenic process by increasing oil production. This may be a more significant risk factor for oil-prone individuals. As sleep deprivation can have the same effect on cortisol, it also may contribute to acne development.


This is a tricky issue to discuss with patients. Acne may be an insignificant element in one person's life, a nuisance to another, and embarrassing and devastating to yet another's self-esteem. Gauging a patient's relative stress level is an important step in trying to dimin-

ish this potential aspect of acne exacerbation. We find that the more we get the patient talking and the more detail regarding the wide array of acne treatments we delve into—in a confident, optimistic tone as befits the outlook for the majority of patients—the more hopeful and less stressed they appear. The bottom line: we always offer hope to our patients. We assure them that from the several acne medications available, we will find and tailor the right combination of agents to improve their acne.

We conclude by counseling patients not to “sweat the small stuff” in their lives; if so, their chances of reducing the effects of stress and oil production on acne will quite possibly improve.

Myth 9: Sunscreen causes acne.

Sunscreen is unlikely as a contributing factor other than in the development of very small papules and comedones. Some agents are heavy and greasy, but oil-

We encourage you to photocopy the adjacent fact sheet and distribute it to your patients to help them sort out fact from fiction regarding acne and to better prepare them for successful therapy. 

free vehicles less likely to contribute to breakouts are available, so we recommend that patients choose an oil-free sunscreen if possible.

Myth 10: Sun makes acne better and helps fade scars and pimples.

Post-inflammatory hyperpigmentation will get darker with increased sun exposure. Suntans or burns cause swelling, so a “scar” will actually look better temporarily.

While minimal amounts of sun exposure may initially lead to some acne improvement,

prolonged exposure promotes more rapid exfoliation, which clogs pores and leads to more breakouts. We usually address this and the previous myth at the same time, since many patients often think that sunscreens will worsen their acne and sun exposure will have the reverse effect. It doesn't, we state flatly. The nominal, fleeting improvement in acne from small amounts of sun exposure is not worth the greater risks.

The Bronze Age is over—prolonged sun exposure does not ameliorate acne, it promotes the opposite effect. What's worse, such exposure results in photodamage to the skin and dramatically enhances one's chances of developing skin cancer.

Myth 11: Lasers are a panacea that can erase acne scars.

Most “acne scars” are actually post-inflammatory hyperpigmentation. Time and sun-avoidance will help heal these lesions. Lasers can improve shallow atrophic scars, we inform patients, but will not remove all traces of deep ice-pick scars. Dermatologists would like

Coming Clean about the Causes

Patients possess a widely varying degree of sophistication and conversational comfort regarding medical topics. Try to accurately gauge each individual patient's capacity for understanding before launching into an explanation of the causes of acne. For those whose acne has a clearly discernible and significant hormonal component—e.g., those with polycystic ovary disease or hirsutism, and who appear prepared to soak up information—we may engage in a lengthy discussion about androgens, estrogens, and epidermal growth factors. For those with less interest or apparent patience for medical jargon and detail, we cut to the quick and offer the bare bones of what we know about the causes of acne.

So, at the very least, we inform our acne patients that acne begins with the hair follicles, their sebaceous glands, and the cells that line the hair follicles. We explain that as cells die and are replaced, the skin's natural oil mixes with the dead skin cells and falls away. This process varies among and within individuals, though. When cells don't slough off evenly, an uneven, sticky edge results, we tell the patient. This ‘edge’ collects the oil, forming a plug (much like a cork) in the hair follicle. The plug also collects bacteria, *propionibacterium acnes*, which mixes with ever more oil produced by the skin, leading to swelling. White blood cells attack the bacteria in the follicle, leading to the formation of pustules and papules.

We conclude by saying that the ability to slough dead skin cells changes throughout one's lifetime and is mediated, as the rate at which the skin produces oil, by hormones. Acne, we tell our patients, is not a function of their behavior, but a function of hormones and heredity. After informing our patients what they should know about acne, we try to gently dissuade them from clinging to the individual myths with which they might present. It is unlikely that any one patient would be harboring all of the misinformation that we present here, of course, but presented together, we think this may serve patients and physicians as a convenient way to clear the air about (and the skin, as much as possible, of) acne.

patients to avoid scars to begin with, we tell our patients, and so presumably will they once they realize that we cannot correct every defect or blemish. Of course, we are more likely to see such patients who have been taken in by an earlier myth, that acne is just a stage of life. Too often, then, these patients won't see a dermatologist until they're suffering from extremely recalcitrant lesions or acne excoriée. Lasers play an evolving, versatile role in dermatologic practice, but patients and doctors alike shouldn't rely upon them for removing significant scarring.

Myth 12: By drying out your skin to remove oil, and using drying or stripping products, you can adequately treat acne without physician supervision.

Such 'remedies' cause irritation and make the skin look worse. Further, the body responds to these products by producing more oil. We dissuade our patients from using such products and happily discuss the suitability of prescription medications as well as over-the-counter products. Just as drought isn't good for the environment, dryness isn't good for the skin.

Myth 13: Acne is curable.

Not yet. It is treatable, though, and it is this that we emphasize to our patients. Doctors must tailor treatments to each individual, we say. It is for this reason that we explain that while they may have heard that Accutane worked for a friend or two, it isn't suitable for everyone and by no means is it a perfect cure. By disabusing patients of some, and we would hope all, the misinformation they may be harboring about acne, we believe we've prepared them to pursue and comply with the individualized treatment approach that we then map out.

SUMMARY

As we become more firmly entrenched in the ever-burgeoning Information Age, we may find that physicians and patients will communicate in a variety of unprecedented formats. Some physicians have begun directly addressing patient concerns online and in private e-mail exchanges. Greater access to information media may also translate, though (especially with regard to the many unsubstantiated "facts" presented on the Internet), into the faster, easier transmission and dissemination of misinformation. We must guard against this problem on a wide range of topics in whatever venues in which we find it. The most likely scenario is still the patient visit. Pre-emptively offering information that dispels the most common myths

regarding acne may facilitate the whole treatment process, as patients may more likely comply to treatment regimens unhampered by misinformation that might otherwise lead them to stray from healthy, therapeutic behavior.

In addition to debunking misinformation, we think that ideal patient care entails listening carefully to patients' concerns and mapping out individual treatment plans in writing so that patients have reinforcement for the plethora of new knowledge they've gleaned about acne during the office visit. While we may refer some patients with significant hormonal involvement in their condition to a gynecologist, all of our patients leave armed with a much clearer vision of acne, and soon, we assure them, much clearer skin. ●

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Dispelling the Myths about Acne: A Fact Sheet for Patients

Myth: Acne is caused by dirt that fills the pores, causing breakouts.

Fact: The dirty secret is that dirt is not the culprit. The four steps in acne production are: oil secretion, plugging of the pore, bacteria living in the pore breaking down oil, and inflammation.

Myth: If you're patient, you'll grow out of your acne.

Fact: Acne is not curable, but it is treatable. You gain nothing by delaying treatment, however. By seeking treatment early, you reduce the risk of prolonged or permanent pigimentary changes and scarring.

Myth: You can clear acne by treating pimples individually.

Fact: Spot-treating doesn't work. It is important to treat the whole face or affected region every day, even when you're clear. A dab will never do ya'. Take preventive measures against acne lesions; don't chase them around your face.

Myth: A bad diet can cause acne.

A good diet can prevent it.

Fact: Hormones and heredity are the main factors in acne, not diet. Whether you eat healthy foods or not, rest assured that your diet is unlikely to affect your acne. It takes two to three weeks for a blemish to form, so what you ate yesterday will not appear on your face today. If you are one of the rare individuals to identify a food that does cause your acne to flare, abstain from eating that particular food for a while.

Myth: Make-up causes acne.

Fact: Not likely. Most products are non-comedogenic. To be on the safe side, try to use water-based foundations. Some make-up products even camouflage acne, which may be preferable in the short-term before clearance. Engaging in heavy exercise while wearing a greasy make-up can contribute to acne by clogging the pores with a mixture of sweat and product ingredients, so avoid this combination.

Myth: Exercise improves acne.

Sweating cleans out the pores.

Fact: Exercise can actually cause flares on the chest and back by stimulating oil production, which combines with perspiration, heat, and friction to cause flares on the chest and back. Don't stop exercising, but if you have acne on the chest or back, consider this fact when developing your exercise regimen.

Myth: Stress causes acne.

Fact: It doesn't cause it, but it certainly can make it worse. Stress can aggravate hormones, possibly increasing the cortisol level in the blood, which may affect the comedogenic process by increasing oil production. This may be a more significant risk factor for oil-prone individuals. Sleep deprivation can have the same effect on cortisol, so it also may contribute to acne development.

Myth: Sunscreens cause acne.

Sun exposure improves acne and fades scars.

Fact: The nominal, fleeting improvement in acne from small amounts of sun exposure is not worth the greater risks of developing skin cancers. Minimal amounts of sun exposure may initially lead to some acne improvement, but prolonged exposure promotes more rapid exfoliation, which clogs pores and leads to more breakouts. Frequent application of sunscreen with a high SPF helps protect the skin. It is unlikely as a contributing factor to the development of acne, other than very small papules and comedones. Some agents are heavy and greasy, but oil-free vehicles less likely to contribute to breakouts are available. Choose an oil-free sunscreen with a high SPF and strive to avoid sun exposure as much as possible. Remember, the Bronze Age is over—prolonged sun exposure does not ameliorate acne, it promotes the opposite effect.

Myth: The use of lasers can remove acne scars.

Fact: Most "acne scars" are actually hyperpigmentation. Time and sun-avoidance will help heal these lesions. Lasers can improve some scars, but will not remove all traces of ice-pick scars. It's best to avoid scars to begin with, since we cannot correct every defect or blemish, even with lasers. Don't rely on a laser to save you from scarring. Each scar is unique. Some may largely disappear, some will not.

Myth: You can treat acne by removing oil, thus drying out the skin.

Fact: This causes irritation and makes the skin look and feel worse. Also, the body responds to this action by producing more oil.

Myth: Acne is curable.

Fact: Not yet. It is treatable, though, with treatments ideally tailored to the individual. By seeing your dermatologist, you've taken the first important step toward managing your 'problem' acne.