

## **Spironolactone: from the SEL Primary care dermatology Guidelines**

### **Spironolactone in Acne**

Spironolactone may be initiated for women with moderate – severe hormonally mediated acne by a specialist dermatology clinician. It may be continued for several years at doses of 50-100mg (occasionally up to 200mg) once daily (Spironolactone BAD PIL) with dose up-titration by GPs (if willing) as advised by the initiating clinician. Some women are able to reduce the dose or frequency over time without deterioration of their acne.

Clinicians must ensure the ongoing use of highly effective contraception (COCP, LARC or non-hormonal method) by all women of child-bearing potential taking spironolactone as it can cause testicular feminisation of a male fetus. The COCP (unless contraindicated) can be useful for managing menstrual irregularity associated with taking spironolactone.

The use of spironolactone in acne has a RAG rating of Amber 2, therefore prescribing must be carried out by a specialist ensuring female patients have effective contraception.

Baseline blood tests will include U&Es and blood pressure. This does not need repeating unless the patient is over 45 years old, has a history of renal or cardiac problems or is taking diuretics, aspirin/indomethacin, trimethoprim or LMW heparin. In such circumstances or if there is baseline abnormality a repeat potassium level (K+) & eGFR 2 weeks after each dose change is desirable.

A 3-6 monthly review of efficacy, dosage and compliance with contraception by the GP (or GPwER/dermatologist/ CNS if preferred) is desirable. Trial of dose reduction as appropriate when acne has been well controlled for 3-4 months: eg By 25mg/ day every 1- 2 months, consider maintenance topical therapy eg Adapalene or Epiduo etc. Advice and guidance from the community service can be sought if needed . If unable to reduce dose after 2 years\* or skin flares despite maximum tolerated dose, refer back to discuss alternative intervention.

*An eGFR < 60ml/min/1.73m<sup>2</sup> , Cushings syndrome, Congenital adrenal hyperplasia and use of potassium sparing diuretics, potassium supplements, ACE Inhibitors, digoxin will usually preclude use of Spironolactone for acne. Potassium supplements, a diet rich in potassium or salt substitutes containing potassium can all lead to hyperkalaemia*

### **Mycology:**

**South Southwark:** Post samples 1<sup>st</sup> or 2<sup>nd</sup> Class ( 1<sup>st</sup> during times of strikes!)

Forms to send with samples: in pack

**North Southwark:** Request on T quest .., Microbiology sample, other. Forms are available on Tquest

**If you cannot take them , please send patient with a written request for sampling to St Thomas' Mycology dept, 1st Floor, Staircase C, South Wing M-F 9.30-4pm**