BEAUTY

Can Sunscreen Make Acne Worse?

A simple acne routine can protect your skin without turning sunscreen into the villain-or asking one product to do everything.

Step 1: Start with a mild cleanser

You apply sunscreen because you are trying to look after your skin. Then a new spot appears, and the bottle becomes the obvious suspect. Soon you are choosing between sun protection and clearer skin, as if acne has forced a vote. It has not.

Acne begins below the surface, when oil and dead skin cells plug a hair follicle. Bacteria can grow inside that plugged follicle, contributing to inflammation, redness and pain. Blackheads are not trapped dirt: their dark appearance comes from air changing the colour of oil at the surface. That matters because scrubbing harder does not correct the process underneath.

Use a mild cleanser and lukewarm water, without strong soap, astringents or rough scrub pads. Clean gently rather than trying to scour away sunscreen, oil or blemishes. Scrubbing too hard can make acne worse, while squeezing and picking can leave scars or dark marks.

Keep the cleanser in its proper role. It removes material from the skin's surface; it is not the main acne treatment. Nor do you need to replace it with tea tree oil or another "natural" remedy. The available rigorous research is not strong enough to recommend topical tea tree oil for acne. A mild cleanser is less exciting, but it asks less of irritated skin.

Step 2: Let one acne active do the work

The next temptation is to blame sunscreen for every breakout while collecting more treatments around it. Acne care can quickly become crowded: several acids, a harsh wash and whatever remedy is currently popular. Yet the strongest evidence supports familiar acne medicines, not an elaborate shelf.

A 2024 evidence-based guideline made strong recommendations for benzoyl peroxide and topical retinoids, as well as topical antibiotics and oral doxycycline. It conditionally recommended salicylic acid and azelaic acid, among other options. Benzoyl peroxide acts against bacteria and may reduce oil production; retinoids can treat lesions, reduce inflammation and help stop acne from forming. Salicylic acid helps break down blackheads and whiteheads.

That does not mean you should pile them all on. The guideline supports combining topical treatments with different mechanisms, but choosing treatment still depends on what your acne is like and what your skin tolerates. Topical medicines can cause irritation, burning or redness. If that happens, speak with your clinician rather than assuming sunscreen must be responsible.

This is also where a lifestyle routine reaches its limit. Deep, painful nodules, scarring, substantial emotional distress or acne that does not respond to standard topical or oral care needs medical help. The same is true if your skin keeps worsening. Evidence-based guidelines strongly recommend oral isotretinoin for severe acne, acne causing scarring or psychosocial burden, and acne that has not responded to standard therapy.

Sunscreen is not the enemy of acne care; it is a separate job that still needs doing.

Step 3: Read the claims with care

For sunscreen and other cosmetics, look for "oil free" and "noncomedogenic." Noncomedogenic means formulated not to clog pores. That makes the label useful when acne is already driven by plugged follicles, but it is not a guarantee: even products carrying that description can make acne worse in some people.

If a blemish appears, resist turning one coincidence into a rule. Acne is shaped by several factors, including oil production, dead-cell buildup, bacteria, hormones, family history and some medicines. Pressure, high humidity, picking and hard scrubbing may worsen it. A 2020 systematic review also found strong associations with family history, age, body mass index and skin type, while results for some other proposed influences were inconsistent.

Food myths can add another round of self-blame. Greasy food and chocolate are often accused, but general guidance says there is little evidence that food has much effect for most people. A 2022 systematic review offered a more qualified picture: high glycaemic index and glycaemic load had a modest but significant association with acne, while evidence concerning dairy was mixed and appeared to vary among populations. That is not evidence that yesterday's lunch explains today's spot.

Stress does not cause acne, though it may worsen it. Dirty skin does not cause blackheads. And a sunscreen that happened to be present when a spot developed has not automatically been proved guilty. The honest answer is that the supplied evidence does not compare sunscreen formulas or establish that sunscreen generally causes acne. It supports choosing products carefully and watching what happens to your own skin.

Sunscreen is not an acne medicine, either. Do not expect it to unclog follicles or replace a

proven active. Its job in this routine is different: avoiding sunburn and suntan. That distinction makes the routine easier to judge. Your cleanser cleans, your acne active treats acne, and your sunscreen provides protection outdoors. One product does not have to perform all three jobs.

Step 4: Finish with a noncomedogenic sunscreen

Sun protection belongs in an acne routine because many acne medicines can make you more prone to sunburn. Sunscreen is also especially important when acne leaves dark spots: using it outdoors can help with treating and preventing those marks. Avoiding the sun entirely is not the practical instruction. Using sunscreen and avoiding sunburn and suntan is.

If sunscreen seems to make things worse, check the whole routine before abandoning protection. Is the product oil free and labelled noncomedogenic? Are you scrubbing hard to remove it? Have you added several acne treatments that can irritate the skin? Are you touching or picking the new lesions? Those questions separate the product itself from everything happening around it.

Pay attention to the kind of bumps, too. Ordinary acne commonly affects the face, back, chest and shoulders. Recurrent painful, boil-like lumps in places where skin rubs together, such as the armpits or groin, may instead be hidradenitis suppurativa (HS). HS can break open, drain and scar, and it needs assessment by a health care provider rather than another change of sunscreen.

Sunscreen is not the enemy of acne care; it is a separate job that still needs doing. On Monday, put one oil-free, noncomedogenic sunscreen beside your mild cleanser. Use it when you go outdoors, and leave the acne treatment to one evidence-based active you can tolerate.

For the next week, write down only meaningful changes: a new product, new irritation, or clearly worsening acne. Do not inspect every pore for a verdict. If your skin continues to worsen, develops deep painful lesions or begins to scar, take that short record to a health care provider. The step takes a mild cleanser, one acne active, a noncomedogenic sunscreen and a note on your phone or paper.

Where this comes from

- Acne

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/acne.html
- Hidradenitis Suppurativa

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- Acne

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