INTRODUCTION
A hydroquinone/tretinoin (HQ/tret) skin care system, marketed as Obagi® Nu-Derm® by Obagi Medical Products, Inc., Long Beach, California, USA, is a four-step system that uses an exfoliant, toner, hydroquinone, and tretinoin to condition the skin pre-procedure, and enhance the quality of the skin post-procedure, to improve both clinical outcomes and patient satisfaction. It can be used with a variety of other preparations including retinoids, salicylic acid, and hydroquinone (HQ). Treatment includes bipolar radiofrequency for skin rejuvenation and hyperpigmentation, and intense pulsed light (IPL) for telangiectasias, redness, and photodamage.

METHODS
Study design
• Observed-experienced, randomized, placebo-controlled study

Inclusion criteria
• Minimum of 21 years old
• Minimum of 50% facial skin
• Minimum of 40% facial skin
• Minimum of 30% facial skin

Exclusion criteria
• Patients with active or resolved acne
• Patients with a history of recurrent cold sores
• Patients with a history of photosensitivity
• Patients with a history of retinoid intolerance
• Patients with a history of photodamage
• Patients with a history of photodamage

Patient populations
• 41 patients were enrolled in study
• 38 patients completed the study

Evaluated endpoints
• Efficacy endpoints
• Safety endpoints

Safety endpoints
• Dermatological and systemic adverse events
• Vital signs
• Laboratory tests

Statistical analysis
• Data from patients who provided at least one follow-up visit were analyzed.
• Efficacy endpoints were analyzed using a repeated measures analysis of variance (ANOVA) with the baseline value as a covariate.
• Safety endpoints were analyzed using the Cochran-Mantel-Haenszel test.

RESULTS
• Efficacy endpoints
• Overall improvement in facial skin
• Telangiectasias
• Hyperpigmentation
• Fine lines/wrinkles

Side effects and adverse events
• No significant differences were observed between the HQ/tret system and placebo in terms of safety and tolerability.

Tolerance
• There were no significant differences in terms of tolerability between the HQ/tret system and placebo.

REFERENCES
1. Katona E Woodhall, MD