

Acne demographics

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Introduction

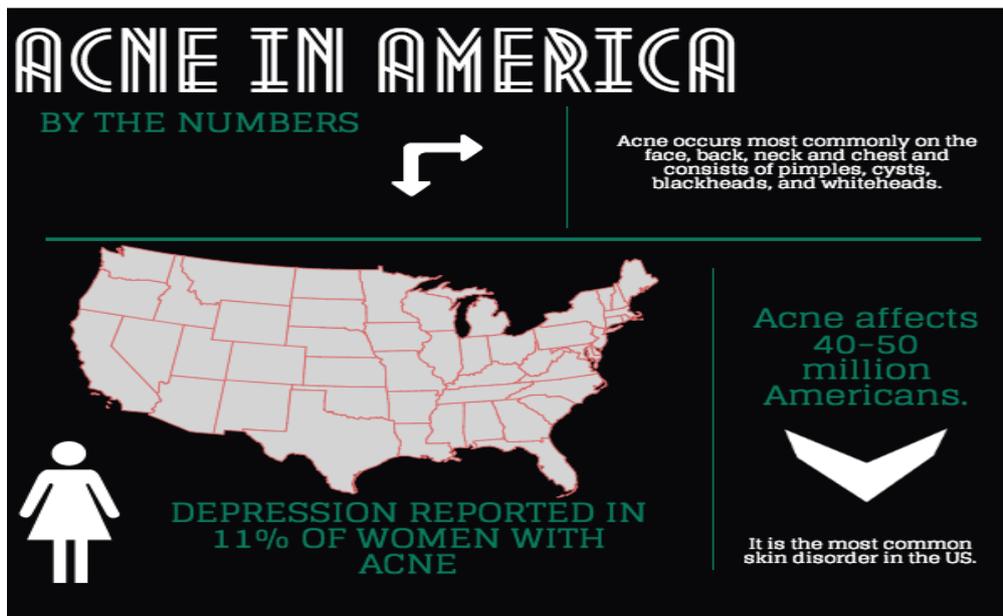
This research contains demographic data for acne market (age, gender, income, marital status and education).

There is also data for sales of leading brands for acne treatment in the USA and data on acne treatment market.

Acne-introduction

According to the Global Burden of Disease (GBD) study, acne vulgaris affects ~85% of young adults aged 12–25 years. Acne consistently represents the top three most prevalent skin conditions in the general population, as found in large studies within the UK, France, and the USA. Similar numbers are reported for young adults in various countries throughout the world. The production of androgens during puberty explains, in part, why acne vulgaris is so prevalent in this population regardless of socioeconomic status, nationality, or sex. As of now, the rising incidence of acne vulgaris in late adolescence is a global issue; however, it is unknown whether this increase is a result of higher prevalence of the Western diet, earlier onset of puberty, genetic drift, or a byproduct of unknown environmental factors.

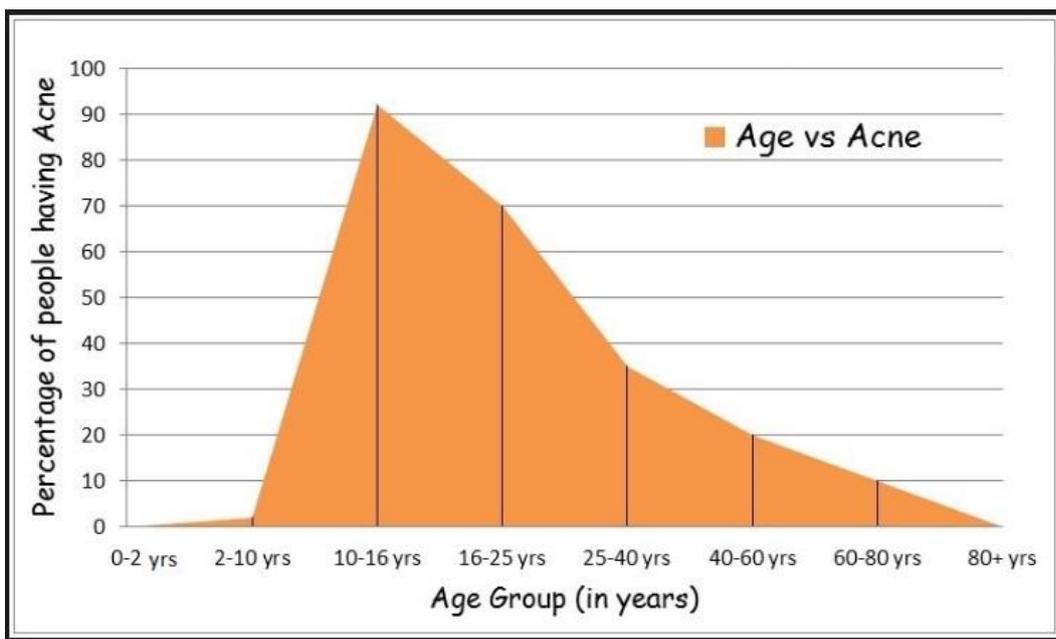
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4769025>





<https://www.behance.net/gallery/21041995/INFOGRAPHIC-Acne-Statistics-in-America-By-the-Numbers>

Age



<http://beautyplusaesthetics.com/articles-tips/why-is-the-percentage-and-age-limit-of-acne-sufferers-increasing-despite-the-abundance-of-products-and-treatment-technology>

During the period of 2 months, 585 adolescents were interviewed and examined.

There were 319 (54.50%) females and 266 (45.50%) males. Mean age was 15.76 ± 0.10 , with an age range of 10 to 21 years.

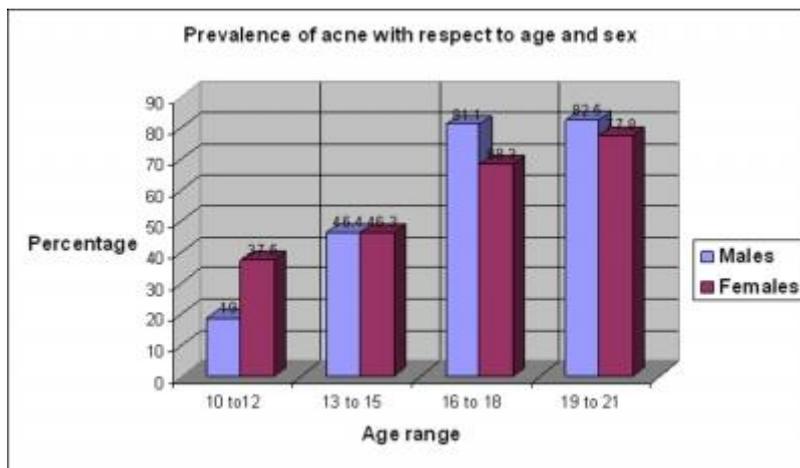
Of the subjects examined, 350 (59.82%) had acne, 165 males and 185 females. The severity was graded using the global grading for acne.

Acne was more frequent in females aged between 10 and 12 years as compared to males; i.e. 37.50% in females and 19.00% in males. There was a statistically high prevalence in females at a younger age (10 years). The prevalence in males increased from 19.00% at age range 10 to 12 years to 82.50% at age range 19 to 20. There was also a significant increase in prevalence in females from 37.50% to 77.5% at ages 19 to 21 years. (fig1)

The age of onset of acne was lower in girls than in boys. Acne was associated with positive family history in 248 (70.86%). Only 9 of the subjects had sought medical advice for their acne; three of which had grade IV acne and 6 had grade III acne.

Figure 1

Figure 1: The prevalence of acne with respect to age and sex.

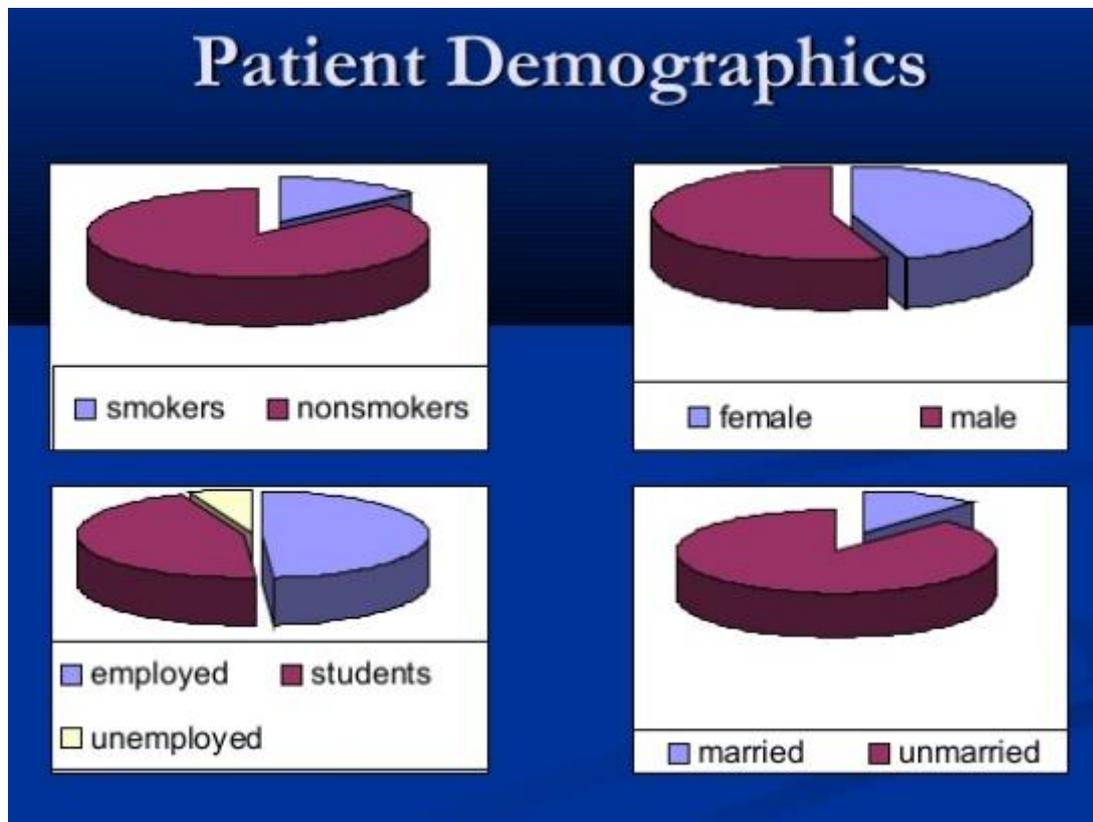


The common lesions encountered were comedones 350 (100%) papules 350 (100%) pustules 50 (14.3%), excavation 51 (14.50%) post inflammatory hyper pigmentation 142 (40%) scars 51 (14.3%), nodules 40 (11.4%). Cystic lesions were seen in only 3 (0.9%) of subjects.

The attitudes of the acne sufferers varied from indifference to anger. 135 (38.5%) were indifferent, 107 (30.50%) expressed anger, 34 (9.7%) were depressed, 21 (6%) felt inferior to

their colleagues who had no acne and 12 (3.4%) had a feeling of hate. Almost all the sufferers believed it was related to only foods. Only a few associated acne to oily skin.

<http://ispub.com/IJD/5/2/12788>



<https://www.slideshare.net/Prezi22/acneppt>

Out of the 500 chosen students, only 496 (284 males and 212 females) participated, and hence the responding rate was 99.2%. The prevalence of acne among the students was 34.7% (172/496). As shown in Table 1, there was a significantly higher rate of acne among male students than that among females (42.9% versus 23.6%); $\chi^2 = 23.48$, $P < 0.0001$. The mean age of students with acne was significantly younger in males (18.13 ± 0.59) than in females (19.04 ± 1.10); $t = 6.8$, $P < 0.0001$. The study also found a significant difference in acne location ($\chi^2 = 67.7$, $P < 0.001$) in which both males (96.7%) and females (92%) demonstrated the highest rate of acne on the face followed by the shoulders.

TABLE 1: The Sociodemographic factors associated with acne formation.

Characteristics	Acne positive		χ^2	P value
	Male (%) N = 284	Female (%) N = 212		
Sex	122 (42.9)	50 (23.6)	23.48	<0.0001
Mean age \pm S.D	18.13 \pm 0.59	19.04 \pm 1.106	t = 6.8	<0.0001
Location				
Face	118 (96.7)	46 (92)	67.7	<0.001
Shoulders	48 (39.3)	17 (34)		
Others	23 (18.9)	7 (14.0)		
Living with family				
Yes	50 (41)	33 (66)	54.9	<0.0001*
No	72 (59)	17 (34)	6.27	<0.05**
Stress				
Always	58 (47.5)	26 (52)	27.88	<0.0001*
Absence	23 (18.9)	10 (20)	19.64	<0.001**
Occasional	41 (33.6)	14 (28)		
Washing face/day				
1-2	47 (38.5)	19 (38)	8.1	<0.025*
3-5	47 (38.5)	20 (40)	11.21	<0.004**
>5	28 (23)	11 (22)		
Washing body/week				
1-2	42 (34.4)	8 (16)	14.0	<0.001*
3-5	51 (41.8)	11 (22)	4.44	>0.05**
>5	29 (23.8)	31 (62)		
BMI (Kg/m ²)				
<20	5 (18.5)	3 (8.1)	8.74	0.05*
20-24	55 (36.6)	29 (35.8)	22.6	<0.0001**
25-29	29 (47.5)	7 (10.5)		
\geq 30	6 (60)	3 (60)		
Menstrual cycles				
Yes		40		
No		10		

*Male, **female.

<https://www.hindawi.com/journals/eri/2014/974019/>

Prevalance of Acne:

17 million Americans, almost 85% of people 12-24 years of [age](#).

Prevalance Rate for Acne:

approx 1 in 16 or 6.25% or 17 million people in USA [[about data](#)]

Acne isn't just common in the United States. It is the most common skin condition, affecting roughly 40 to 50 million individuals annually. The condition is described as a chronic inflammatory skin condition that arises in a number of different forms. Blackheads, whiteheads, pimples, and even cysts or nodules are typical forms of acne, and the condition can affect the face, neck, chest, back, shoulders, and even the upper arms. While acne can occur at any age, it is most common in adolescents and young adults, with nearly 85 percent of individuals ages 12 to 24 experiencing at least a minor case of acne.

<https://coloradospringsdermatologyclinic.com/info/important-statistics-to-help-you-better-understand-acne/>

Acne Statistics	Data
Number of Americans who have active acne	60,000,000
Number of Americans who have acne badly enough to cause scars	20,000,000
Percent of people who experience acne at some point in their lives	85 %
Percent of adults who have active acne	20 %
Total annual spending in the U.S. on acne treatment	\$3,020,000,000
Percent of acne sufferers who believe there is a cure	96 %
Average age that acne breakouts peak	15.5
Percent of adult acne cases that occur in women	80 %

<http://www.statisticbrain.com/acne-statistics-papule-pustule-nodule/>

Quick facts about acne

- Acne affects nearly 20% or 5.6 million Canadians.
- Acne affects about 90 per cent of adolescents and 20-30 per cent of adults aged 20 to 40 years.
- More than 80 per cent of acne sufferers are between the ages of 12 and 24.
- Acne affects the face in 99 per cent of cases.
- Infant acne affects approximately 20% of newborn babies.
- It usually starts around puberty and lasts until adulthood, although it can persist for many more years, regardless of age.
- About 25 per cent of teens will still have acne at age 25.
- Women make up 75 per cent of adult cases.

<http://www.dermatology.ca/skin-hair-nails/skin/acne/#!/skin-hair-nails/skin/acne/psychological-effects-of-acne/>

Gender

While acne is often times as much a part of being a teenager as dating and Friday night football games, a new study examining the prevalence of acne in adults age 20 and older confirms that a significant proportion of adults continue to be plagued by acne well beyond the teenage years. In particular, women experience acne at higher rates than their male counterparts across all age groups 20 years and older.

In a new study dermatologist Julie C. Harper, MD, FAAD, associate professor of dermatology at the University of Alabama in Birmingham, Ala., and her colleagues at the University of Alabama at Birmingham School of Medicine, surveyed a random sample of men and women aged 20 and older to determine the prevalence of persistent acne that continued after adolescence or new adult-onset acne.

“Although acne is one of the most common skin diseases, there is a general misconception that it only affects teenagers,” explained Dr. Harper. “As dermatologists, we treat acne patients of all ages – from those who have experienced acne since they were teenagers to others who have developed the condition for the first time as adults. Our study set out to determine just how common acne is among adult men and women.”

A total of 1,013 men and women aged 20 years and older at the University of Alabama at Birmingham campus and medical complex were asked to complete a one-page questionnaire designed to evaluate the prevalence of acne in adults across various age groups. Survey questions gauged whether the participant had ever had acne or pimples, including during their teens or later in life (in their 20s, 30s, 40s, and 50s or older). The survey also asked participants to judge whether their acne had become better, worse or stayed the same since their teenage years.

When asked whether they had ever had a pimple or acne, the vast majority (73.3 percent) of participants responded that at one time or another they had dealt with acne. The majority also reported that they had experienced acne as teenagers, with the number of men and women affected by the condition nearly identical (68.5 percent of male participants and 66.8 percent of female participants).

Interestingly, the survey found that for every age group following the teenage group, the reported incidence of acne was significantly higher among women than men.

Specifically,

- **During their 20s, 50.9 percent of women and 42.5 percent of men reported experiencing acne.**
- **During their 30s, 35.2 percent of women and 20.1 percent of men reported experiencing acne.**
- **During their 40s, 26.3 percent of women and 12 percent of men reported experiencing acne.**
- **During their 50s or older, 15.3 percent of women and 7.3 percent of men reported experiencing acne.**

A separate section of the survey, which included questions assessing aspects of acne specific to women, asked female participants to note changes in acne around the time of their menstrual period, their pre-menopausal or post-menopausal status, and the effect of any treatments for symptoms of menopause on acne. Of the pre-menopausal women surveyed, 62.2 percent noted that their acne gets worse around the time of menstruation.

In addition, of the 86 women who reported using either hormone replacement therapy or over-the-counter medications for the side effects of menopause, nine women (10.5 percent) reported improvement in their acne with the use of these therapies. However, 75 of the women (87.2 percent) reported no change with these menopausal therapies, and two women (2.3 percent) reported that their acne symptoms worsened.

“Our findings demonstrate that acne is a persistent problem for people of all ages, but clearly women seem to be affected by this medical condition more than men when we examined the 20-plus age groups,” said Dr. Harper. “Research examining the role hormones play in the development of acne may hold the key to explaining why more adult women are affected by acne and could lead to future treatments to control this condition.”

Dr. Harper added that the majority of study participants reported that the severity of their acne improved after their teenage years, which is consistent with previous studies suggesting that post-adolescent acne is generally mild or moderate. For example, 63 percent of men and 53.3 percent of women stated that their acne improved after their teenage years, while only 3.6

percent of men and 13.3 percent of women reported that their acne worsened post-adolescence.

“Despite the fact that adult acne tends to be generally milder than teenage acne, this common medical condition can have a significant impact on a person’s overall quality of life – regardless of when it occurs,” explained Dr. Harper. “Involving a dermatologist in the diagnosis and treatment of acne is vital to managing this difficult condition.”

<https://www.sciencedaily.com/releases/2007/10/071019155627.htm>

Table 2: Comparison between adolescent and adult acne

	Adolescent acne	Adult acne
Age	Puberty and adolescence	>25 years
Sex	More common in males	Predominantly women
Severity	Varying from mild comedonal to severe nodulocystic	Commonly low grade inflammatory, papular
Sites	Facial-cheek Truncal-common	Facial-cheek, chin, mandibular Truncal- rare
Predominant type of lesions	Comedones	Inflammatory papulopustules
Comedones	Common	Comedones rare except in smokers
Inflammatory papules	Common	Very common
Cysts	Can occur	Rare
Scarring	Depends on severity	Common
Sebum production	Increased	Normal or increased
Microbial flora	P acne	Similar to adolescent acne
Hormonal influences	May occur	More common
Response to treatment	Expected outcomes	Often refractory with relapses

http://www.ijdvl.com/viewimage.asp?img=ijdvl_2012_78_3_335_95450_t2.jpg

Acne tends to resolve between ages 30 to 40, although it can persist into or develop for the first time during adulthood. **Post-adolescent acne predominantly affects women, in contrast to adolescent acne, which predominantly affects men.** Acne can flare before a woman's menstrual period, especially in women older than 30 years.

women ♀	men ♂
<ul style="list-style-type: none">● Acne breakouts peak at 14-17 yrs of age.● 50% of adult women have acne. This % increases during pregnancy.● 14% of women battle acne well into their 40s.	<ul style="list-style-type: none">● Boys experience the worst acne between the ages of 16 & 19.● 25% of adult men suffer from acne.● Shaving can sometimes cause folliculitis, a condition that often mimics the appearance of acne.

<http://blog.mariobadescu.com/acne-by-the-numbers-9-statistics-about-acne-infographic>

Who Gets Acne?

Acne is the most common skin disease. People of all races and ages get acne. But it is most common in teenagers and young adults. An estimated 80 percent of all people between the ages of 11 and 30 have acne outbreaks at some point. Some people in their forties and fifties still get acne.

https://www.niams.nih.gov/health_info/acne/acne_ff.asp

The average and standard deviation of the patients' age is 24.12 and 6.49 respectively. Also the number of patients under 25 years is 122 cases (76.3%), the number of patients 26 to 35 years equals to 23 cases (14.4%) and the number of patients more than 35 years is equal to 15 cases (9.4%). The number of women patients is 112 cases (70%) and the number of men patients is 48 (30%). **The number of patients with guidance and lower literacy is equal to 20 (12.5%), high school diploma patients equal to 67 (41.9%), the number of bachelor patients 58 (36.3%), and the number of Master's degree or higher patients equals to 15 (9.4%). In other words, the number of high school diploma or less ones is equal to 87 (54.4%) and the number of people higher than high school diploma equals to 73 (45.6%).** The number of unemployed persons 27 (16.9%), Housewives' patients 33 (20.6%), employed patients 40 (25%) and patients in the study 60 (37.5%). The number of single patients was 85 cases (53.1%) and married patients were 75 cases (46.9%). The number of patients with acne on the face was 95 cases (59.4%) and those with acne on other parts of the body in addition to face was 65 cases (40.6%). On the basis of Lehman, patients with mild acne severity were 46 (28.8%), with moderate acne severity 76 (47.5%), and with severe acne severity were 38 cases (23.8%).

Table 1: Frequency and percentage score of life quality and demographic characteristics of patients with acne

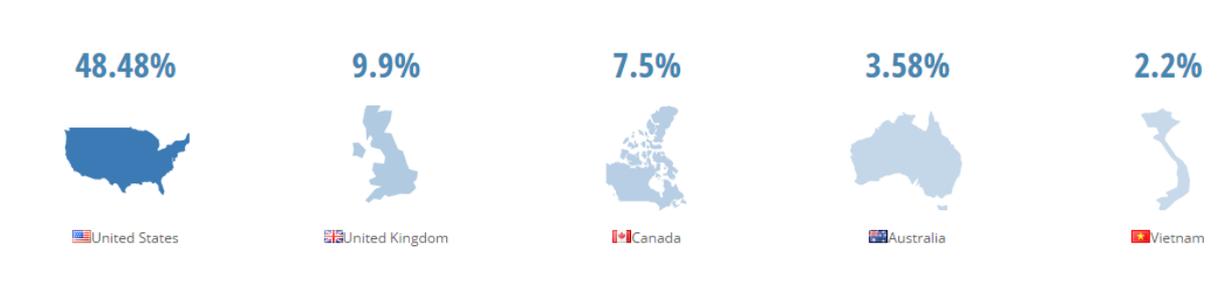
Variable	Levels	Frequency	Percentage
Age	≤ 25	122	76.3
	26-35	23	14.4
	> 35	15	9.4
Gender	Women	112	70
	Men	48	30
Education level	Guidance level and lower	20	12.5
	High school Diploma	67	41.9
	BA	58	36.3
	MA degree or higher	15	9.4
Employment status	Unemployed	27	16.9
	Housewives	33	20.6
	Employed	40	25
	Studying	60	37.5
Marital status	Single	85	53.1
	Married	75	46.9
Place of acne	Face	95	59.4
	Face and body	65	40.6
Acne severity	Mild	46	28.8
	Moderate	76	47.5
	Severe	38	23.8
Quality of life score	No impact	5	3.1
	Low impact	43	26.9
	Moderate impact	39	24.4
	High impact	57	35.6
	Very high impact	16	10

Conclusion: Acne had the greatest impact on life quality of people aged 16 to 25 years old, married, and employed with severe acne severity that acne also affects the body, in addition to face. So, they can be considered as high risk groups who need to faster treatment and psychiatric consultation along with treatment of disease. Timely diagnosis and treatment of acne by physicians and dermatologists can be an important factor in reducing mental disorders and subsequently improving the quality of life in people with acne.

<http://www.pharmahealthsciences.net/pdfs/volume4-issue52016/13.vol4-issue5-2016-MS-15340.pdf>

Buying by countries

Statistics for acne.org



	Country 154	Traffic Share	Change
1	United States	48.48%	↑ 18.92%
2	United Kingdom	9.90%	↑ 28.81%
3	Canada	7.50%	↑ 23.45%
4	Australia	3.58%	↑ 21.32%
5	Vietnam	2.20%	↓ -26.26%

https://pro.similarweb.com/#/website/audience-geography/acne.org/*/999/3m

Interest by region, age, gender and device

Interest by region ?

Region ▼ ➔

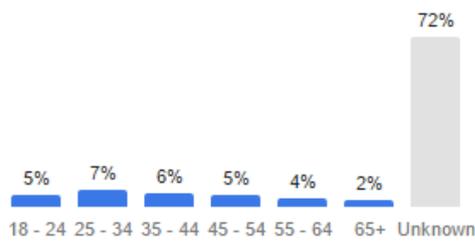


1	United States	100	<div style="width: 100%;"></div>
2	United Kingdom	84	<div style="width: 84%;"></div>
3	Brazil	49	<div style="width: 49%;"></div>
4	Spain	41	<div style="width: 41%;"></div>

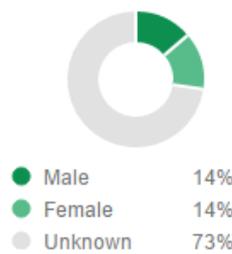
Total network inventory (Weekly ▼) ?

1B – 5B Cookies 10B+ Impressions

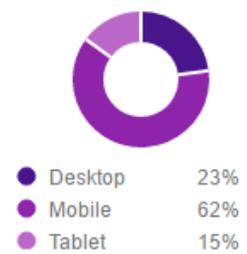
Age



Gender



Device



https://adwords.google.com/da/DisplayPlanner/Home?_c=9340551654&_u=8959803174&authuser=0&_o=cues#results

Audience Demographics (acne.org)

Who visits acne.org?

Audience Demographics

How similar is this site's audience to the general internet population?

Gender



Education



Browsing Location



www.alexacom/siteinfo/acne.org

Socioeconomic status influences care of patients with acne in Ontario, Canada

OBJECTIVES:

The primary objective of this study was to determine whether socioeconomic status influences access to specialist care by a dermatologist for the management of acne in Ontario, Canada. A secondary objective was to determine whether the urban-rural dwelling status of patients affects access to specialty care.

METHODS:

We conducted a population-based cohort study using administrative health care databases covering more than 12 million residents of Ontario. Individuals age 12 to 27 years with a new diagnosis of acne by a general practitioner were identified as belonging to 1 of 5 socioeconomic groups based on median annual neighborhood household income. Patients were then observed for 2 years after the index visit to identify visits to a dermatologist. The main outcome measure was visitation to a dermatologist within 2 years of an initial diagnosis of acne.

RESULTS:

The study cohort consisted of 295,469 patients given a diagnosis of acne by their primary care physician of which 59,799 (20%) were subsequently referred to a dermatologist. Of those in the lowest income group of less than Can dollars 20,000, 17% were referred to a dermatologist, as compared with 24% in the highest income group of greater than Can dollars 80,000 (P value for trend < .001). Furthermore, patients living in an urban area had a 43% greater likelihood of being referred to a dermatologist (odds ratio 1.43, 95% confidence interval 1.39-1.48) as compared with patients in a rural location.

LIMITATIONS:

Limitations of our study include imputing socioeconomic status of patients on the basis of median income at the neighborhood level rather than on the basis of data on individual patients. Furthermore, our use of administrative databases did not allow us to characterize the severity of acne in our population cohort and whether that would affect referral patterns.

CONCLUSION:

Within Canada's universal health care system, those likely to be in lower socioeconomic groups are significantly less likely to visit a dermatologist for specialist consultation.

<https://www.ncbi.nlm.nih.gov/pubmed/16443069>

Setting

Data were collected from a diverse sample of United States females. **Participants: Women ages 25 to 45 years with facial acne (≥ 25 visible lesions).** **Measurements:** Outcomes included sociodemographic and clinical characteristics, perceptions, coping behaviors, psychosocial impact of acne (health-related quality of life using acne-specific Quality of Life questionnaire and psychological status using Patient Health Questionnaire), and work/productivity. **Results:** A total of 208 women completed the survey (mean age 35 ± 6 years), comprising White/Caucasian (51.4%), Black/African American (24.5%), Hispanic/Latino (11.1%), Asian (7.7%), and Other (5.3%). Facial acne presented most prominently on cheeks, chin, and forehead and was characterized by erythema, post inflammatory hyper pigmentation, and scarring. Average age of adult onset was 25 ± 6 years, and one-third (33.7%) were diagnosed with acne as an adult. The majority (80.3%) had 25 to 49 visible facial lesions. Acne was perceived as troublesome and impacted self-confidence. Makeup was frequently used to conceal acne. Facial acne negatively affected health-related quality of life, was associated with mild/moderate symptoms of depression and/or anxiety, and impacted ability to concentrate on work or school. **Conclusion:** Results highlight the multifaceted impact of acne and provide evidence that adult female acne is under-recognized and burdensome.

TABLE 1

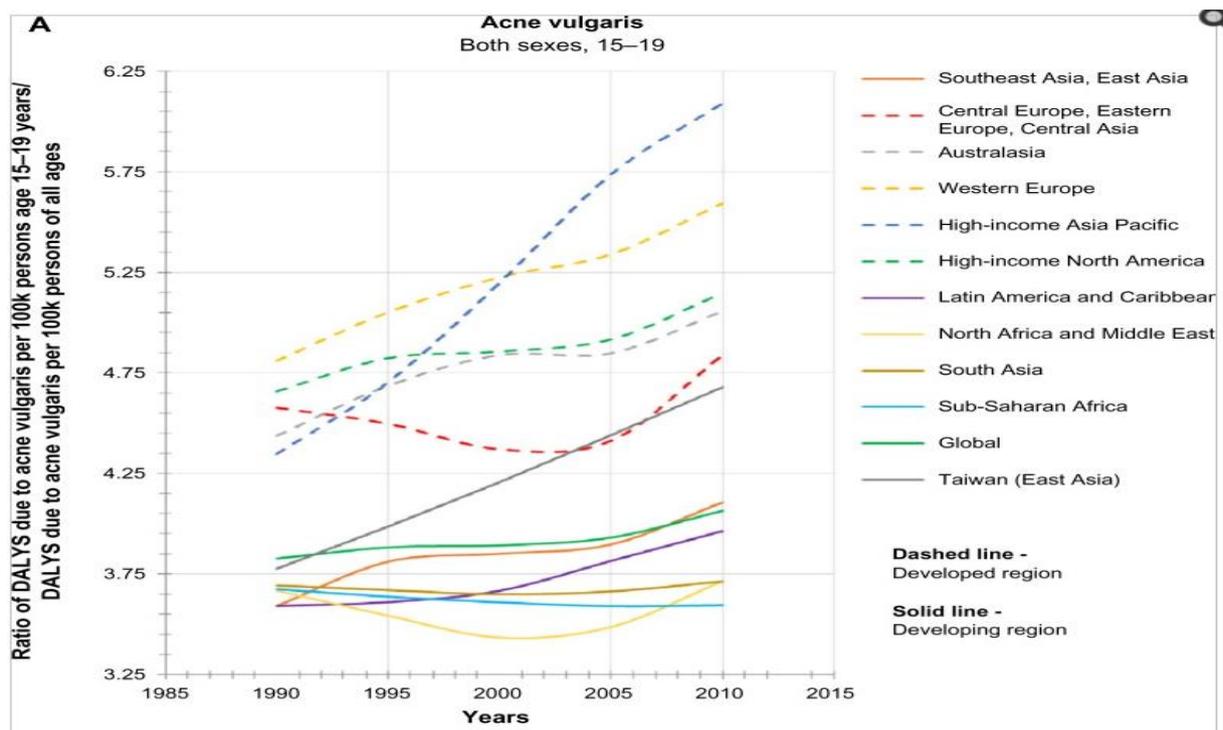
Sociodemographic characteristics

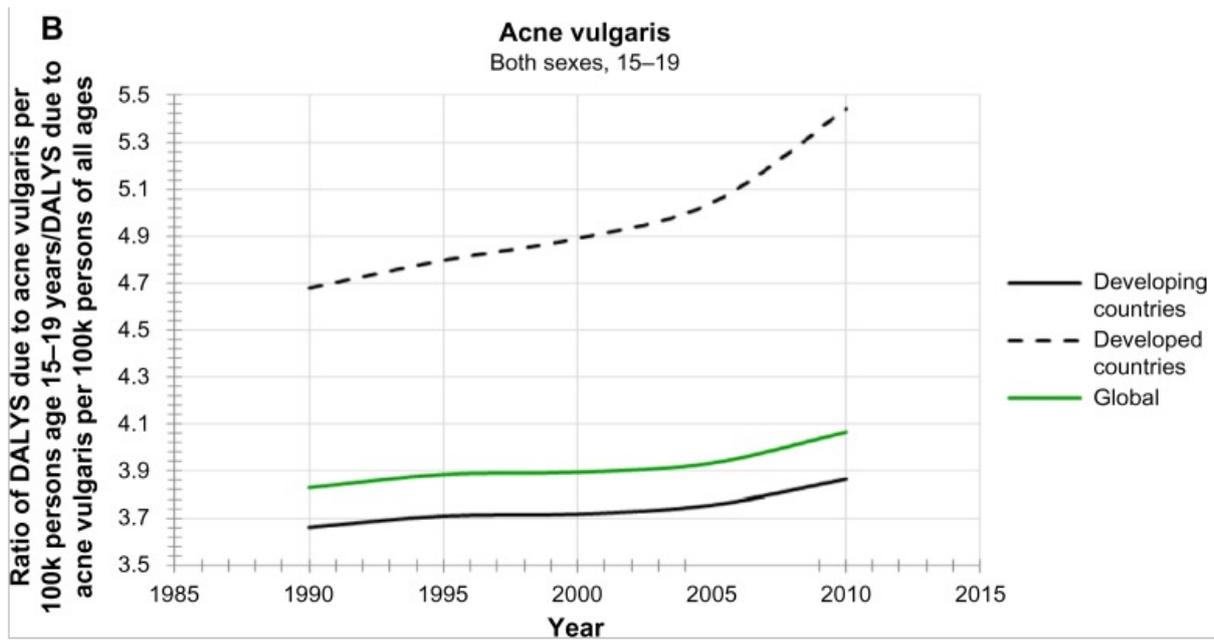
	TOTAL SAMPLE (N=208)
AGE (IN YEARS)	
Mean (SD)	35.4 (5.8)
Median (minimum-maximum)	35.0 (25-45)
RACE/ETHNICITY (n, %)	
White/Caucasian (including Arab/Middle Eastern [*])	107 (51.4%)
Black or African American	51 (24.5%)
Hispanic or Latino	23 (11.1%)
Asian	16 (7.7%)
Other	11 (5.3%)
EMPLOYMENT STATUS (n, %)	
Employed, full-time (paid)	84 (40.4%)
Employed, part-time (paid)	23 (11.1%)
Unemployed	94 (45.2%)
Other	5 (2.4%)
Prefer not to answer	2 (1.0%)
EDUCATION (n, %)	
Less than a high school diploma	8 (3.8%)
High-school graduate	31 (14.9%)
More than a high school diploma	168 (80.8%)
Prefer not to answer	1 (0.5%)
TOTAL ANNUAL HOUSEHOLD INCOME (n, %)	
\$0-\$20,000	43 (20.7%)
\$20,001-\$50,000	75 (36.1%)
\$50,001-\$100,000	64 (30.8%)
\$100,000 and over	21 (10.1%)
Prefer not to answer	5 (2.4%)

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3935648/>

Nationality and acne vulgaris

Globally, epidemiological studies have demonstrated a higher incidence of acne vulgaris in different ethnicities of color in samples collected from the population aged 10–70 years. However, contradictory evidence exists as to whether a biological difference actually exists among various racial or ethnic groups in the pathogenesis of acne. Moreover, there are no reported studies that delineate the incidences of acne vulgaris among these different ethnicities in patients who are in their late adolescence. To address this, we analyzed the collection of data gathered from the 2010 GBD Compare study over specific regions, controlling for specific age ranges (in this case, 15–19-year olds) to see the trend in disability-adjusted life year (DALY) rates per 100,000 people. The DALY rate is equal to the years of life lost plus the years living with the disability (YLDs). Since the years of life lost for acne vulgaris is zero, the rate of DALYs is equal to the rate of YLDs. Calculation of YLDs is defined as the prevalence of the disease multiplied by the relevant disability weight. By dividing the rate of DALYs of 15–19-year olds by the rate of DALYs of all ages within the given population, we are left with a surrogate measure of the comparative rate of incidences of acne vulgaris in people aged 15–19 years per 100,000 people in any region listed between 1990 and 2010. The results are shown in [Figure 1A and B](#).





<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4769025/>

SOME COMMON DEVICES FOR ACNE MANAGEMENT

Isolaz

Photoneumonic therapy treatment combines an intense pulsed light (IPL) laser with a gentle vacuum. It works by removing excess oil and dead skin cells from clogged pores, and is effective for comedones and pustules.

Elos Plus – AC Handpiece for Acne Treatment

By combining optical energy with bi-polar radio frequency (RF) energy, the el?s Plus system incorporates a special handpick designed to treat pore-clogging bacteria and oil that result in acne and to reduce and facilitate healing time of existing acne.

VBeam Perfecta

A pulse dye laser system, the energy within each pulse is distributed across micro pulses so the practitioner can select higher overall energies and effectively target redness from acne with less downtime and purpura.

Photodynamic Therapy

PDT utilizes a photosensitizing molecule – usually Aminolevulinic Acid (ALA) - that is applied to the area to be treated. It is left on to incubate for a specified period of time (minutes to hours), and it then becomes activated by light exposure to reduce oil gland function to treat acne.

Blue Light Therapy

Blue light specifically targets and kills the P. acnes bacteria. These light-based therapies work by exciting a particular molecule called a porphyrin, which is produced in large quantities by P. acnes bacteria. Excitation of porphyrins with blue light causes them to release free radicals into the bacteria thereby killing them. Visible light can treat mild-to-moderate inflammatory acne.

Infrared Light

This type of low level laser light (LLLT) is used to treat mild-to-moderate inflammatory acne. It destroys the sebaceous glands by photothermal mechanism to reduce acne lesions.

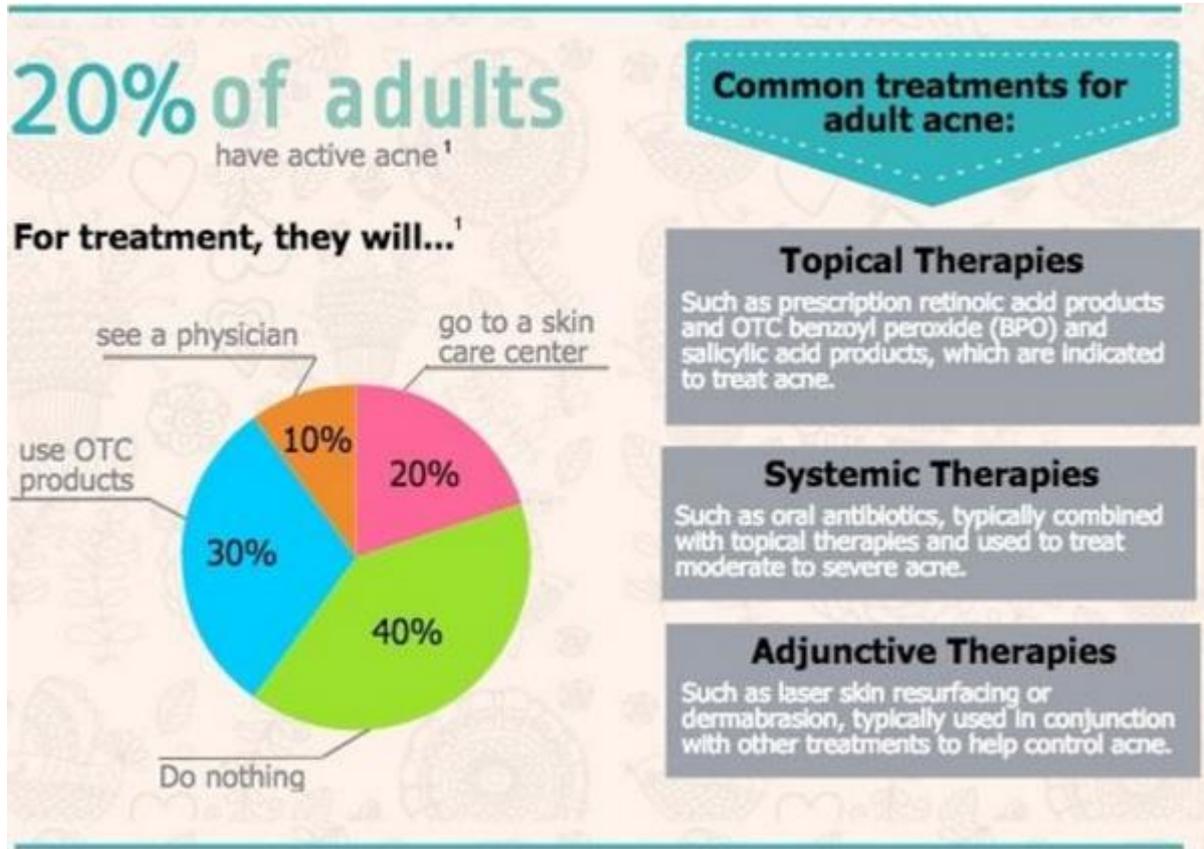
SilkPeel Pore Clarifying System

The Pore Clarifying System is specially designed to treat acne with Dermalinfusion, by using an abrasive tip to remove the top layers of the skin and infuse active alpha and beta hydroxyl acid solutions. It increases cell turnover to prevent acne from progressing to more severe stages.

HydraFacial

HydraFacial is performed using a vacuum based exfoliation tip that is used with a customised combination of serums, including antioxidants and hyaluronic acid to address common skin issues. It combines cleansing, exfoliation, extraction, hydration and antioxidant protection in one treatment.

<https://aestheticsjournal.com/feature/the-business-of-acne>



<http://www.midlandscosmetics.co.uk/acne-treatments/>

Best drugstore acne products

Best Drugstore Acne Product No. 1: Bye Bye Blemish Drying Lotion, \$9.99

TotalBeauty.com average member rating: 9.0*

Why it's great: "This is a great product. And [it has] a great price," says one reviewer. "I use it nightly and notice results the next morning." Users explain that this drying lotion is best used as a preventative measure. "As soon as you spot a pimple, put some of this product on and it'll disappear."

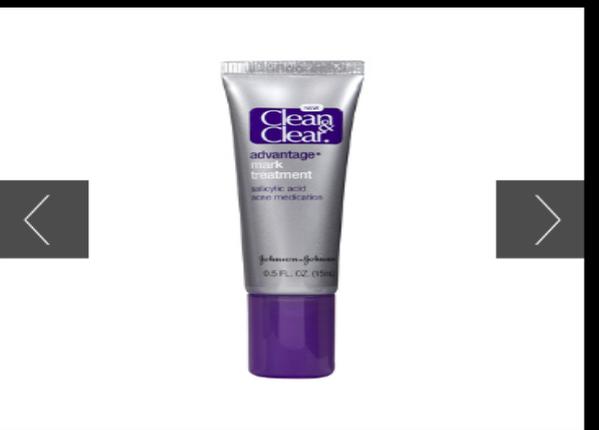
Agree? Disagree? [Write your review for Bye Bye Blemish Drying Lotion here.](#)



Best Drugstore Acne Product No. 2: Clean & Clear Advantage Mark Treatment, \$6.99

TotalBeauty.com average member rating: 8.0*

Why it's great: Every single one of our reviewers has something positive to say about this acne treatment. "This product definitely reduces acne and fades acne marks," sums up one reader. "I have used a lot of acne products, and this one actually works as well as it claims to," another reviewer says. "I put it on at night and the next day I can actually see a difference in my skin. Zits are less red, less noticeable."



Best Drugstore Acne Product No. 3: Bioré Pore Unclogging Scrub, \$6.99

TotalBeauty.com average member rating: 8.0*

Why it's great: "This stuff is the bomb!" raves one reviewer. Another user says this "amazing" scrub cleans deep enough to remove makeup and sunblock, and diminishes pores. The best part? The consensus is that this unclogging cleanser is gentle enough to use daily.



<http://www.totalbeauty.com/content/gallery/p-best-drugstore-acne/p149952/page8>

Frequently bought together



- This item:** Neutrogena Complete Acne Therapy System **\$19.94**
- Neutrogena Rapid Clear Maximum Strength Treatment Pads, 60 Count **\$6.29** Add-on Item
- Neutrogena Rapid Clear Stubborn Acne Cleanser, 5 Oz **\$8.78** Add-on Item

Customers who bought this item also bought



Neutrogena Rapid Clear Maximum Strength Treatment Pads, 60 Count
★★★★☆ 293
\$6.29



Neutrogena Rapid Clear Stubborn Acne Cleanser, 5 Oz
★★★★☆ 245
\$8.78



Neutrogena, Advanced Solutions Complete Acne Therapy System, 1 ct
★★★★★ 3



Neutrogena Oil-Free Acne Stress Control Night Cleansing Pads, 60 Count
★★★★☆ 256
\$6.97 ✓Prime



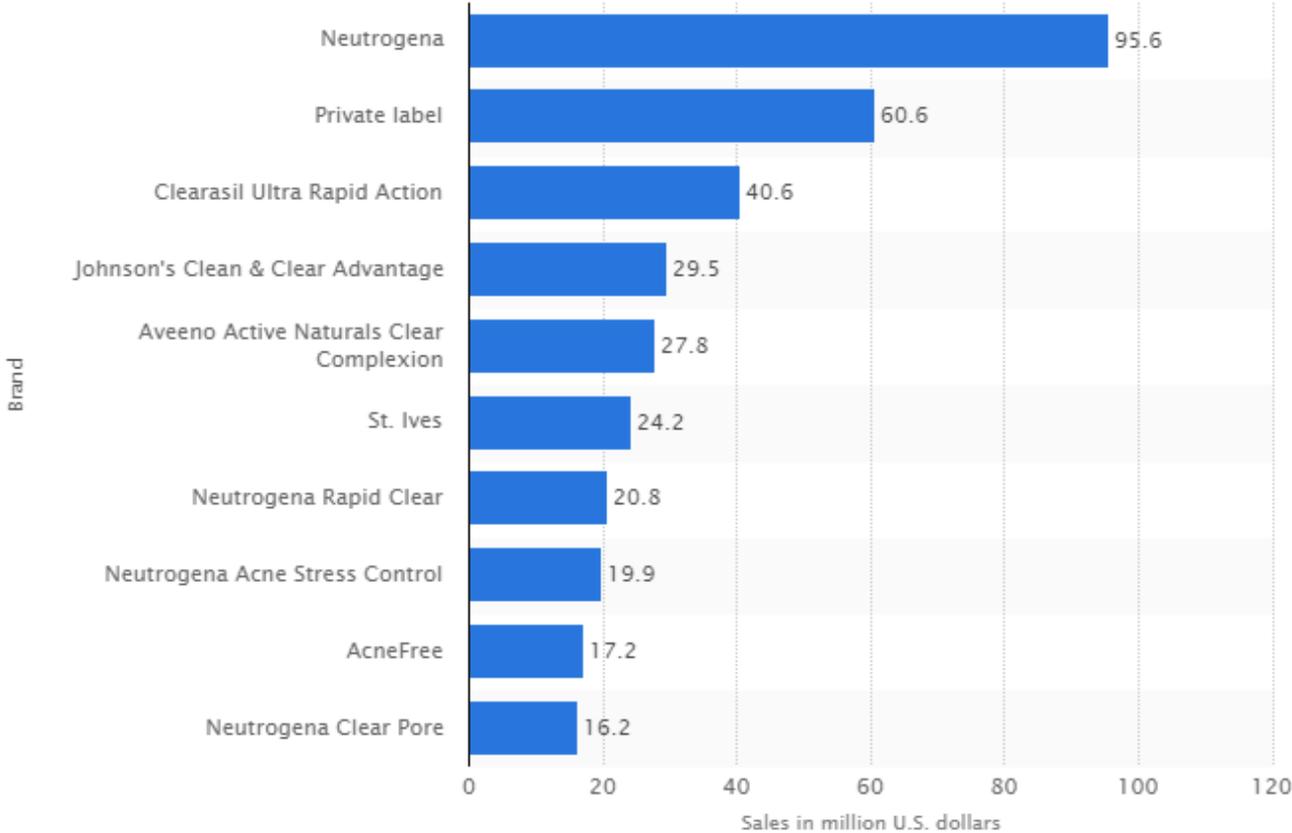
Neutrogena Rapid Clear Stubborn Acne Spot Gel, 1 Oz
★★★★☆ 145
\$6.84



Neutrogena Rapid Clear 2-in-1 Fight & Fade Toner, 8 Oz
★★★★☆ 237
\$7.99 ✓Prime

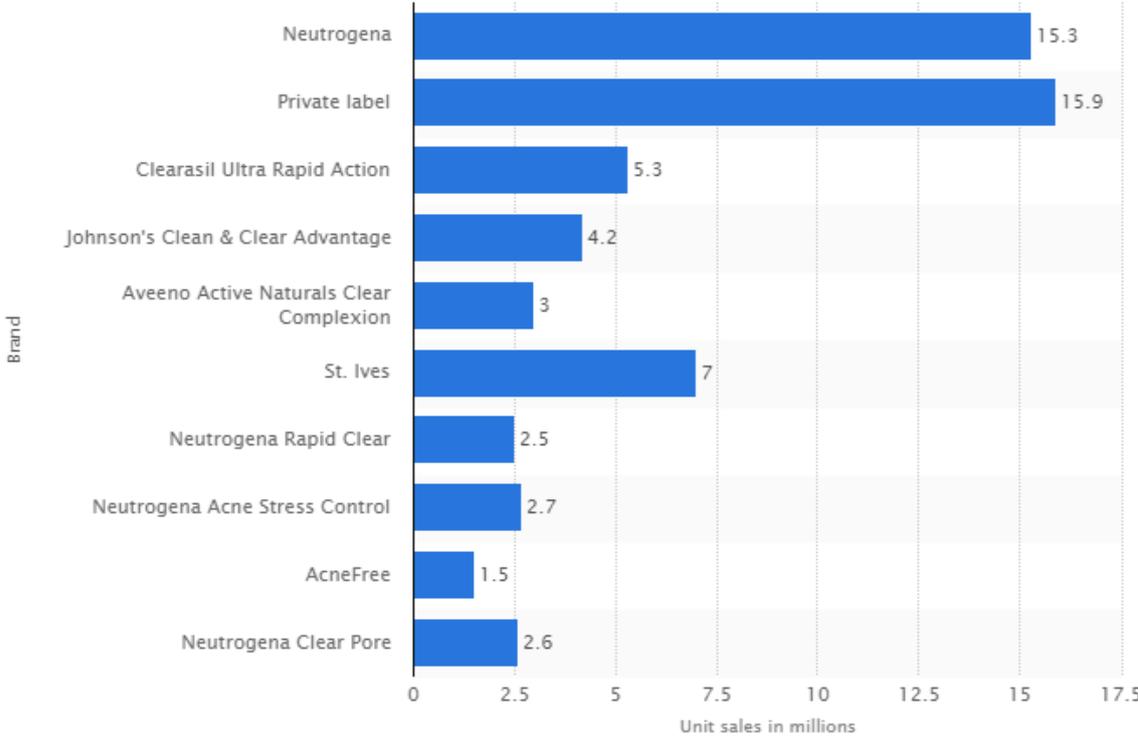
From this data it can be seen that people who buy acne therapy products are interested in other acne therapy products and products from **cosmeceutical market**.

Sales of the leading acne brands in the United States in 2015 (in million U.S. dollars)*



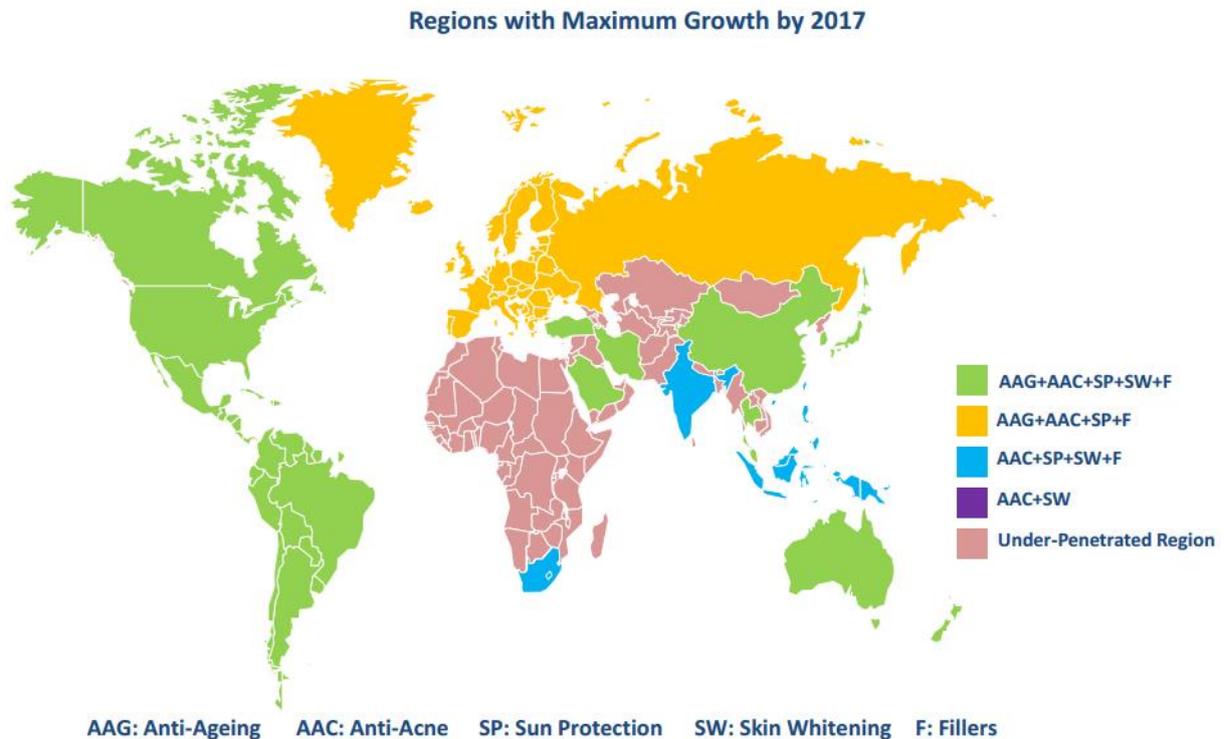
<https://www.statista.com/statistics/448473/leading-us-acne-brands/>

Unit sales of the leading acne brands in the United States in 2015 (in millions)*



<https://www.statista.com/statistics/448505/leading-us-acne-brands-by-unit-sales/>

Region with maximum growth by 2017



Acne Treatment Market Worldwide: US market is the largest market for the global acne products

The report titled “**Global Acne Treatment Market: Trends and Opportunities (2014-2019)**” provides an insight into the acne market with focus on global prescription drugs. The report assesses the market sizing and growth of the global acne market, the growth of acne market in various regions and the growth and composition of oral and topical acne drugs. The report further analyzes the major prescription drugs for the treatment of acne. The report also discusses key factors driving growth of the industry, major trends and challenges faced by manufacturers of acne drugs. Further, key players like Foamix Pharmaceuticals, Valeant Pharmaceuticals, Dermira and Actavis Plc are analyzed in the report.

Product Coverage

- Anti-Acne Drugs

- Solodyn
- Doryx
- Epiduo
- Absorica
- Aczone

Regional Coverage

- United States
- Europe
- Asia Pacific
- Japan

Company Coverage

- Foamix Pharmaceuticals HELLA
- Valeant Pharmaceuticals
- Dermira
- Actavis Plc

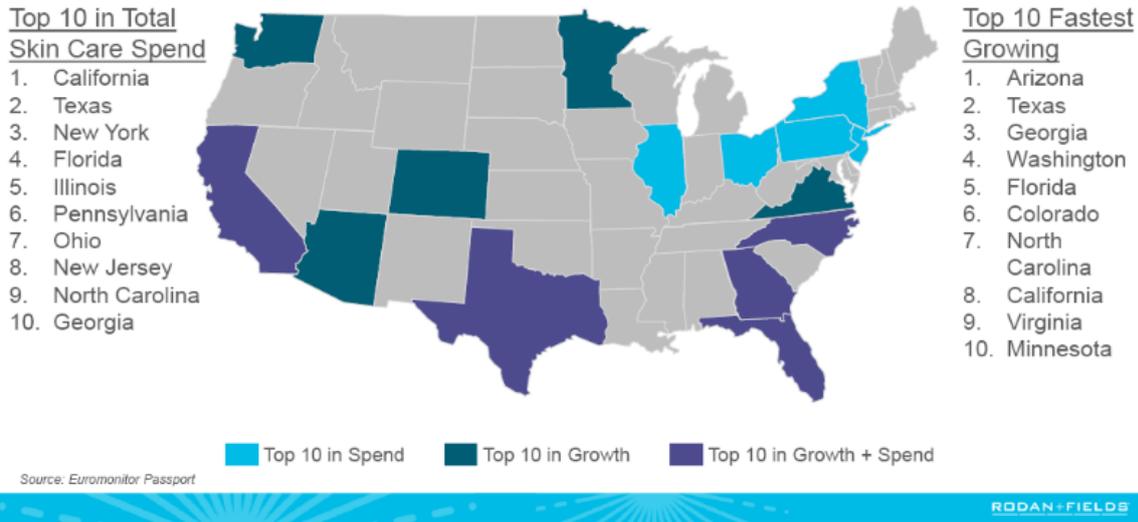
Executive Summary

The global acne market represents a small fraction of total dermatology market and both over the counter drugs and prescription drugs are used to treat acne. The acne market is primarily genericised and is moderately served by the currently marketed major prescribed drugs including SOLODYN, DORYX, and EPIDUO. **The US market is the largest market for the global acne products with about 50 million suffering from acne in the country.**

Globally, acne market is of very small size but holds immense potential driven mostly by growing income of individuals, rising health expenditures, increased fast food consumption and increased spending on drugs from various emerging economies. The acne market is also characterized by immense research and development opportunities. New laser treatment for acne, technology driven products are the key trends of the acne industry. However, with immense growth opportunities, the global acne market faces the challenges in terms of high prices of drugs, regulatory issues, increased competition from new drugs and lastly the adverse effects of drugs.

<http://www.marketreportsonline.com/396023.html>

WHERE IS THAT SPENDING TAKING PLACE IN THE US?

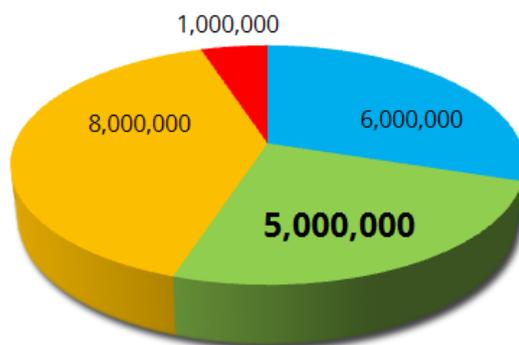


What about dermatologists? Spend on dermatologist visits in the United States in 2013 was \$10.1 billion. 18% of patients are aged 20-39 while 26% are aged 40-59. 20% of these visits are for “cosmetic dermatology.”

<https://www.linkedin.com/pulse/how-consumers-shop-anti-aging-skin-care-market-trends-michelle-skelly>

POPULATION BREAKDOWN

20M U.S. ACNE PATIENTS



- Self-treat
- Target: Moderate seeking treatment
- Do Nothing
- Accutane

\$1.5B U.S. OPPORTUNITY

<http://photosonixmed.com/market-opportunity/>