HOW TO DEFINE ACNE MAINTENANCE AND WHAT COULD PREDICT MAINTENANCE THERAPY SUCCESS?

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INTRODUCTION

Maintenance therapy is necessary for many acne patients, as acne lesions have been shown to return after discontinuing a successful treatment regimen. While international guidelines recommend the use of topical retinoids for maintenance following initial combination treatment with an antimicrobial, to date, no formal definition of acne maintenance exists. Among the currently available topical retinoids, adapalene is best tolerated⁴ and therefore is a rational choice for maintenance therapy. Recently, a study was carried out to assess the effect of adapalene gel 0.1% compared to its vehicle in maintaining improvement of acne subjects who completed an initial adapalene-doxycycline combination therapy. Post-hoc analyses were performed to evaluate a possible relationship between demographic or baseline disease characteristics and maintenance therapy success, and to explore several acne maintenance definitions. The results are presented hereafter.

RESULTS

• A total of 253 patients were enrolled in the maintenance therapy study (54.5% male and 45.5% female, mean age 17.9 years, ranging from 13 to 35 years).
• No relationship of maintenance success with gender or race was observed.
• A total of 253 patients were enrolled in the maintenance therapy study.

MAINTENANCE THERAPY IS MORE SUCCESSFUL IN >20 YEAR-OLD PATIENTS

THE NUMBER OF TOTAL LESIONS AT BASELINE COULD PREDICT THE MAINTENANCE SUCCESS ON ALL LESION TYPES

<table>
<thead>
<tr>
<th>Lesion Type</th>
<th>N</th>
<th>Mean Total Lesion Count ± SD</th>
<th>50% Maintenance in Lesion Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>166</td>
<td>82.45 ± 30.05</td>
<td>75.43 ± 31.87</td>
</tr>
<tr>
<td>Inflammatory</td>
<td>159</td>
<td>83.05 ± 30.61</td>
<td>74.67 ± 29.77</td>
</tr>
<tr>
<td>Non-Inflammatory</td>
<td>163</td>
<td>83.01 ± 30.67</td>
<td>74.20 ± 29.59</td>
</tr>
</tbody>
</table>

It was demonstrated that the greater the number of total lesions before any treatment, the more effective the maintenance therapy on inflammatory, non-inflammatory, and total lesions.

METHODS

• In an initial, randomized, multicenter, parallel-group study, patients with severe facial acne vulgaris received doxycycline once-daily in the morning and either adapalene or adapalene gel vehicle once-daily in the evening for 12 weeks. At the end of the 12-week combination therapy, patients showing at least moderate improvement from baseline (50% improvement from baseline), were re-randomized to receive either adapalene 0.1% gel, or vehicle once-daily in the evening for 16 weeks of maintenance treatment period.
• The primary analysis had shown that, at Week 28, the maintenance success rate, defined as the percentage of patients maintaining 50% of the improvement obtained with the prior combination therapy, was significantly superior with adapalene than with the vehicle (p<0.05). Since no definition of assessment acne criteria such as relapse or maintenance exists in clinical trials, we defined our criterion based on the definition of psoriasis relapse as proposed by a medical advisory group (in maintenance of ≥ 50% improvement).⁵

WHOEVER THE DEFINITION OF MAINTENANCE, ADAPALENE WAS SIGNIFICANTLY BETTER THAN THE VEHICLE AFTER 16-WEEK MAINTENANCE TREATMENT

EFFECT OF 16 WEEKS OF MAINTENANCE THERAPY WITH ADAPALENE GEL 0.1% FOLLOWING A 12 WEEK COMBINATION THERAPY WITH ADAPALENE GEL 0.1% PLUS DOXYCYCLINE ON SEVERE FACIAL ACNE LESIONS

CONCLUSIONS

• Adapalene 0.1% gel maintenance therapy was more effective in patients above 20 years and in more severe acne.
• Whatever the definition of maintenance, adapalene 0.1% gel proved significantly better than its vehicle in maintaining the acne improvement obtained with the prior combination treatment.

REFERENCES