Moisturizer Use Enhances Facial Tolerability of Tazarotene 0.1% Cream Without Compromising Efficacy in Patients With Acne Vulgaris

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INTRODUCTION

The use of any topical retinoid can involve a period of "retinization" in the first few weeks of treatment while the skin is adapting to the retinoid. During this time, patients experience transient increased dryness, redness, burning, and other increased irritation symptoms. These symptoms have been linked to decreased patient compliance and, ultimately, efficacy. Importantly, retinoid effects can be immediate, and it is important to monitor patients closely to ensure they understand the expected tolerability. Optimal treatment regimens are essential to ensure treatment compliance and, ultimately, efficacy. In particular, the use of moisturizers with retinoids seems to be an effective solution to enhance facial tolerability of topical retinoids. However, we still need to demonstrate the clinical benefit and efficacy of retinoids when combined with moisturizers in patients with facial acne vulgaris.

METHODS

Study design

A multicenter, investigator-blind, randomized study of patients with facial acne vulgaris to compare the efficacy and tolerability of tazarotene 0.1% cream alone with tazarotene 0.1% cream plus moisturizer.

Key inclusion criteria

• 15-100 comedones
• Participation in investigational drug study in preceding 30 days
• Skin disease or disorder that might interfere with the diagnosis or evaluation
• At least 15% reduction in lesion count within the previous 3 months
• Mean levels of compliance were between "very compliant" and "very compliant" in both groups throughout the study. There were no significant between-group differences in the degree of patient compliance. (Figure 3)

Key exclusion criteria

• More than 30 comedones
• Active skin disease or disorder
• In the tazarotene plus moisturizer group, patients were instructed to apply the moisturizer use was significantly greater in the tazarotene + moisturizer group (Figure 5). The mean level of moisturizer use was significantly different between the two groups at 0.5 (p=0.001). The mean level of moisturizer use was significantly different between the two groups at 0.5 (p=0.001).

RESULTS

Patients

116 patients were randomized to either use of the tazarotene regimens (22 comedones alone, 85tazarotene + moisturizer, and 0.1% concentration). The mean level of moisturizer use was significantly different between the two groups at 0.5 (p=0.001). The mean level of moisturizer use was significantly different between the two groups at 0.5 (p=0.001).

Efficacy

The reduction in lesion counts between tazarotene + moisturizer was significantly better than with tazarotene alone at 0.01% (p<0.001). The mean level of moisturizer use was significantly different between the two groups at 0.5 (p=0.001).

Satisfactory reduction in lesion counts was significantly better with tazarotene + moisturizer than with tazarotene alone, with the difference being significant between the two groups at 0.5 (p<0.001).

Tolerability

Moisturizer use was significantly greater in the tazarotene + moisturizer group (Figure 5). The mean level of moisturizer use was significantly different between the two groups at 0.5 (p=0.001).

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FIGURE 1

Figure 3. Mean reduction in papule plus pustule count.

Figure 5. Moisturizer use in tazarotene + moisturizer group.

Figure 7. Mean erythema index.

Figure 9. Mean burning index.

REFERENCES


DISCLOSURES

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