

ACNE INFORMATION

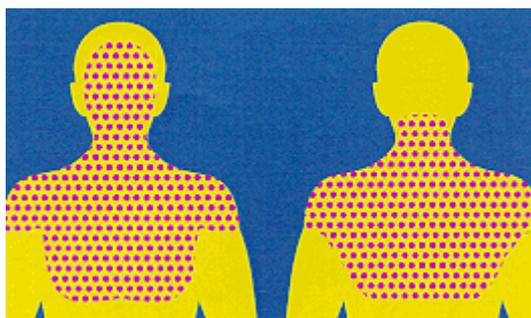
Acne-A Part of Growing Up:

What Is Acne?

Acne is the general term for plugged pores, pimples, and deeper lumps that can occur on the face, neck, upper back, chest, or shoulders. It is a skin condition that occurs when the oil-secreting glands (sebaceous glands) in the skin are clogged and become inflamed or infected. Acne is so common that it can almost be considered a normal part of growing up. While it affects the majority of teenagers, it can also appear later in life.

Acne affects young men and young women about equally, but there are differences. Young men are more likely than young women to have more severe, longer lasting forms of acne. Despite this fact, young men are less likely than young women to visit a dermatologist for their acne. In contrast, young women are more likely to have intermittent acne due to hormonal changes associated with their menstrual cycle and acne caused by cosmetics. These kinds of acne may afflict young women well into adulthood. Up to 85% of adolescents develop acne. Among adults, 12% of women and 3% of men have acne.

Acne lesions are most common on the face, but they can also occur on the neck, chest, back, shoulders, scalp, and upper arms and legs.



Normal distribution of acne

How Does It Occur?

In order to understand how acne comes about, it is important to get an idea of how our skin functions. The skin contains numerous glands, called sebaceous glands, which secrete an oil, called sebum, that lubricates the skin and keeps it soft and pliable. The protective outer layer of the skin is made up of dead cells which are constantly shed and are replaced by new ones. In the teenage years hormones stimulate the growth of body hair and the oil glands secrete more oil. If not regularly cleaned the oil that the sebaceous glands produce mixes with dead skin cells and bacteria on the skin's surface and this blocks pores on the surface of the skin. Bacteria grow in these clogged pores and produce chemicals and enzymes that causes inflammation. When the plugged follicle cannot hold its contents any longer, it bursts and spills everything onto the nearby skin—sebum, shed skin cells, and bacteria. This irritates the skin and results in the development of lesions or pimples, better known as whiteheads, blackheads and pimples.

Types of Acne

When you read about acne or other skin diseases, you encounter words or phrases that may be confusing. For example, the words used to describe the lesions of acne—comedo, papule, pustule, nodule and cyst—are understandable only if you know each word's definition. It also is helpful to have a photo that is characteristic for each type of lesion. At the end of this information detailed information about the various types of acne is attached.

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Acne Treatment

Today, virtually every case of acne can be resolved. The key to getting rid of acne lesions and preventing new ones from forming lies in knowing that:

- Resolution takes time. (Treatments that promise “fast,” miraculous” or “overnight” results often capture the attention of acne sufferers hoping for quick resolution. However, the fact remains that acne does not clear overnight. On average, 6 to 8 weeks are needed to see initial results. Once acne significantly improves or clears, continued treatment is needed to keep acne from re-appearing. If acne does not improve in 6 to 8 weeks, treatment may need to be adjusted as not every acne treatment clears every case of acne.
- What works for one person may not work for another. What is an appropriate treatment for one person may not clear another’s acne because many factors affect resolution, including the cause(s) of the acne, a person’s skin type and the kind of acne lesions present
- A specialist’s help may be required. With so many factors affecting clearance and a multitude of treatment options available (some only by prescription), a dermatologist’s help can make a difference.

Treatment of acne involves a step-by-step approach, beginning with milder medications and continuing through a spectrum of stronger medications until the patient finds one that works. In mild and moderate cases, your doctor will begin with topical gels, creams, or lotions, progressing to internal medications. Some of these medications can produce side-effects, so it is important to put questions to your doctor and read the medication labels carefully.

For treatment to work it must interfere with what is causing the acne. Today’s acne treatments do one or more of the following:

- Decrease sebum production
- Reduce P. acnes (bacteria)
- Normalize skin shedding
- Eliminate inflammation

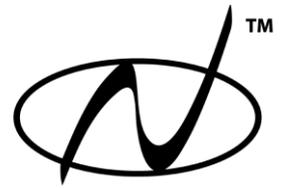
Treating Mild Acne

Mild acne consists of small lesions, such as blackheads, whiteheads or pustules, which appear at or near the surface of the skin. As such, mild cases of acne can sometimes be controlled at home by:

- Gently washing the affected area(s) with warm water and a mild facial cleanser such as METIQUE sensitive skin wash or METIQUE skin wash twice a day to remove dead skin cells and excess oil
- Using a topical (applied to the skin) acne treatment containing Tea Tree Oil (METIQUE Topical gel for infected blemishes and METIQUE after wax lotion as antimicrobial moisturizer on face and body. ALternatively benzoyl peroxide or salicylic acid treatments.
- Following “your skin care routine”

At-home treatment requires 4-8 weeks to see improvement. Once acne clears, treatment must be continued to prevent new lesions from forming.

Even mild cases of acne may require the help of a dermatologist. If the acne does not respond to at-home treatment, a dermatologist can assess the situation and determine an appropriate therapy. In these cases, combination therapy (two or more treatments) may be



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used. Combination therapy may include use of a prescription topical antimicrobial or topical retinoid. These prescription topicals can be very effective in clearing mild acne.

Treating Moderate to Moderately Severe Acne

In moderate to moderately severe acne, numerous whiteheads, blackheads, papules and pustules appear that cover from ¼ to ¾ of the face and/or other affected area(s). Moderate to moderately severe acne usually requires the help of a dermatologist and combination therapy (using two or more treatment options). Treatments used to treat moderate to moderately severe acne are:

- Physical methods, such as comedo extraction or light therapy
- Prescription Medications
 - Topical (applied to the skin) antimicrobials
 - Topical retinoid
 - Oral antibiotics
 - Oral contraceptives
- Gently washing the affected area(s) with warm water and a mild facial cleanser such as METIQUE sensitive skin wash or METIQUE skin wash twice a day to remove dead skin cells and excess oil.
- Using a topical (applied to the skin) acne treatment containing Tea Tree Oil (METIQUE Topical gel for infected blemishes and METIQUE after wax lotion as antimicrobial moisturizer on face and body. Alternatively benzoyl peroxide or salicylic acid treatments.
- Following “your skin care routine”

Dermatologists recommend early treatment for moderate to moderately severe acne because when moderate to severe acne is not treated early, scars can develop. Acne scars take two forms—as raised thickened tissue or as a depression, such as pits or pock marks. The only reliable method of preventing or limiting the extent of these scars is to treat

acne early in its course, and for as long as necessary. Additionally, anyone with acne who has a known tendency to scar should be under the care of a dermatologist.

Do's and Don'ts in Treating Acne:

- Avoid scrubbing your skin or using abrasive soaps. Hard scrubbing of the skin is harmful because it irritates the openings of the oil glands and can cause them to be more tightly closed.
- Avoid squeezing or picking blemishes.
- Avoid putting any oily or greasy substances such as oil based make-up or suntan oil on your face. Oily and greasy substances make acne worse by blocking the glands. If you must use cover-up cosmetics, use water-based cosmetics and wash them off at bedtime.
- Avoid hair tonics or hair creams (especially greasy ones). When you sweat these substances will spread to your face and aggravate the acne.
- Try to keep your hair clean.
- Don't stop your acne medicine too soon.

It takes about 8 weeks to see a good response.



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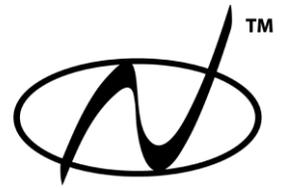
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Your skin care routine:

- Wash your face twice a day with a gentle cleanser such as METIQUE sensitive skin wash or METIQUE skin wash. Change your towel every day. Bacteria can grow on damp cloth.
- Wash your hands often. Use gentle cleansers such as METIQUE washes. It is a good idea not to touch your face or aggravate your facial skin in other ways.
- Don't squeeze, pick, scratch or rub your pimples as this increase risk of scarring.
- Shampoo your hair at least twice a week. Pull your hair away from your face when you sleep. Style it away from your face during the day.
- When choosing make-up, women should be sure to choose water-based, oil free cosmetics.
- Wash as soon as you can after excersize.
- Monitor if certain foods seem to make you acne worse, in which case avoid eating those foods. There is no clear knowledge whether certain foods increase risk of Acne but it is known that refined carbohydrate and sugar produces more insulin, which produces more hormones, which produces more sebum, which increase the risk of infected follicles. So try to not eat to much of these foods.
- Try not to get sunburnt.
- Avoid excess exposure to sunlight. Some acne treatments can increase the skin's sensitivity to sunlight and ultraviolet light from tanning booths and sun lamps.
- Try to maintain good blood flow through excersize.
- Talk to your doctor and keep a record of medicines you have tried. Write down how they have worked. Keep in mind that most treatment may take several days to weeks to start showing an effect.
- Don't give up. Keep working with your doctor or specialist until you find a way to keep your skin clear.

Reference:

Thiboutot, D. "New Treatments and Therapeutic Strategies for Acne." *Archives of Family Medicine* 2000; 9:179-187.

Summary of Definitions of words used to describe acne, with accompanying photos.

Let's begin, though, with the definition of lesion, an all-purpose word:

Lesion—a physical change in body tissue caused by disease or injury. A lesion may be external (e.g., acne, skin cancer, psoriatic plaque, knife cut), or internal (e.g., lung cancer, atherosclerosis in a blood vessel, cirrhosis of the liver).

Thus, when you read about acne lesions you understand what is meant—a physical change in the skin caused by a disease process in the sebaceous follicle.

Acne lesions range in severity from comedones (blackheads and whiteheads) to nodules and cysts. Here is a brief definition of acne lesions:

Comedo (plural comedones)—A comedo is a sebaceous follicle plugged with sebum, dead cells from inside the sebaceous follicle, tiny hairs, and sometimes bacteria. When a comedo is open, it is commonly called a blackhead because the surface of the plug in the follicle has a blackish appearance. A closed comedo is commonly called a whitehead; its appearance is that of a skin-colored or slightly inflamed "bump" in the skin. The whitehead differs in color from the blackhead because the opening of the plugged sebaceous follicle to the skin's surface is closed or very narrow, in contrast to the distended follicular opening of the blackhead. Neither blackheads nor whiteheads should be squeezed or picked open, unless extracted by a dermatologist under sterile conditions. Tissue injured by squeezing or picking



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can become infected by staphylococci, streptococci and other skin bacteria. The following photos are characteristic of acne with comedones:



Papule—A papule is defined as a small (5 millimeters or less), solid lesion slightly elevated above the surface of the skin. A group of very small papules and microcomedones may be almost invisible but have a "sandpaper" feel to the touch. A papule is caused by localized cellular reaction to the process of acne. This photo shows papules and comedones on the face of an acne patient:



Pustule—A dome-shaped, fragile lesion containing pus that typically consists of a mixture of white blood cells, dead skin cells, and bacteria. A pustule that forms over a sebaceous follicle usually has a hair in the center. Acne pustules that heal without progressing to cystic form usually leave no scars. This photo shows pustules, papules and comedones on the face of an acne patient:



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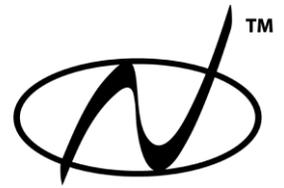
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Macule—A macule is the temporary red spot left by a healed acne lesion. It is flat, usually red or red-pink, with a well defined border. A macule may persist for days to weeks before disappearing. When a number of macules are present at one time they can contribute to the "inflamed face" appearance of acne.

This photo shows the "red face" appearance of acne with macules:

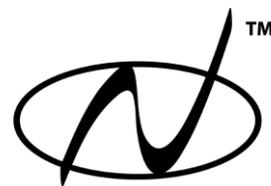


Nodule—Like a papule, a nodule is a solid, dome-shaped or irregularly-shaped lesion. Unlike a papule, a nodule is characterized by inflammation, extends into deeper layers of the skin and may cause tissue destruction that results in scarring. A nodule may be very painful. Nodular acne is a severe form of acne that may not respond to therapies other than isotretinoin.

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Cyst—A cyst is a sac-like lesion containing liquid or semi-liquid material consisting of white blood cells, dead cells, and bacteria. It is larger than a pustule, may be severely inflamed, extends into deeper layers of the skin, may be very painful, and can result in scarring. Cysts and nodules often occur together in a severe form of acne called nodulocystic. Systemic therapy with isotretinoin is sometimes the only effective treatment for nodulocystic acne. Some acne investigators believe that true cysts rarely occur in acne, and that (1) the lesions called cysts are usually severely inflamed nodules, and (2) the term nodulocystic should be abandoned. Regardless of terminology, this is a severe form of acne that is often resistant to treatment and likely to leave scars after healing. These photos show nodular, cystic acne:



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