



ROSACEA

What are the aims of this leaflet?

This leaflet has been written to help you understand more about rosacea. It tells you what rosacea is, what causes it, what can be done about it, and where you can find out more about it.

What is rosacea?

Rosacea is a common rash, rarely occurring anywhere other than the face, which predominantly affects middle-aged and fair-skinned people. It is more common in women, but tends to be more severe in men. It is a chronic condition and, in any individual, the severity tends to wax and wane. It affects the cheeks, forehead, chin and nose, and is characterised by redness, dilated blood vessels, small red bumps and pus-filled spots (which may only be visible with a magnifying glass), often with a tendency to blush easily. There may also be uncomfortable inflammation of the eyes.

What causes rosacea?

The cause of rosacea is not understood, but the underlying defect causes both inflammation and an undue readiness of the blood vessels in the skin of the face to dilate. The theory that rosacea is due to germs in the skin or gut has not been proven. It is not contagious.

There are a variety of trigger factors which may make rosacea worse, but which probably do not cause it in the first place: these include alcohol, exercise, high and low temperatures, hot drinks, spicy foods and stress. Rosacea can be worsened by natural sunlight.

Is rosacea hereditary?

Rosacea does seem to run in some families, but it is still not clear whether heredity plays a big part in this.

What are the symptoms of rosacea?

The rash and the flushing associated with rosacea are cosmetic issues and can lead to embarrassment, lowered self-esteem and self-confidence, anxiety and even depression. Furthermore, the skin of the face is often sensitive, and can burn or sting.

Some people with rosacea have eye symptoms (which include red, itchy, sore eyes and eyelids, a gritty feeling and sensitivity to light). A few patients with rosacea may develop more serious eye problems, such as painful inflammation involving the clear front part of the eye (rosacea keratitis), which can interfere with vision. Be sure to consult your doctor if you have problems with your eyes.

What does rosacea look like?

Rosacea starts with a tendency to blush and flush easily. After a while, the central areas of the face become a permanent deeper shade of red, with small dilated blood vessels, and studded with small red bumps and pus-filled spots, which come and go in crops. Scarring is seldom a problem.

Occasionally, there may be some swelling of the face (lymphoedema), especially around the eyes. Very occasionally, an overgrowth of the oil-secreting glands may cause the nose to become enlarged, bulbous and red (rhinophyma), more commonly in men than women.

How will rosacea be diagnosed?

Rosacea can be diagnosed by its appearance: there are no diagnostic laboratory tests. Rosacea differs from acne in that the skin is not particularly greasy, blackheads and scarring are not features, flushing is common, and there is a background of red skin.

Can rosacea be cured?

No, rosacea cannot be cured, but long-term treatments can be very effective.

How can rosacea be treated?

The inflammation that accompanies rosacea can be treated with preparations applied to the skin or taken by mouth, but these will not help the redness or flushing that may be associated with rosacea.

Local applications:

- The inflammatory element of mild to moderate rosacea may be controlled with just a topical preparation (one that is applied to the skin).

- Useful preparations include metronidazole and azelaic acid. They take time, at least 8 weeks, for their effect to become evident.

Oral antibiotics:

These are helpful for the inflammatory element of moderate or severe rosacea. The most commonly used antibiotics belong to the tetracycline group and include tetracycline, oxytetracycline, doxycycline, lymecycline and minocycline. Erythromycin is another commonly used antibiotic. The duration of an antibiotic course depends on your response. Your doctor may suggest that you use a topical and oral treatment together.

Other treatments:

- An eye specialist should manage the more severe types of eye involvement.
- A bulbous nose affected by rhinophyma can be reduced surgically.
- Unsightly redness and dilated blood vessels can be treated with a laser.
- A beta-blocker tablet or clonidine may help if flushing is a big problem.
- Isotretinoin tablets are occasionally given for very severe rosacea, but the potential side effects of this drug, including the great risk of it harming an unborn child, must always be kept in mind.

What can I do?

- Protect your skin from the sun by using a sun block (with a sun protection factor of at least 30) on your face every day.
- Do not rub or scrub your face as this can make rosacea worse.
- Use an unperfumed moisturiser on a regular basis if your skin is dry or sensitive.
- Consider the lifestyle factors that can worsen rosacea (listed above). Learn which upset your rosacea and avoid them: a written record of your flare-ups may help.
- Cosmetics can often cover up rosacea effectively.
- It may be best to avoid treatments for acne, unless they are specifically recommended to you by your doctor, as some can irritate skin that is prone to rosacea.
- Do not use topical preparations containing corticosteroids, unless specifically recommended by your doctor, as these may make rosacea worse in the long run.
- If your eyes are giving problems, do not ignore them - consult your doctor.

- Some drugs can aggravate flushing, and your doctor may make appropriate changes to your medication.

Where can I get more information about rosacea?

www.aad.org/pamphlets/rosacea.html

www.rosacea.org/

www.dermnetnz.org/dna.rosacea/ros.html

(Whilst every effort has been made to ensure that the information given in this leaflet is accurate, not every treatment will be suitable or effective for every person. Your own doctor will be able to advise in greater detail.)

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