INTRODUCTION
Acne is a common skin condition that affects many people at some point in their lives. It causes spots to develop on the skin, usually on the face, back and chest. The spots can range from surface blackheads and whiteheads – which are often mild – to deep, inflamed, pus-filled pustules and cysts, which can be severe and lead to scarring. The condition is caused by over-production of sebum which in turn results in increased and changed bacterial activity leading to inflammation and pus.¹

Current treatment options for acne range from simple cleansers, topical exfoliators and antibiotics, to oral retinoid preparations, which can be associated with serious side effects. Many patients either find the treatments ineffective or limited by side effects.

The effectiveness of SEQuaderma to help care for the symptoms of acne and help the body deal with its underlying causes has been tested in two trials.

DATA REVIEW
The first study was a randomised, double-blind study (CL-070-II-01) that assessed the efficacy and safety of SEQuaderma in patients with a range of inflammatory skin conditions, including acne vulgaris (n=17).² SEQuaderma improved acne symptoms in over 70% of patients assessed using a seven-point IGA scale after 3 weeks of treatment, and over 80% of patients felt that their symptoms had improved (PGA).

The second study assessed the efficacy and safety of SEQuaderma compared with placebo (control) in healthy volunteers with oily and spot-prone skin, confirmed by a clinical trials assistant prior to enrolment.³

Volunteers were either assessed at the centre on Days 3, 7, 14 and 21 or purely provided their own subjective assessments from home.

In total, 224 volunteers completed the 3-week study: 37 were allocated to SEQuaderma (plus 65 for subjective assessment), 20 to placebo and 102 to an alternative test formulation – not
reported here. Objective assessments included measurement of sebum on the face, Visia-CR Photography (used to assess pore size and skin smoothness) and lesion counts (comedones, microcysts, papules and pustules). The subjective assessment was carried out using a subject SPQ.

Facial sebum levels were reduced by over 20% from baseline after 1 week of SEQuaderma and by more than 50% after 3 weeks’ treatment. Published data demonstrate that a reduction in sebum production of 30–50% correlates with reduced acne symptoms. The number of comedones (blocked pores) was also reduced with SEQuaderma by 50% from baseline after 1 week and by more than 80% after 3 weeks. Notably, the number of pustules was reduced by 90% from baseline after 1 week and they were virtually cleared after 3 weeks’ treatment.

These subjective measurements were further validated by the subjective assessments. Of the 102 subjects completing the SPQ:
- 89% subjects said that skin felt firmer
- 82% reported less painful spots
- 80% said they had less shiny skin
- 76% felt their blackheads had reduced
- 75% reported less swollen spots
- 75% found they had no spot recurrence
- 75% reported less greasy skin
- 78% reported less oily skin.

SEQuaderma was well tolerated with no AEs reported.
This research demonstrates that SEQuaderma is very effective at caring for skin affected by acne. The reduction in sebum and both spots and blackheads at 21 days also supports the role of SEQuaderma in preventing future recurrence of the symptoms.

REFERENCES
2 Luger T, Rother M. Both ketoprofen in transfersome (IDEA-070) and drug-free vehicle (TDT 070) improved symptoms in patients with inflammatory skin conditions. J Invest Dermatol 2013;133:S159–S190 (Abstract 955 and poster presentation).
3 An in-use study in healthy volunteers to investigate the anti-spot efficacy of two test articles, using objective instrumental assessments of skin sebum levels and subjective visual assessments of lesion prevalence, against a placebo following a 3-week use period. Princeton Consumer Research Report; PROSEB1, 4 May 2015.