

Acne in Children

What is acne?

Acne (or acne vulgaris) is a skin disorder caused by **blockage of the special pores (or follicles) in the skin**. These pore are present on the face, chest and back. The blocked pores can become inflamed or infected with bacteria. Acne is the **most common skin disorder** in the United States. It can occur at any age and is common for teenagers during puberty. There is no cure for acne, but there are a number of treatments that can keep acne under control and prevent scarring.

There are different types of acne. You may have one or both of these types of acne on your skin.

- **Whiteheads** or **blackheads** are white or black bumps called comedones. They are pores **blocked with dead skin cells and oil**. The oil darkens when exposed to air. Blackheads are not full of dirt.
- **Pimples** or **zits** are red bumps on the surface or deep in the skin. These are blocked pores that become **inflamed or infected** with bacteria.

When do we treat acne?

We treat acne as early as possible to prevent scarring and to decrease any impact on self-esteem, psychological state or social interactions.

How do we treat acne?

- We start treatment with **skin hygiene**. Wash your face **twice a day** with a **gentle cleanser**. Soaps or cleansers labeled **for sensitive skin** are milder and better for acne-prone skin.
- **Avoid over-washing or over-scrubbing** your face as this will not improve acne and can create dryness and irritation. This includes scrubbing with a loofa or washcloth.

- If you use makeup or sunscreen, use products labeled **non-comedogenic** (this means the product won't cause acne or clog pores).
- Try to **wash right away after you exercise** and pay attention to how your sports equipment might rub against your skin and make acne worse.
- **Don't pick or squeeze acne** as this can delay healing, lead to scarring and cause serious infection.
- Keep hands, hair and phones off of your face.
- If your acne is severe or if the above treatments are not working, your doctor may recommend using medications.

What are treatments my doctor might recommend or prescribe?

Many medications are available to treat acne. You and your physician can work together to find an acne regimen that works for you.

- **Benzoyl Peroxide:** This is the most effective **over-the-counter** active ingredient. It comes in a wash (example: Clean and Clear® Continuous Control Acne Cleanser or Panoxyl®), cream (example Clearasil® Ultra Rapid Action Vanishing Treatment Cream), gel or lotion (example: Clean and Clear® Persa-gel 10).
 - Benzoyl Peroxide can be used once or twice daily over large areas, such as back, chest, and face. Ask your doctor which type of benzoyl peroxide you should try.
 - Apply the cream, gel or lotion to clean, dry skin. This medication can work by preventing new breakouts.
 - When applying on the face, use the “5-dot” method. Take a small pea-sized amount and place dots in each of 5 locations of your face: mid-forehead, each cheek, nose, and chin. Then rub in. You should not see a “film” of the medication on your skin. If you do, you're probably using too much.
 - Avoid the skin around your eyes.
 - Benzoyl peroxide can bleach linens like towels and sheets. Use a white pillowcase.

- Benzoyl peroxide causes increased risk of sunburn. Wear non-comedogenic sunscreen or stay in the shade.
- **Topical retinoids:** These are **prescription medications** used to prevent the formation of inflamed acne lesions and help unplug pores. They can be drying and cause irritation or redness, but this is usually temporary. Examples: tretinoin, adapalene, tazarotene.
 - Start infrequently, using every third night and increase as tolerated to every day use.
 - As with benzoyl peroxide, apply a pea sized amount in all acne-prone areas. Apply over the whole acne-prone area, not just active areas.
 - Avoid the skin around your eyes.
 - Topical retinoids cause increased risk of sunburn. Wear non-comedogenic sunscreen or stay in the shade.
- **Antibiotics:** Antibiotics reduce bacteria on the skin and in the pores. They are often used together with other treatments, such as benzoyl peroxide or topical retinoids.
 - Topical antibiotics Examples: Clindamycin and erythromycin
 - Oral antibiotics Examples: Doxycycline, erythromycin, minocycline, trimethoprim/sulfamethoxazole, and tetracycline.
- **Isotretinoin:** This is an oral medication used for treatment of severe acne. It is the strongest and most effective medication we have to treat acne, but using the medication involves risks as well as benefits. If you and your doctor decide to start treatment with this medication, you will need blood testing and close monitoring.
- **Hormonal therapy:** Sometimes treatment with oral contraceptives can block production of hormones and decrease the amount of oil production leading to improvement in acne.

What can make acne worse?

- Changes in hormones during **puberty** or before each **period (menstrual) cycle** in girls
- **Irritation from friction or pressure on skin** (helmets, straps, backpacks, collars, phones).
- **Picking at acne lesions** (This can worsen acne and cause scarring).
- Some types of **makeup, sunscreen and moisturizers**.
- **Frequent, aggressive skin washing**.
- **Family history** of acne.
- Acne is **not** caused by the food you eat.

How long does it take for acne to get better?

Try to be patient. **Sometimes when we begin treatment, acne will appear a bit worse before it gets better.** It usually takes 8-12 weeks of using acne medications on a daily basis to notice a change. Try not to miss more than one or two days each week of treatment. Let your doctor know if you are having problems with your medications. If after 8 weeks, you are not satisfied with the results of treatment, call your doctor because there are many different treatment options.

Disclaimer: This document contains information and/or instructional materials developed by the University of Michigan Health System (UMHS) for the typical patient with your condition. It may include links to online content that was not created by UMHS and for which UMHS does not assume responsibility. It does not replace medical advice from your health care provider because your experience may differ from that of the typical patient. Talk to your health care provider if you have any questions about this document, your condition or your treatment plan.

Authors: Margeaux Naughton, MD; Stephanie Booms, MD
Reviewer: Alison Lea Dickson, MD, Ruti Volk, MSI, AHIP

Patient Education by [University of Michigan Health System](#) is licensed under a [Creative Commons Attribution-NonCommercial-ShareAlike 3.0 Unported License](#). Last Revised 03/2015