

Adult Acne on Rise as Women Age and Hormones Kick In



Meredith Modzelewski of Brooklyn, N.Y., is 28 and still dealing with acne on her face, chest and back, a condition she thought she would outgrow after high school.

"I will probably deal with it the rest of my life until after menopause, if my mother's dermatological trajectory is any indication," she said. Modzelewski's mother was still battling pimples in her 40s.

Tara Kennedy-Kline, 42, of Hamburg, Pa., said her acne only recently emerged.

"I never had acne in my entire life until I hit 40," said Kline, the CEO of a toy company. "It's making me crazy. At the time in my life when I became most committed to getting my teen body back, I never imagined the universe would give me the complexion of one."

As the American Academy of Dermatology (AAD) convenes for its annual meeting in San Diego today, doctors say adult-onset acne is on the rise in women over the age of 25, as well as those well into their 40s and 50s.

One self-reported survey from the University of Alabama, published in 2008, found that acne affects more than 50 percent of women between the ages of 20-29 and more than 25 percent between the ages of 40-49.

Another clinical survey from Massachusetts General Hospital, published in 2011, revealed 45 percent of women 20-29 and 12 percent of women 41-50 had acne.

"That's still significant," said Dr. Bethanee Jean Schlosser, who will deliver a paper on the role of hormones in adult-onset acne today at the AAD meeting.

Women are also disproportionately affected, compared with men, according to Schlosser, who is assistant professor of dermatology at Northwestern University's Feinstein School of Medicine.

Though not life-threatening, acne can be painful and psychologically humiliating, according to sufferers.

"Just last week I had a huge pimple on the tip of my nose and I was incredibly embarrassed to show my face in public," said Angela Betancourt, a 29-year-old writer from Miami. "Not only does my job involve a lot of networking, I am also a very social person and enjoy attending events in my city."

The reasons for the numbers of adult cases are unclear and probably multi-factorial, according to Schlosser.

"Women have more knowledge about treatments out there," she said. "They know they don't have to suffer in silence. And physicians have better armaments available."

But one significant factor is the role hormones play, she said. As women age, their levels of androgens [the male hormone that is present in both men and women] rise.

These hormones can influence excess sebum or oil gland production as well as increase the rate at which skin cells shed, which can clog hair follicles.

Women with adult acne should be tested for androgen levels, according to Schlosser, particularly if they have excess body hair, deepening voice or irregular or infrequent menstrual periods.

Hormone treatments such as oral contraceptives, which decrease androgen production, as well as the anti-androgen medication spironolactone can be helpful, but patients must be carefully monitored for underlying health problems.

"It's important for patients to understand that there are no quick fixes, and none of the therapies used to treat acne work overnight," said Schlosser.

In addition to hormones, doctors can prescribe topical and oral medications, as well as cortisone injections.

Doctors Caution Pregnant Women

Dr. Gary Goldenberg, assistant professor of dermatology and pathology at Mount Sinai School of Medicine, said women in their childbearing years must be particularly careful about using oral and topical retinoids, which are commonly used and highly effective.

"They are not safe, and an important question to ask a female patient is if she is pregnant or planning to have a baby or breastfeed," he said.

"Some of the scientific evidence is that it can harm the fetus or the baby of a nursing mother. Even though the medicine may be safe, do you really want to take a chance?"

He advises patients to go off oral retinoids a month before planning a pregnancy, two months beforehand with oral therapies.

"The question is, what will happen to my acne once I am pregnant or nursing?" said Goldenberg. "Basically, we don't know the answer."

About a third of patients stay the same, a third get better and a third get worse, he said.

One promising new treatment is the use of blue light. Once a week for six to eight weeks, a patient sits in a machine with goggles to protect their eyes as the visible light penetrates the skin and eventually dries out the acne.

One of Goldenberg's patients, who is pregnant, has had remarkable results.

A 29-year-old medical fundraiser from New York, Lucy started noticing her acne when she was in her 20s.

"The biggest challenge for me is I am fair-skinned," said Lucy, not her real name. "I happen to have the cystic type and it leaves a pink mark on my skin that can literally take years to go away."

"When you have one or two, it's not that bad. But when it happens every month, it leaves marks on the skin."

Twice, she was treated with the retinoid Acutane, and it helped clear her skin, but when she decided to start a family, she had to find an alternative treatment.

"I did six sessions of blue light therapy and it's been quite dramatic," she said.

Not surprisingly, the most common patients Goldenberg sees in his practice are adult women. "We are doing a survey on adult acne and we needed 100 patients and it didn't take long," he said.

The statistics represent a great frustration to women like Lucy. "In your 30s, you think you should be done with this," she said.

Diane Lang, a 42-year-old education counselor from Morris County, N.J., agrees.

"I have tried creams, gels, antibiotics and even blue light and now I'm doing peels and laser," she said. "At my age, you don't expect acne. I feel like we have enough to worry about with gray hair, wrinkles, changes in our body and now acne. It's horrible."