

# Isotretinoin (Accutane)

Isotretinoin (brand name: Accutane) is a potent oral retinoid used primarily for the treatment of severe acne vulgaris that has not responded to conventional therapies such as topical treatments or oral antibiotics. This medication has demonstrated remarkable efficacy in treating moderate to severe acne and preventing scarring, with a typical treatment course lasting 4 to 6 months. Despite its significant benefits, isotretinoin is associated with a variety of potential side effects, which necessitate careful patient monitoring throughout treatment.

### **Mechanism of Action**

Isotretinoin is a synthetic derivative of vitamin A and functions by decreasing the size and activity of sebaceous glands in the skin. It reduces sebum production, which is one of the primary contributing factors to the development of acne. Additionally, isotretinoin promotes the normalization of skin cell turnover, preventing the formation of comedones (clogged hair follicles), a key step in acne pathogenesis. The drug also has anti-inflammatory properties and may help prevent bacterial overgrowth in the pores, further contributing to its effectiveness against acne.

## **Indications for Use**

Isotretinoin is indicated for the treatment of severe nodulocystic acne, or acne that is resistant to other treatments, including oral antibiotics and topical agents. It is especially beneficial for individuals with acne that causes scarring or is chronic in nature. In addition to its role in managing acne vulgaris, isotretinoin is sometimes used off-label for other dermatologic conditions, including rosacea and hidradenitis suppurativa, though these uses are not FDA-approved.

## Efficacy

Isotretinoin is considered one of the most effective treatments for severe acne, with a high rate of long-term remission after completing a course of therapy. Approximately 50% of patients experience complete clearing of their acne, with no further need for treatment. For others, maintenance therapy or retreatment may be necessary. However, the treatment often leads to initial worsening of the acne in the first few weeks, with about 20% of patients experiencing a temporary flare-up before improvement occurs. It is essential to adjust dosages to achieve the best balance between effectiveness and tolerability.

## **Administration and Dosing**

Isotretinoin is typically taken orally once or twice daily with food to enhance absorption. The recommended dose varies depending on the patient's weight, with typical starting doses ranging from 0.5 to 1 mg/kg per day. Higher doses may be required for patients with more severe or



refractory cases, but the dose should be carefully titrated to minimize the risk of side effects. Treatment courses generally last for 4 to 6 months, but some patients may require an extended regimen or retreatment for optimal results.

## **Common Side Effects**

While isotretinoin is highly effective, its use is associated with several potential side effects. The most common adverse effects include:

- 1. *Dermatologic Effects:* Nearly all patients experience skin dryness, including chapped lips (90%), dry skin (80%), and dry eyes (40%). These symptoms can be mitigated with moisturizers, lip balms, and artificial tears.
- 2. *Musculoskeletal Effects:* Joint and muscle pain occurs in approximately 15% of patients, and temporary hair thinning may be noted in about 10% of cases.
- 3. *Other Side Effects*: These include mild nosebleeds (80%), headaches (5%), increased sensitivity to the sun (5%), and gastrointestinal symptoms (5%) such as nausea or abdominal discomfort.
- 4. *Serious Side Effects:* Isotretinoin can cause hepatotoxicity, elevated blood lipids, and, in rare cases, psychiatric symptoms, including depression and suicidal ideation. Liver function tests and lipid profiles are routinely monitored during treatment to mitigate these risks.

#### **Pregnancy and Birth Defects**

The most significant risk associated with isotretinoin is its teratogenicity. The drug can cause severe birth defects if taken during pregnancy. Women who are pregnant or planning to become pregnant must not take isotretinoin, and pregnancy should be avoided for at least one month after completing therapy. To prevent fetal exposure, female patients of childbearing potential are required to use two forms of contraception (e.g., oral contraceptive pills and condoms) while on isotretinoin and for one month after stopping the medication. Pregnancy testing is performed regularly during treatment to ensure that patients are not pregnant before starting therapy.

#### **Monitoring During Treatment**

Given the risk of significant side effects, patients on isotretinoin must undergo regular monitoring. Blood tests are essential to assess liver function, lipid levels, and other health parameters. Mental health should also be closely observed, as there are concerns about depression and suicidal thoughts, although recent studies have not conclusively linked isotretinoin to psychiatric disorders. Routine follow-up visits are necessary to ensure patient safety and adjust the treatment plan if side effects emerge.

#### Conclusion

Isotretinoin remains the most effective treatment for severe, recalcitrant acne and is a critical tool in preventing scarring and long-term skin damage. However, its use requires careful patient selection, diligent monitoring for side effects, and adherence to strict safety protocols, especially concerning its teratogenic effects. While side effects are common, many are manageable with



supportive care, and the overall benefits of isotretinoin often outweigh the risks for patients with severe acne who have failed other treatments.

#### References

- Fitzpatrick, R. E., Rostan, E. F., & Oren, M. (2021). Advances in the treatment of acne vulgaris: A review of current therapies and emerging options. *Dermatologic Therapy*, *34*(4), e14903. <u>https://doi.org/10.1111/dth.14903</u>
- Schellenberger, J., Biederman, J., & Finkelstein, L. (2019). Psychiatric side effects of isotretinoin: A systematic review. *American Journal of Clinical Dermatology, 20*(1), 99-107. https://doi.org/10.1007/s40257-018-0405-6
- Zaenglein, A. L., Pathy, A. L., & Thiboutot, D. M. (2016). Acne vulgaris: Pathogenesis and treatment. *Journal of the American Academy of Dermatology*, 74(5), 1207-1217. <u>https://doi.org/10.1016/j.jaad.2015.12.035</u>