

**TRAINING THE CORE TRAINERS ON CLINICAL PRACTICE GUIDELINES (CPG)
MANAGEMENT OF ACNE
1 OCTOBER 2012
AUDITORIUM DERMATOLOGI, HOSPITAL KUALA LUMPUR**

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***The content of this Training Module is subject to changes when it is deemed necessary to do so base on the feedback from the target users.**

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INTRODUCTION

The Clinical Practice Guidelines (CPG) Management of Acne was published in --- 2011. Quick Reference (QR) and Training Module (TM) are developed to increase the utilisation of these CPG. TM for CPG Management of Acne has been developed by the members of Development Group of CPG. The content of the TM are extracted from the main CPG. It may be reproduced and used for educational purposes but must not be used for commercial purposes or product marketing.

OBJECTIVES

- To actively disseminate and train the healthcare providers to practice on what have been recommended in the main CPG. It may also be used for educational purpose in the management of acne in any healthcare settings in Malaysia.
- To assist the ‘trainers’ in delivering all of the components relating to the implementation of the CPG systematically and effectively.

TARGET USERS

All healthcare providers involved in the management and care of patient with acne in primary, secondary and tertiary health care settings

This document contains a Training Module booklet and a CD-ROM on:

- Introduction, objectives, target users, authors and instructions for use
- Proposed training programme/schedule
- Test questionnaire
- 6 lecture notes (in **PPT**)
- 3 case discussions/case studies (in **PPT**)

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AUTHORS

Datin Dr. Asmah Johar
Head of Department &
Senior Consultant Dermatologist
Hospital Kuala Lumpur

Dr. Chang Choong Chor
Consultant Dermatologist
Hospital Kuala Lumpur

Assoc. Prof. Dr. Leelavathi Muthupalaniappen
Lecturer & Consultant Family Medicine Specialist
Pusat Perubatan Universiti Kebangsaan Malaysia

Dr. Lee Yin Yin
Senior Lecturer, Dermatologist &
Consultant Physician
Pusat Perubatan Universiti Malaya

Ms Lui Wei Qi
Pharmacist
Hospital Kuala Lumpur

Ms Mariammah Krishnasamy
Scientific Officer
Medical Device Control Division
Ministry of Health

Dr. Ng Ting Guan
Consultant Dermatologist
Hospital Kuala Lumpur

Dr. Noor Zalmy Azizan
Consultant Dermatologist
Hospital Kuala Lumpur

Dr. Norraliza Md. Zain
Family Medicine Specialist
Klinik Kesihatan Kuala Selangor

Dr. Siti Irma Fadhilah Ismail
Lecturer & Clinical Psychologist
Faculty of Medicine & Health Science
Universiti Putra Malaysia

Dr. Zahara Abdul Manaf
Lecturer & Dietitian
Faculty of Health Sciences
Universiti Kebangsaan Malaysia

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First published June 2012
CPG Secretariat
Health Technology Assessment Section
Medical Development Division
Ministry of Health, Malaysia
4th Floor, Block E1 Parcel E, 62590 Putrajaya
E-mail: htamalaysia@moh.gov.my

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INSTRUCTIONS FOR USE

This Training Module consists of:

- i. Lecture notes - six sections
- ii. Case discussions - three sections
- iii. Training programme/schedule
- iv. Test questionnaire

(A booklet and a CD on this Training Module are enclosed together)

The training should be conducted in one day consisting of two parts. In part 1, didactic lectures are delivered to the whole group of training participants to inculcate the understanding on the management of patient with cancer pain. In Part 2, participants are grouped into smaller groups to deliberate on cases of acne with assigned facilitator. In both parts, there should be active participation from the training participants for effective learning.

The test questionnaire must be given to the training participants before the training session starts (pre-test) and after it ends (post-test). The pre-test is to assess the level of knowledge and understanding of training participants in the management of patient with acne. The post-test is to ascertain the increase in the training participants' knowledge after attending the training session.

Should the trainers have any queries, kindly forward to htamalaysia@moh.gov.my

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PROPOSED TRAINING SCHEDULE

Time	Activity	Lecturers
0800 – 0815	Registration	
0815 – 0830	Opening & Pre-test	
0830 – 0900	Introduction, Epidemiology & Pathophysiology	
0900 – 0930	Risk & Aggravating Factors	
0930 – 1000	Clinical Assessment	
1000 – 1020	Morning Tea	
1020 – 1120	Topical Treatment	
1120 – 1220	Systemic Treatment & Antibiotic Resistance	
1220 – 1400	Lunch	
1400 – 1430	Maintenance Therapy & Physical Therapy & CAMS & Referral	
1430 – 1530	Case Discussions	
1530 – 1630	Q&A Session & Post-test	
1630 – 1700	Evening Tea & End	

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TEST QUESTIONNAIRE

Answer all questions by circling the right answers.

No.	Question	Answer	
		True	False
1.	The following statements are true of acne.		
	a. Acne does not need medical attention.	T	F
	b. The prevalence of acne in Asian country is lower than European countries.	T	F
	c. Comedones can occur as early as 7 years old.	T	F
	d. There is no emergency situation for acne referral.	T	F
	e. Patients can be referred to a dermatologist for moderate acne not responding to oral antibiotic or hormonal therapy.	T	F
2.	A 14-year-old boy presents with multiple pustules, inflammatory lesions & closed comedones on his face & shoulders. His BMI is 30 kg/m².		
	a. A family history of similar lesions is relevant.	T	F
	b. Avoidance of fried foods would improve the lesion.	T	F
	c. Obesity is a risk factor to develop acne.	T	F
	d. His younger sister has a lower risk for developing similar lesions.	T	F
	e. Smoking could worsen his lesions.	T	F
3.	A 17-year-old girl was diagnosed with acne 4 months ago. What dietary advice can be given to her?		
	a. Substitute white rice with basmati rice.	T	F
	b. Increase consumption of foods high in fibre.	T	F
	c. Avoid instant oats.	T	F
	d. Limit ice-cream intake.	T	F
	e. Limit sugary drink such as <i>teh tarik</i> .	T	F
4.	The following statements are true on antibiotic resistance & classification of acne.		
	a. Acne is diagnosed clinically.	T	F
	b. Severity of acne is based only on the site of involvement.	T	F

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No.	Question	Answer	
		True	False
	c. Assessing severity of acne by counting technique is easily used in clinical setting.	T	F
	d. Resistance rate to doxycycline in acne treatment is the highest worldwide.	T	F
	e. Resistance to antibiotic in acne treatment must be confirmed with microbiological test.	T	F
5.	The following statement(s) is/are true regarding topical therapy for acne.		
	a. Topical tretinoin is an effective monotherapy for mild acne.	T	F
	b. Topical benzoyl peroxide (BPO) is less effective than topical retinoid for mild & moderate inflammatory acne.	T	F
	c. Topical BPO 10% causes higher incidence of irritation as compared to topical BPO 2.5% & 5%.	T	F
	d. Topical adapalene can be used in patients who are unable to tolerate topical tretinoin due to local irritation.	T	F
	e. Topical azelaic acid is as effective as topical adapalene in reducing inflammatory & non-inflammatory acne lesions.	T	F
6.	The following statement(s) is/are true regarding topical antibiotics for acne.		
	a. Topical antibiotics can be used as monotherapy for moderate acne.	T	F
	b. Topical antibiotics are less effective than topical retinoids in acne with predominantly comedones.	T	F
	c. Topical clindamycin is much more effective than topical erythromycin in reducing inflammatory acne lesions.	T	F
	d. Adverse effects of topical antibiotics are generally mild & transient.	T	F
	e. Topical dapsone is absolutely contraindicated in patients who have G6PD deficiency.	T	F
7.	The following is true regarding acne vulgaris.		
	a. Fixed combination of topical clindamycin/benzoyl peroxide is more effective than either agents used alone.	T	F
	b. Oral minocycline is safe to be used during pregnancy.	T	F

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No.	Question	Answer	
		True	False
	c. Oral antibiotics are normally prescribed for one year.	T	F
	d. Combined oral contraceptives that contained cyproterone acetate (CPA) improve acne better than those with levonorgesterol & desogestrel.	T	F
	e. Oral isotretinoin can only be used in nodulocystic acne.	T	F
8.	An 18-year-old girl was diagnosed with acne three months ago. She was prescribed oral doxycycline, topical adapalene & topical benzoyl peroxide with significant reduction in acne eruption. What will be the next course of management?		
	a. Stop all medications as there is minimal eruption.	T	F
	b. Stop oral antibiotics, but continue with both topical treatments.	T	F
	c. Stop oral antibiotics & start on topical antibiotics.	T	F
	d. Maintain topical adapalene as monotherapy.	T	F
	e. Continue oral antibiotics but stop both topical treatments.	T	F
9.	The following statements are true regarding acne vulgaris.		
	a. The mainstay of maintenance treatment is oral antibiotic.	T	F
	b. There is systemic absorption & adrenal suppression with intralesional corticosteroid injection in doses >15 mg per session.	T	F
	c. Commonly used peeling agents include glycolic acid & salicylic acid.	T	F
	d. There is sufficient evidence to recommend complementary & alternative medicines for the treatment of acne.	T	F
	e. Urgent referral to a psychiatrist is required if patient exhibits suicidal behaviour.	T	F
10.	Regarding Quality of Life (QoL) in patients with acne:		
	a. QoL generally correlates with acne severity.	T	F
	b. QoL should be assessed in patients with acne as it may affect adherence to treatment.	T	F
	c. Age is a predictive factor of QoL impairment	T	F

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No.	Question	Answer	
		True	False
	d. Patients with acne may require screening for depression.	T	F
	e. Acne may impair self-esteem.	T	F

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ANSWERS FOR TEST QUESTIONNAIRE

Question		Answers	Question		Answers	Question		Answers
1.	a.	F	5.	a.	T	8.	a.	F
	b.	T		b.	F		b.	T
	c.	T		c.	T		c.	F
	d.	F		d.	T		d.	T
	e.	T		e.	T		e.	F
2.	a.	T	6.	a.	F	9.	a.	F
	b.	F		b.	T		b.	T
	c.	T		c.	F		c.	T
	d.	F		d.	T		d.	F
	e.	T		e.	F		e.	T
3.	a.	T	7.	a.	T	10.	a.	T
	b.	T		b.	F		b.	T
	c.	F		c.	F		c.	T
	d.	T		d.	T		d.	T
	e.	T		e.	F		e.	T
4.	a.	T						
	b.	F						
	c.	F						
	d.	F						
	e.	F						