Angst over acne, those pesky zits
Mind Your Body, The Straits Times (Wednesday, 6 August 2008)

By June Cheong

When you left your teen years behind, you probably thought it would also be the end of pimple outbreaks. Here's the bad news: Adults are not immune to acne

Acne, like angst and a preference for loud music, is all but a rite of passage for most teenagers.

That's unsurprising: More than 75 per cent of teenagers in Singapore develop acne, said Assistant Professor Wong Soon Tee, consultant dermatologist and physician at Raffles Hospital.

Teens' hormonal surge during puberty causes acne to erupt.

But adults are not immune. Dr Chris Foo, consultant dermatologist at Raffles Hospital, said: ‘Acne can persist even into adulthood. I have seen adults in their 30s and 40s still struggling with acne.’

It results from overproduction of the body's oil called sebum, inflammation of clogged pores by bacteria and abnormal shedding of dead skin cells.

Just below the skin surface is the pilosebaceous unit, comprising hair follicles and the sebaceous gland.

Hair follicles conduct sebum out of the skin, providing it with moisture.

But when there is increased oil production or slower removal of excess oil due to narrowing of the sebaceous gland's lining, the oil is trapped and accumulates there.

This allows the bacteria, Propionibacterium acnes, to thrive there, especially now that there is less oxygen since the hair follicles are plugged with dead skin cells.

Also, the trapped oil becomes food for the bacteria, which further multiply while excreting an inflammatory by-product. This inflames the sebaceous gland.

The result: the bump or swelling we call acne.

This term refers to not just pimples and pustules - which are pus-filled pimples - but also whiteheads and blackheads.

Acne can occur on the face, neck, shoulders, chest and back, where the most functional oil glands are found.

Genetics and hormones also play a part. Dr Chee Yew Wen, medical director of Wen & Weng Medical Group, said: ‘Males tend to get more severe teenage acne but females are more prone to adult acne probably due to hormonal cycles.’

Acne in teenagers tends to occur on the T-zone - the area sweeping from the forehead down to the
chin - and cheeks, while acne in adults tends to occur around the mouth and jawline.

On the effect of the hot and humid climate in Singapore, Dr Foo said: 'It may be a factor because it can lead to increased sweating and oil build-up on the skin which are risk factors for developing acne.'

The condition can be classified into four stages, from mild to severe, but it does not mean there is a linear progression.

Dr Wong said: 'For some patients, acne come on with a bang while others may forever have only blackheads or whiteheads.'

Acne can leave blemishes which fade with time or permanent skin irregularities like raised or deep, pitted scars. Such scars are formed when the body produces fibrous tissue in the skin as a healing response and this tissue contracts as skin heals, pulling the skin downwards.

Dr Leow Yung Hian, senior consultant dermatologist at the National Skin Centre, said that scarring is the end result of inflammatory acne.

Asked if facials will work in treating acne, Dr Derrick Aw, consultant dermatologist at National University Hospital, said: 'Some facials do help with acne, especially those with fruit acids.

'But sometimes beauticians are not qualified to identify what can or can't be extracted from your skin.'

Dr Wong added: 'Taking action against acne early prevents scarring. Prevention is better than cure.'

Furthermore, Dr Chee said, no treatment can completely reduce scars. 'We aim for an improvement of 50 to 60 per cent,' he said.

Treatment acts on the active lesions to prevent them from reforming and repairs the scars on the skin.

Topical treatments like benzoyl peroxide and retinol solutions or antibiotic solutions like clindamycin are effective in reducing sebum secretion and increasing cell turnover, thereby treating and preventing acne outbreaks.

Oral medication like antibiotics and oral contraceptives also help.

The drug Roacutane, also known as isotretinoin, is prescribed to patients with moderately severe acne. However, the drug can cause side effects like dry lips and hair, foetal abnormalities in pregnant women and increased cholesterol.

There is now a drug-free alternative. National University Hospital and some private clinics are using a new machine which uses a specific blue light which acts to destroy the acne-causing bacteria.

Dr Aw said: 'It's suitable for people who have bad acne but can't tolerate the antibiotic treatments or for women with bad acne who want to get pregnant.'

Aesthetic treatments like microdermabrasion, intense pulsed light (IPL) and laser therapies can also help to treat acne and improve the appearance of scars.

For example, IPL kills the bacteria, removes hair and shrinks the inflamed oil gland.

Dr Chee said: 'When the density of facial hair and the activity of the sebaceous gland are reduced,
there is less blockage of the pores.

'IPL also helps to repair the red marks and mild acne scars by stimulating collagen growth.'

Doctors whom Mind Your Body spoke to said they tailor treatment according to individuals, depending on the severity of the acne and how quickly they want it cleared up.

Dr Foo said that there is an increasing awareness that acne should be treated aggressively in order to prevent scarring and that it is not just part and parcel of growing up.

'Acne can affect self esteem and also social relationships, especially in this day and age where image is so important,' he added.

Ms Danielle Chen, 27, said her dermatologist prescribed a range of topical treatments to control her acne.

'I feel better about my complexion now. I used to be very upset about my appearance as people would look and wonder what happened to my face,' she said.

She is not alone. Last year, the National Skin Centre treated more than 9,000 patients with acne.

Doctors told Mind Your Body that they see an average of 50 patients with acne a week. Dr Aw summed it up: 'Acne is the bread and butter of dermatologists.'

Some adults in their 30s and 40s still struggle with acne.

TYPES OF ACNE

Non-inflammatory acne: comedonal acne

What it is: Blackheads (pores blocked and capped with a blackened mass of skin debris) and whiteheads (closed blocked pores).

Treatment: Creams or facial washes with ingredients like benzoyl peroxide or fruit acids unclog pores. Over the counter scrubs like papaya scrubs are fine. Topical retinol prevents both from forming.

Inflammatory acne: mild acne

What it is: Blackheads, whiteheads as well as papules and pustules are present. A papule is a small, solid elevation of the skin that appears red while a pustule is a small, yellowish pus-filled pimple.

Treatment: Topical antibiotics like clindamycin or erythromycin or treatments like blue light or IPL.
Moderate acne

What it is: Skin is characterised by more painful and deep-rooted inflamed lesions like bigger pustules.

Treatment: Dr Chee Yew Wen, medical director of Wen & Weng Medical Group, advised that in addition to topical therapies, oral medication can be used. Antibiotics like doxycycline and minocycline are effective but acne could recur when they are stopped.

Severe acne

What it is: Skin may be covered with many small pustules but no big nodules. Nodules are like papules in that they are white and dome-shaped but bigger.

Treatment: Patients with severe acne usually use Roacutane, which is an oral vitamin A derivative that shrinks the sebaceous gland. The drug should be taken for between six months and a year and during that time, the patient should avoid becoming pregnant and may also experience increased cholesterol levels and transient liver dysfunction as side effects.

Those with just a few nodules may be administered an intra-lesional steroid injection which flattens the nodule within 48 hours.

10 COMMON ACNE MYTHS

Acne has generated its own lore of dos and don'ts. Before you squeeze out that blackhead, read the myth-busting guide compiled by Mind Your Body below.

1: Do facials work in targeting acne and removing acne scars?

A Bella Skin Care spokesman said that regular salon treatment helps by controlling sebum production, healing existing acne scars and minimising pores.

Dr Chee Yew Wen, medical director of Wen & Weng Medical Group said that for mild acne, facials do help, depending on what the beauty salons do. For instance, microdermabrasion and mild chemical peels can help unclog pores.

Depressed scars, however, are harder to improve and require stronger lasers done by doctors. Extraction should be reserved only for comedones (blackheads and whiteheads). Moderate to
severe acne, especially if pimples are inflamed and contain pus, should be treated by doctors where oral medication is usually required, Dr Chee added.

2: Does blotting frequently worsen acne as it encourages more oil to be produced in the skin?

Dr Derrick Aw, consultant dermatologist at National University Hospital, said that whether you blot or not, the body will still produce oil in the skin. It’s not scientifically proven that blotting frequently encourages more oil to be produced. He added that it is all right to blot.

3: Should pimples, blackheads and whiteheads be extracted?

Extracting pimples is a no-no as the pressure applied to the skin may extend inflammation to other areas of the skin, said Assistant Professor Wong Soon Tee, consultant dermatologist and physician at Raffles Hospital.

Dr Aw said: ‘You can extract blackheads using a blackhead extractor but you have to ensure the extractor is placed at an angle that is 90 degrees to the skin surface.’

4: Does washing your face more often get rid of acne?

Dr Aw said: ‘It depends on what you use. If you have a lot of whiteheads and blackheads, choose something which contains alpha hydroxy acids (AHAs). If you have inflamed acne with bumpy skin, use a cleanser which can kill the bacteria.’

Dr Chee added: ‘Simple washing twice a day is more than enough. Over-washing in fact can worsen acne.’

5: Does tanning help to clear up acne?

Tanning only masks acne by evening out the skin colour temporarily. Skin may become dry and irritated after a tan which can prompt an acne outbreak. If you go under the sun a lot, use a sunscreen with a sun protection factor of at least 15, and which is non-comedogenic, that is, which does not tend to clog pores.

6: Will eating certain foods like chocolate or peanuts cause an acne outbreak?

Dr Wong said: ‘Medically speaking, no, but I have observed peculiar instances in individual cases. Test yourself. If you get a breakout 10 times out of 10 when you eat a certain item, cut it out.’

7: Does stress cause acne?
Stress can worsen acne through the release of increased levels of hormones which form the adrenal glands which in turn over-stimulate the oil glands, said Dr Chee.

8: Can you wear make-up if you have acne?

Dr Wong said that it was best to stick with established brands.

Dr Aw advised using non-comedogenic make-up.

But Dr Chee cautioned: 'If you have make-up on, it is important to thoroughly remove it later as make-up can clog pores. I recommend my patients to use mineral-based make-up which is less comedogenic.

'I have seen many cases of a vicious cycle where the more acne a person gets, the more she tries to cover it up with make-up and the more the make-up blocks the pores.

If you have to wear make-up, don't wear it for prolonged periods.'

9: Does having large pores mean you will have acne?

A Bella Skin Care spokesman said that large pores refer to the pore size and are unrelated to having pimples or acne, although enlarged pores generally mean the person is susceptible to oily skin conditions and is prone to acne outbreaks.

Dr Chee said: 'People who have acne tend to have larger pores so the condition goes hand in hand.'

10: Does sex or masturbation cause acne?

All the doctors Mind Your Body spoke to said there was no data to suggest that sex or masturbation causes acne.