

Isotretinoin: and Honest Appraisal

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12/6/2014

Keywords: acne, isotretinoin, Accutane, pregnancy, depression, bowel disease, safety, IBS, iPledge

In medical school, I was taught that every new drug goes through three stages. At first it's a panacea (a cure-all); over time, side-effects are noted and it is considered a poison; finally, it is pedestrian (something one can use, neither amazing nor horrendous).

I started prescribing isotretinoin when it was first approved for use in 1982. Since then, there has been no time during my career when I had I have not had patients taking the drug. This medication has revolutionized the treatment of acne and is responsible for the fact that we see far fewer cases of severe disfiguring cystic acne today than we did prior to its approval.

I would like to share some of my observations over the past 32 years of prescribing this drug.

If one follows well-defined guidelines, isotretinoin can be used safely and with great efficacy. The main risk of the drug is that it causes birth defects if it is taken by a woman who is pregnant. After a woman stops isotretinoin, and waits at least a month becoming pregnant it will not cause birth defects. For this reason, the iPledge program was established. There are no other common serious side-effects of this drug.

iPledge: <https://www.ipledgeprogram.com/Default.aspx>

What can a patient who takes isotretinoin, expect?

1. Almost all patients on isotretinoin will experience dry lips and drier than normal skin. This especially affects the mucous membranes of the nose. This is usually not a game changer for most patients. Some patients develop a dry rash on their arms or elsewhere. Use of a moisturizer may help.
2. Some patients will experience a rise in the serum triglycerides, one of the fats in the blood. Base-line lipids are measured before starting the medication and repeated periodically. Familial hypertriglyceridemia is a risk factor for this as well as drinking alcohol, especially beer, and a diet rich in

carbohydrates.

3. Those who research isotretinoin on the web will see anecdotal reports of an association of depression and inflammatory bowel disease in some patients. There are few studies that document these and more studies that have been done which have not confirmed these links. Those patients with a history of depression, psychiatric disease or intestinal problems should discuss this with their dermatologist. If this concerns you, here are some references.

Isotretinoin and Depression: “Consideration of the limited data available suggests that the incidence of depression and suicide during isotretinoin therapy may be no greater than the background incidence in persons not taking this medication. A causal relationship has not been demonstrated.”
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1463189/>

Isotretinoin and Inflammatory Bowel Disease: “The data provided by this study and others did not suggest that the risk for inflammatory bowel disease {IBD} increases with isotretinoin use. Dermatologists should counsel patients that the possibility of an association of isotretinoin use and IBD has been raised but not proved by the best available evidence. We should not withhold isotretinoin from patients who need it because of concerns for the development of IBD," they write.
<http://www.medscape.com/viewarticle/779651>

All medications have side-effects. Very few drugs are as successful in treating the diseases they are approved for as isotretinoin is for acne. Almost all patients who take this drug at the proper dosage for the prescribed time under the care of a qualified dermatologist will have a very good to excellent response. For 50% of these individuals this response is permanent. These patients will have far less scarring than those who were not similarly treated. It is sad that persons who may actually benefit from isotretinoin are scared away from taking it by medial hype.

There's an old saying: “It is often more important to treat the patient who has the disease that it is the disease the patient has.” This means that if the patient’s acne significantly impacts on her or his quality-of-life, and if she or he wishes to embark on a course of isotretinoin then, this is probably right for this individual. For women of the childbearing age the iPledge program mandates the use of two forms of birth control and monthly pregnancy tests.

If a sexually active woman cannot comply with this stipulation the drug cannot be prescribed.

We hope this introduction is helpful if you or a family member has acne that affects the quality of life and are considering embarking on a course of isotretinoin therapy.