



AN EVIDENCE GUIDE

Starting a Retinoid: The Four-Week Checkpoint

A printable way to decide whether to keep going, ease off, or ask for help — without relying on how you felt about your skin this morning.

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WHY THIS EXISTS

Week two is the worst time to judge

Almost every decision to abandon a retinoid is made in the second or third week, which is roughly the point at which the skin looks worst and the least information is available.

That is not a coincidence. Retinoids act in part by changing how quickly the lining of a pore sheds, so the plugs already forming underneath tend to surface earlier than they otherwise would. Whether that is what is happening to you, or whether the product simply does not suit your skin, cannot be told apart from a single morning in the mirror.

It can be told apart from four weeks of small, boring notes. That is all this guide asks for.

RECORD THESE FOUR THINGS, ONCE A WEEK

- The date, and how many nights you actually applied it — not how many you intended to.
- One photograph. Same light, same angle, no filter and no makeup. Daylight from a window is ideal.
- Where the spots are, in your own words: forehead, jaw, cheeks, neck, chest.
- Anything else that changed — a new cleanser or SPF, a course of medication, a house move, a period of poor sleep.

The three questions

What does it look like? Small superficial bumps that come to a head and settle within days behave differently from deep, tender lumps, and differently again from a flat red rash with stinging or scaling. The last of those is closer to irritation than to acne.

How long has it run? This is the most useful of the three. The NHS notes that acne treatments can take up to three months to work. Something still worsening at eight to twelve weeks is no longer an early adjustment, whatever it is called.



One photograph a week, in the same light. Memory is not a fair judge of skin.

Two of the three pointing the same way is usually enough to decide. If they disagree, the timeline wins.

ADJUSTING

Ease off before you give up



What you are looking for is the pattern across four weeks, not any single morning.

- Reduce frequency before you reduce strength. Two or three nights a week is a real routine, not a failed one.
- Use less than you think. A pea-sized amount is the commonly cited quantity for the whole face.
- Hold everything else still. Adding a second active in the same fortnight makes the flare unreadable.
- Keep a plain moisturiser in the routine. Supporting the barrier is what makes a retinoid survivable long enough to judge it.

BOUNDARIES

When to stop and see a clinician

Some of this is not a decision to make alone. Speak to your dermatologist, your GP, or whoever prescribed the product if you develop deep painful lumps, if there is swelling, blistering or a spreading rash, or if you are pregnant, trying to conceive or breastfeeding — retinoid use in those circumstances is a clinical decision rather than a personal-preference one.

It is also reasonable to seek treatment simply because your skin is affecting how you feel day to day. That is a documented part of acne and a legitimate reason to be seen, without waiting for things to get worse first.

SOURCES

Topical retinoids. DermNet. dermnetnz.org/topics/topical-retinoid

Acne vulgaris. DermNet. dermnetnz.org/topics/acne-vulgaris

Retinoid or retinol? American Academy of Dermatology. aad.org/public/everyday-care/skin-care-secrets/anti-aging/retinoid-retinol

Acne. NHS. nhs.uk/conditions/acne

This guide is general information about skin health. It is not medical advice, a diagnosis, or a treatment plan, and it cannot account for your history, your medication, or anything a clinician would find on examination. If your skin is painful, swelling, blistering, or worsening, speak to your dermatologist or GP.