**Spironolactone for Adult (Hormonal) Acne**

Adult acne often occurs in women in their late 20’s and can remain troublesome into their 40’s. It is different from teenage acne in a number of ways. The blemishes in adult acne tend to be deeper, more often tender and last longer. Adult acne is more likely worsened by periods and tends to favor the chin and jaw lines. Treatments used for teenage acne (oral antibiotics, Accutane, and various topical medications) usually do not work as well for adult acne.

The cause of adult acne seems to be closely tied with hormonal changes, which occur over one’s lifetime. As women become older, the relative level of estrogen (produced by the ovaries) diminishes, while the male hormone, androgen (made in the adrenal gland) remains stable. The result is an imbalance between estrogen levels. Since sebaceous (oil) Glands are primarily stimulated by androgens, sebaceous glands produce excessive oil, leading to acne.

Spironolactone has been widely used for over 50 years to treat fluid retention and mild high blood pressure. A side effect noted years ago was enlargement of the breast in men taking the medication. We now know that this side effect results from the Spironolatone blocking androgen, thereby tipping the scales towards estrogen and breast enlargement. I use Spironolactone in women to block androgen, bringing it into balance with the already reduced estrogen level, and helping to restore a more normal androgen/estrogen ratio. Reducing androgen effects has other benefits, such as decreasing new facial hair and slowing and loss of scalp hair.

Your acne will improve after you have been on Spironolactone for 2-4 months. The effects of Spironolactone are entirely reversible, meaning that if you stop it, for one reason or another, your androgen levels (and acne) will return to exactly where they were prior to starting the medication. Many of my patients have been on Spironolactone for years, and most tell me that their faces have “never been so clear”. Spironolactone should be taken in the morning with food.

**Potential Side Effects**

- **Menstrual changes and breast tenderness**: The most common side effects. Disregard them if mild. If this is a problem, it can often be dealt with by lowering the Spironolactone dose or adding cyclic Oral Contraceptives. A few women report reduced libido.
- **Pregnancy or nursing**: No birth defects have been associated but I advise not taking Spironolactone if you are pregnant or nursing. Oral contraceptives help Spironolactone work even better.
- **Drugs to avoid while on Spironolactone**:
  - **Ace Inhibitors**, such as drugs with “Pril” in the name (e.g.-Captopril)
  - **ARB’s**, such as drugs with “sartan” in the name (e.g. –Valsartan)
  - Other diuretics taken at he same time
  - **Oral Potassium**
  - High doses of aspirin or nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen or indomethacin.
  - **Digitals or Digoxin**
  - **Lithium**
- **Diet**: Avoid excess potassium in food: large amounts of orange/grapefruit/tomato juices, salt substitutes, chickpeas, whole grain cereals, bananas, potatoes, tomatoes, celery, and carrots.
- **Headache/lightheadedness** may occur due to fluid loss. Take your pill(s) with lots of water.
- **Surgery**: Stop Spironolactone for 3 weeks prior to general anesthesia.