Numerous myths prevail when it comes to treating skin conditions in the pediatric and adolescent populations, and many of these false beliefs get in the way of achieving clear, healthy skin. If we aren’t aware of patient misperceptions—and address them—then our treatment strategies could be stifled.

Here, I will debunk some of the more common misconceptions, starting with acne myths. Awareness of patient perceptions can be critical to providing education and guidance.

**DEBUNKING ACNE MYTHS**

**Myth:** Acne always goes away on its own.  
**Fact:** Unfortunately, some forms of acne require treatment. Just waiting for acne to go away increases the risk for scarring. New evidence from the Phase 4 OSCAR Trial shows that the earlier you intervene in acne, the lower the risk for scarring.

**Myth:** Acne is caused by dirty skin.  
**Fact:** There are multiple causes of acne. The more we learn about its pathogenesis, the more we realize that it is fundamentally a disease of inflammation with an imbalance of inflammatory cytokines combined with a pore that gets blocked by sticky keratin and fills with sebum and bacterial overgrowth. Acne is not caused by dirty skin.

Blackheads are not caused by dirt. They are open comedones and represent the formation of a keratin plug in a follicular ostia.

**Myth:** Exfoliating with strong scrubs can help clear acne.  
**Fact:** Acne-prone skin is sensitive, and using harsh scrubs and abrasives will further irritate the skin and worsen acne. Using the right active ingredients combined with gentle cleansers and non-acnegenic moisturizers is the best approach to clear acne.

**Myth:** Popping pimples is an effective strategy.  
**Fact:** Not true. Popping pimples often results in a more visible blemish. The process can further inflame the skin and lead to redness and swelling, making the spot more visible until it resolves. Patients should know it is best to treat the active acne with a plan devised by their board-certified dermatologist and leave those pesky pimples alone.

**Myth:** Isotretinoin will lead to suicidal ideation.  
**Fact:** While there was anecdotal evidence suggesting that individuals taking isotretinoin may face increased risk for depression, the best current studies on the drug have not shown such a link. We do know that numerous studies have shown that having acne can lead to depression, anxiety, or both.

**Myth:** Isotretinoin is a cure for acne.  
**Fact:** This is almost true. There is no actual cure for acne, but isotretinoin, when taken in the correct dose for the proper duration of time, addresses all of the common mechanisms underlying acne breakouts and provides excellent long-term improvements for patients.

Dermatologists know the facts about acne and atopic dermatitis, but pediatric patients and their families may not. It’s important to be aware of and address myths among pediatric patients, including the false belief that acne may go away on its own or that atopic dermatitis is just a nuisance. Dermatologists can educate patients that the earlier they implement effective therapy, the better their results may be.
DEBUNKING ATOPIC DERMATITIS (AD) MYTHS

Myth: AD is contagious.
Fact: Absolutely false. AD is an inflammatory skin disease that is in no way contagious.

Myth: AD is just a nuisance condition.
Fact: This is totally untrue. AD’s impact on quality of life is significant, and we are continuing to accumulate data that show how devastating this condition can be for both adults and children.

Myth: Diet causes AD.
Fact: Not true. AD is an inflammatory skin condition characterized by a cytokine imbalance and a disrupted epidermal barrier function. It is not a food allergy. Confusion may arise from new understanding about diet and sensitization.

Myth: Steroid creams are too risky for kids.
Fact: Not true. We are fortunate to have many tools to treat AD, and one of the most important is a topical steroid. The key is to pick the correct potency, correct vehicle, and correct duration of use.

Myth: It’s impossible to prevent the atopic march.
Fact: Epidermal barrier function, specifically the processing of antigens, seems to be of importance in the development and progression of AD and the atopic march. Emerging evidence suggests that early intervention aimed at improving and preserving skin barrier function may improve long-term outcomes for AD.

Jeffrey Fromowitz, MD is a dermatologist at Dermatology of Boca in Boca Raton, FL.

Acne Scarring by the Numbers

43% Proportion of patients in a recent survey (1,972 subjects; 120 investigators) who had acne scarring.

69% Proportion of subjects with acne scars and mild or moderate acne at time of visit.

4 Main Risk Factors Correlated with Acne Scarring: Acne severity, time between acne onset and first effective treatment, relapsing acne, and male gender.


WATCH NOW: MULTITARGETED ACNE TREATMENT

Joshua Zeichner, MD says that the best approaches to acne management continue to be those that target more than one aspect of the disease. To learn more, watch now: PracDerm.com/TargetAcne