



INGREDIENT GUIDE

Azelaic Acid, Plainly

What it is, what the evidence supports, who it suits, and the four mistakes that make people stop before it has had a chance to work.

DR. LURIÉ SKINCARE — EVIDENCE-LED SKIN HEALTH

WHAT IT IS

A quiet active with three jobs

Azelaic acid is a dicarboxylic acid produced by a yeast that lives on normal skin. It is used topically, not taken by mouth.

Prescription strengths in most countries are a 15% gel or a 20% cream, depending on the licensed indication. Lower concentrations, commonly around 10%, are sold without a prescription. Availability and licensing differ from country to country, so what sits on a pharmacy shelf where you live may not match what a study used.

WHERE THE EVIDENCE IS CLEAREST

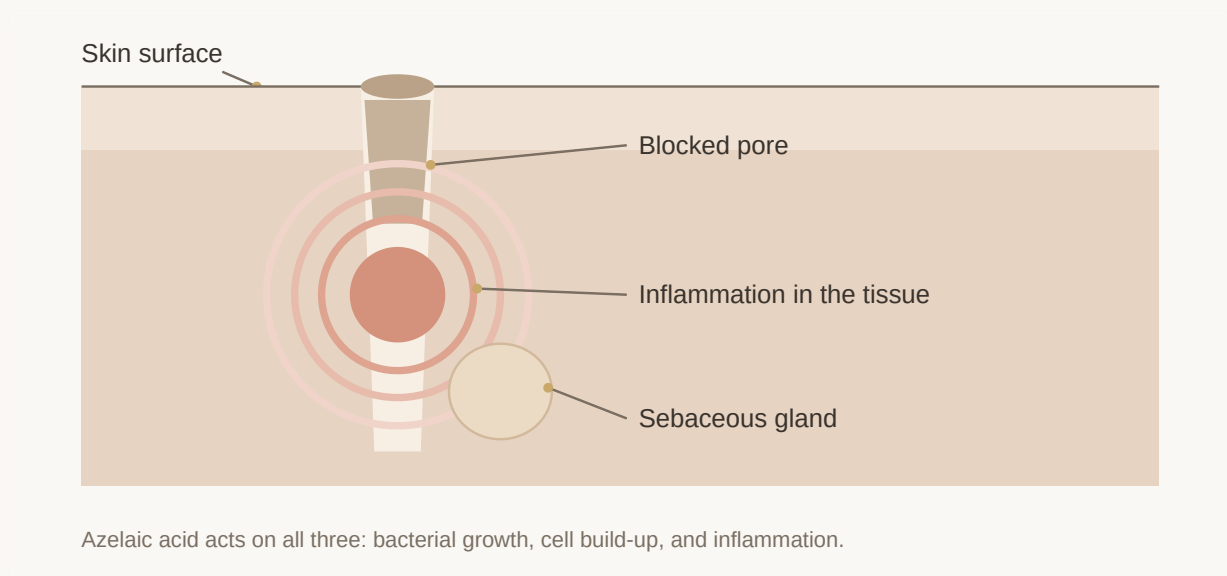
- Acne — topical azelaic acid appears in the 2024 American Academy of Dermatology acne guideline among the topical treatments it recommends. Its evidence base is smaller than the one behind benzoyl peroxide or a topical retinoid.
- Rosacea — the 15% gel is one of the better-supported topical options for papules and pustules. It does less for flushing and visible vessels.
- Marks left behind — DermNet notes it is particularly useful for people with deeper skin tones whose spots leave persistent brown marks.
- Melasma — a 2023 systematic review found results here less consistent than in acne and rosacea.

MECHANISM

What it does inside the follicle

DermNet describes three mechanisms at work. It reduces the growth of bacteria in the follicle by interfering with protein synthesis. It improves the abnormal way cells build up inside the follicle. And it damps inflammation by scavenging free radicals in immune cells.

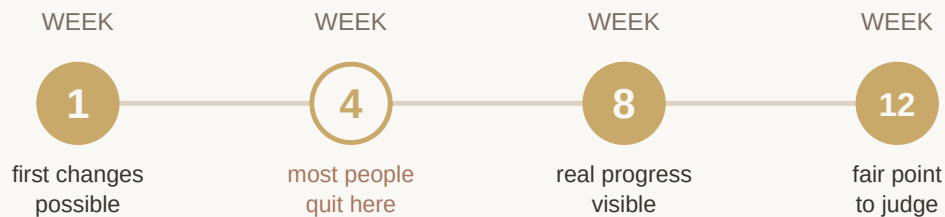
That combination is why one ingredient turns up against several different-looking problems — and why it acts on both blocked pores and inflamed spots, which is unusual for a single active.



A follicle with a blocked pore and inflammation in the surrounding tissue. Azelaic acid acts on the bacterial growth, the cell build-up, and the inflammation — not on one of the three alone.

It is called an acid, and it does not behave like one. No tingle, no peel, no overnight difference.

Three months, not three weeks



DermNet: some improvement after about a month; maximum after around six months.

DermNet's guidance: some improvement after about a month, maximum results after around six months of continuous use, and up to twelve weeks in rosacea before it is fair to judge.

- Stopping too early. Most people who say azelaic acid did nothing for them stopped at four weeks, well before the point any study would have measured.
- Expecting an exfoliant. The change is slow and cumulative, which makes comparing photographs a few weeks apart more useful than checking the mirror daily.
- Using too much. A thin layer over the affected area, once or twice daily, is the pattern the studies used. More does not speed it up; it increases the chance of stinging.
- Adding it on top of a retinoid, an acid toner and a foaming cleanser in the same week, then blaming it for the irritation the routine as a whole caused.

BEFORE YOU START

Two conversations worth having first

Pregnancy. Azelaic acid is often mentioned among the acne options considered acceptable during pregnancy. That decision belongs with the clinician looking after your pregnancy, not with an article or a guide.

Asthma. Worsening of asthma has been reported with azelaic acid. If you have asthma, say so before you start.

And if what you are treating is rosacea, acne that is leaving scars, or pigmentation you are not sure about, your dermatologist is the sensible first step rather than the last resort.

Individual response varies more than any guide can account for.

SOURCES

DermNet. Azelaic acid: uses, application and more. <https://dermnetnz.org/topics/azelaic-acid>

A systematic review to evaluate the efficacy of azelaic acid in the management of acne, rosacea, melasma and skin aging. Journal of Cosmetic Dermatology. 2023. <https://onlinelibrary.wiley.com/doi/10.1111/jocd.15923>

Guidelines of care for the management of acne vulgaris. Journal of the American Academy of Dermatology. 2024. [https://www.jaad.org/article/S0190-9622\(23\)03389-3/fulltext](https://www.jaad.org/article/S0190-9622(23)03389-3/fulltext)

Azelaic Acid: Evidence-based Update on Mechanism of Action and Clinical Application. 2015. <https://pubmed.ncbi.nlm.nih.gov/26355614/>

This guide is general information about skin health. It is not medical advice, a diagnosis, or a substitute for care from a qualified clinician. Individual responses vary. Speak to your dermatologist or doctor about your own skin, and about anything that changes suddenly.