Getting the Word Out about Effective Treatments: A Hurdle to Treating Acne

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One of the problems with treating acne is, quite simply, getting the word out. Marketing of medications is now an important aspect of health care, and compounding pharmacists, who are typically on the cusp of current medical research, are still way behind in getting the word out to prescribers about how effective compounded treatments can be. In fact, many physicians first hear about compounding from their patients who have heard from a family member or friend about the effectiveness of a compounded preparation.

Niacinamide is a good example of this. Many doctors are unaware of niacinamide (also called nicotinamide) and how it compares with Benzaclin (the proprietary name for a topical preparation combining clindamycin 1% and benzoyl peroxide 5%). Unlike the antibacterial Benzaclin, niacinamide induces no bacterial resistance. A double-blind study cited in the International Journal of Dermatology concluded that “[n]icotinamide gel provides potent anti-inflammatory activity without the risk of inducing bacterial resistance.”

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In February 2004, a 35-year-old woman with severe acne and excessive facial hair came into our pharmacy. She had heard from a speaker at a skincare clinic that I was having very good results in treating acne. Having had acne since her teenage years, the patient said she had tried “everything,” which included oral and topical antibiotics as well as Retin A. None of those treatments, she said, helped her acne or facial hair. She also reported symptoms of weight gain around her waste and hips and loss of scalp hair. Although I have recently found a lab that can measure a patient’s dihydrotestosterone (DHT) level specifically, the saliva test that I gave this patient did not measure the level of this hormone, one of the causes of acne. The test did, however, measure levels of testosterone and dihydroepiandrosterone (DHEAS), which both correlate with DHT level. The results of her saliva tests showed that her testosterone level was sky high at 90 pg/mL when the normal range is 20-50. Her DHEAS level was 21.1 ng/mL, (normal range 3-10). Her cortisol morning score was 8.7 ng/mL (normal range, 3-8), and her cortisol night level was within range at 1.2.

Severe Acne and Excess Facial Hair in a 35-year-old Woman

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Continued on reverse
Since February 2004, I have been using niacinamide 4% topical gel to treat acne with remarkable success. Of the 15 patients who have tried my niacinamide preparation, each has raved about it and refused it, reporting no side effects.

Before trying the niacinamide treatment, many of my acne patients had tried Benzac and said that it worked for a little while but then showed no results. Several of these acne patients said they did not want to take Acutane because of side effects, such as scarring. Niacinamide has made all of my clients with acne very happy, especially those whose acne showed resistance to antibiotics.

**What is Niacinamide 4% Topical Gel?**

Also known as nicotinamide (or nicotinic acid amide), niacinamide in a gel form has been reported to provide potent anti-inflammatory activity in acne, without inducing bacterial resistance. In one study, 76 patients with moderately to severely inflammatory acne vulgaris were divided into two groups; 38 received 4% niacinamide gel and the other 38 received 1% clindamycin twice daily. After 8 weeks, both treatments produced beneficial results, as follows: 82% of the patients treated with niacinamide gel and 68% treated with clindamycin had improvement in their acne. The authors concluded that 4% niacinamide gel was comparable to 1% clindamycin gel in efficacy and that niacinamide gel had the advantage of not inducing bacterial resistance. Niacinamide is a water soluble, B-complex vitamin that occurs as a white, odorless or practically odorless, crystalline powder. It has a bitter taste and is freely soluble in water and alcohol.

**References:**


**What is Acne?**

According to the American Academy of Dermatology, "acne" is the term for plugged pores (blackheads and whiteheads), pimples, and even deeper lumps (cysts or nodules) that occur on the face, neck, chest, back, shoulders, and even the upper arms. Acne affects most teenagers to some extent, but is not restricted to that age group; adults in their 20s—even their 40s—can get acne. While not a life-threatening condition, acne can be upsetting and disfiguring. When severe, acne can lead to serious and permanent scarring. Even less severe acne can lead to scarring.

**References:**


