

COSMETIC ROUTINE IN MILD TO MODERATE ACNE: A VISUAL EVIDENCE OF BENEFIT IN ALL SKIN PHOTOTYPES OVER 2 MONTHS OF USE

Frédéric Flament¹, Elodie Prestat-Marquis², Philippe Martel³, Guenaëlle Le Dantec⁴, Ann'Laure Demessant⁴, Margot Niore⁴, Jerry Tan⁵

¹L'Oréal Research and Innovation, Clichy, France, ²Newtone Technologies, Lyon, France, ³Nice, France, ⁴La Roche-Posay Laboratoire Dermatologique, Levallois-Perret, France, ⁵Western University, Department of Medicine and Windsor Clinical Research Inc, Windsor, ON, Canada

INTRODUCTION

Dermocosmetics (DC) are increasingly recognized as an integral part of acne management. DC minimize the side effects of acne treatments, provide synergistic effects by improving the efficacy of other treatments, and limit exposure to environmental factors such as ultraviolet radiation.^{1,2} In choosing the right DC, it is important to consider certain aspects such as the interaction between skin type and the DC, the optimal time and method of cleaning and the cosmetic perception.³ Moreover, DC such as cleansers and leave-on products are more and more frequently proposed to subjects with mild-to-moderate acne.^{4,5} The tested DC regimen comprised a foaming cleansing gel for greasy skin with a tendency to acne and an anti-perfection gel, penetrating easily into the skin and reducing red or brownish spots.

OBJECTIVES

This study assessed in all skin phototypes the benefit and local tolerance of a dermocosmetic routine care used as a standalone solution for mild to moderate acne

MATERIALS & METHODS

The study was conducted at two sites in Poland and Mauritius. Adults and adolescents and with at least 15 non-inflammatory and 7 inflammatory lesions on the face and of any phototype used the DC regimen twice daily for 8 weeks.⁶ Clinical evaluations assessed acne severity using the GEA scale and the acne lesion count as well as local tolerance at week 4 and week 8. Clinical signs assessed by the investigator included erythema, oedema, dryness, desquamation and roughness, patients self-assessed the severity of tightness, stinging, itching, warming and burning sensation. The clinical benefit was evaluated by the dermatologist and using skin imaging tools.

RESULTS

In total, 87 subjects were included, 60% were females; the mean age was 19±1.0 years.

Adults (n= 41) and adolescents (N=46) with mild (N=55) to moderate (N=45) facial acne (GEA acne score 2 or 3) were recruited; 55% had a GEA score of 2 while 45% had a score of 3. The main phototype was II (28%); the distribution is given in Figure 1. 63% had a greasy skin, and 87% had no sensitive skin. The severity of acne had improved in 25% of all subjects after 4 weeks; this percentage increased to 59% after 8 weeks. Up to 60% had at least one grade improvement observed. The total acne lesion count had decreased by 20% at week 4 and by 34% at week 8. The decrease was even more important for the inflammatory lesion count with a decrease of 31% at week 4 and of 52% at week 8 while, the non-inflammatory lesion count was decreased by 16% at week 4 and by 28% at week 8. All percent changes were statistically significant (p<0.05). Figure 2 shows visually acne improvement over time in 6 patients with phototypes from I to VI. Overall DC regimen was well tolerated according to the dermatologists, 93% of patients had no clinical signs (erythema, oedema, dryness, desquamation or roughness) and 69% of the patients reported no symptoms (tightness, stinging, itching, warming or burning sensation).

Figure 1

PHOTOTYPE DISTRIBUTION

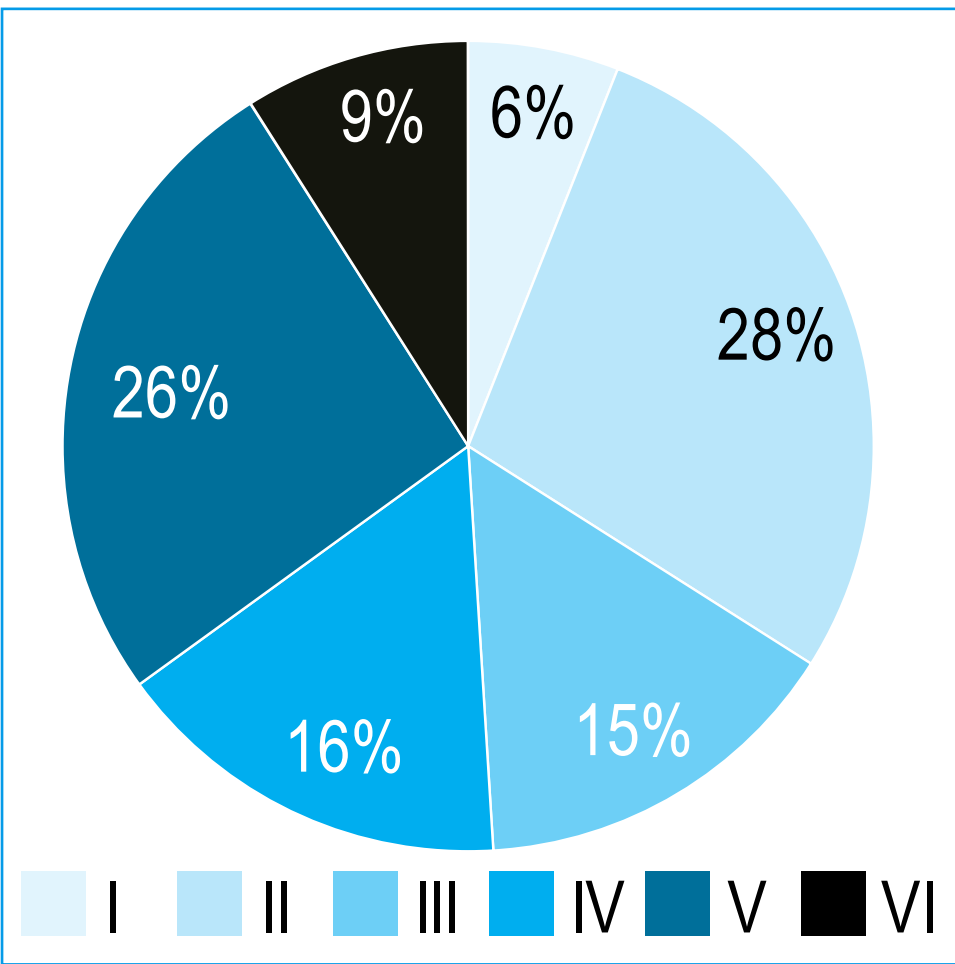
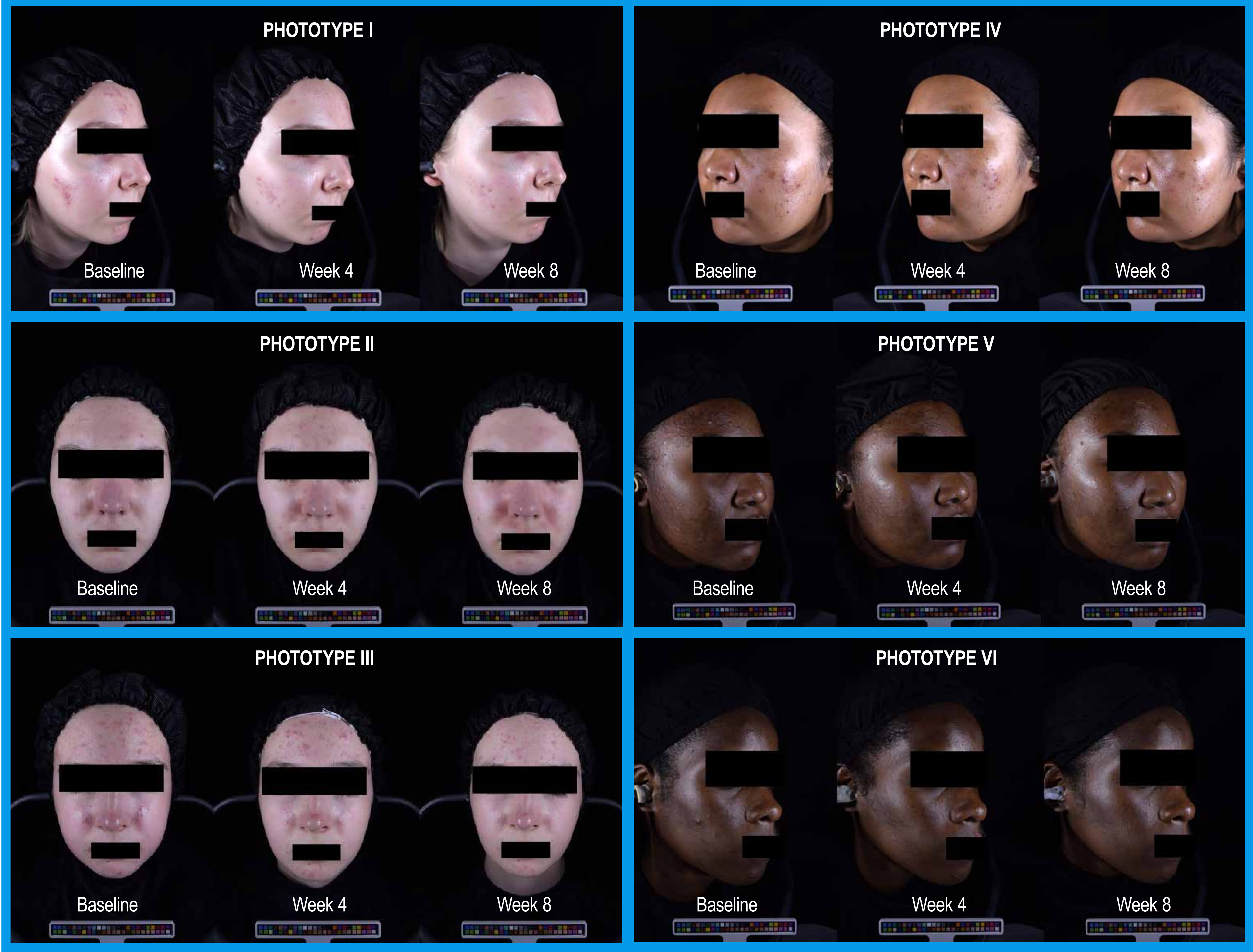


Figure 2

PHOTOTYPES



DISCUSSION

This study confirms the benefit of a cosmetic routine care associating a cleanser and an anti-acne topical after 8 weeks of use, with a high control of acne and a clinically significant efficacy across all 6 phototypes. The routine care was well tolerated and has no comedogenic properties.

Funding

This study was funded by La Roche-Posay Laboratoire Dermatologique, France.

Acknowledgments

The authors acknowledge the editing assistance of Karl Patrick Göritz, SMWS France and the art work of Dominique Poisson, France.

References

- Araviiskaia E, Lopez Estebarez JL, Pincelli C. Dermocosmetics: beneficial adjuncts in the treatment of acne vulgaris. *J Dermatolog Treat.* 2021;32(1):3-10.
- Goh CL, Noppakun N, Micali G, Azizan NZ, Boonchai W, Chan Y, et al. Meeting the Challenges of Acne Treatment in Asian Patients: A Review of the Role of Dermocosmetics as Adjunctive Therapy. *J Cutan Aesthet Surg.* 2016;9(2):85-92.
- Conforti C, Giuffrida R, Fadda S, Fai A, Romita P, Zalaudek I, et al. Topical dermocosmetics and acne vulgaris. *Dermatol Ther.* 2021;34(1):e14436.
- Dréno B, Araviiskaia E, Kerob D, Andriessen A, Anfilova M, Arenbergerova M, et al. Nonprescription acne vulgaris treatments: Their role in our treatment armamentarium-An international panel discussion. *J Cosmet Dermatol.* 2020;19(9):2201-11.
- Poli F, Auffret N, Claudel JP, Leccia MT, Dréno B. AFAST: an adult female acne treatment algorithm for daily clinical practice. *Eur J Dermatol.* 2018 Feb 1;28(1):101-103.
- Dréno B, Poli F, Pawin H, Beylot C, Faure M, Chivot M, et al. Development and evaluation of a Global Acne Severity Scale (GEA Scale) suitable for France and Europe. *J Eur Acad Dermatol Venerol.* 2011;25(1):43-8.