

## TOPICAL ERYTHROMYCIN-ZINC ACETATE COMPLEX LOTION VERSUS TOPICAL ERYTHROMYCIN GEL IN TREATMENT OF MILD TO MODERATE ACNE VULGARIS

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### comment:

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Hayder et al [1] described a well-conducted clinical trial comparing topical erythromycin-Zinc acetate complex lotion against topical erythromycin gel in treating patients with acne vulgaris of mild to moderate severity.

This study bears several limitations, such as its being single-blinded, a predetermined recruitment period not clearly delineated, the response rate and completion rate unclear, and the randomisation process, if any, not being explicit. However, the authors courageously admitted some of these limitations. We agree that their analyses and conclusions are largely valid, statistically significant, and clinically pertinent.

We have previously conducted studies on similar groups of patients with acne of mild to moderate severity [2,3]. At that time, we found that equipments on patient-assessed outcomes were readily available [4,5], and validly translated several instruments [6,7]. With such instruments, we have been able to determine how patients judged their clinical response to different treatment modalities. We could also quantitatively evaluate how different treatments for acne can exert different impacts on the quality of life to patients, and which of the many aspects of such including their self image, their moods, their activities of daily living, adverse impacts of treatments, and effects on their social activities.

We thus advise future investigators on acne vulgaris to consider the inclusion of patient-assessed data as primary outcome variables. We would highly recommend, a qualitative branch in such clinical trials, so that the novel and original opinions from

the patients would be realised and analysed in depth. After all, patients are the bosses in the enterprise which we call clinical medicine.

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