Rosacea

When to see a dermatologist
Seeking early treatment can help to reduce the appearance of common symptoms (e.g. redness, papules, pustules, and enlarged blood vessels) and their associated effects such as burning, stinging, dryness, and flaking. Improving their skin condition can also help rosacea patients feel more comfortable and confident about their physical appearance. Early and ongoing treatment of rosacea can help to control symptoms and prevent worsening of the condition and the possibility of disfigurement.

Different forms of rosacea
There are four forms of rosacea, which are defined by the following range of symptoms:
Mild (Erythematotelangiectatic) The main symptoms are facial flushing and redness, which may be present only sometimes. In addition, there may some swelling, burning and stinging, roughness, and visible red blood vessels.
Moderate (Papulopustular) This is a more advanced form of rosacea that is marked by persistent redness and pimplelike bumps (often mistaken for acne), as well as burning and stinging.
Severe (Phymatous) In some individuals, rosacea may affect the nose, causing the skin tissue to thicken (giving an enlarged appearance) and become bumpy. This advanced form of rosacea is called rhinophyma.
Ocular rosacea In addition to skin symptoms, rosacea may also affect the eyes and eyelids. It may cause redness to the surrounding skin tissue but also burning or stinging, dryness, light sensitivity, blurred vision, and watery, bloodshot eyes.

What are the treatment options for rosacea?
Rosacea does not improve or resolve on its own, and untreated rosacea can worsen over time. Unlike acne, self-treating with over-the-counter products may not help and may even irritate skin more, causing more redness and bumps. Your family doctor or dermatologist can prescribe various forms of treatment and recommend which skin care products and cosmetics are appropriate. Sticking with the treatment recommended by your doctor will improve symptoms within a few weeks.

Medications
Metronidazole
This topical agent, which has anti-inflammatory and antimicrobial effects, is considered a gold standard treatment for rosacea. It can be used long term and is available in a gel, cream and lotion formulation.

Antibiotics (topical, oral)
Rosacea is often treated with antibiotics, either in a topical formulation that is applied directly to affected skin or in a pill form you swallow. They work mainly by providing an anti-inflammatory effect. Oral antibiotics include tetracycline, minocycline, erythromycin, clindamycin, and others.

Steroid creams
Rosacea may be treated with mild topical steroids that are either over-the-counter or prescription-strength. These can be used short-term to help to reduce skin redness and inflammation. They can make rosacea worse if used for longer periods.

Isotretinoin
This oral agent may be prescribed if rosacea is severe or if symptoms do not respond to antibiotics.

Tretinoin cream
This topical agent may be prescribed for mild rosacea.

Sodium sulfacetamide and sulphur
Sodium sulfacetamide and sulphur are typically used in combination to treat redness and inflammation.

Laser therapy and other cosmetic surgery
Laser therapy treatment involves using a pulsed dye laser or intense pulsed light (IPL) to treat visible red blood vessels. Laser resurfacing, dermabrasion or cosmetic surgery may be used to reduce the tissue overgrowth associated with rhinophyma.

It is important to seek and stick with treatment!

Rosacea is often misdiagnosed as adult acne.
What is rosacea?
Rosacea (row-zay-sha) is a chronic skin condition that primarily affects the face. The first signs of rosacea may be redness or blushing that comes and goes initially. Over time, the redness may become persistent and more visible. The most common sites for symptoms are the cheeks, nose, chin, and forehead. Sometimes, rosacea may involve the eyes as well, and include symptoms such as blood-shot eyes that feel gritty. Over half of rosacea sufferers may experience eye symptoms. Bumps, tiny pus-filled pimples, and enlarged blood vessels can also appear, giving skin a rough, uneven appearance. Rosacea symptoms can vary from one person to another, and there is no predicting severity. There is no known cure for rosacea, although it can be managed with appropriate treatment and lifestyle changes.

Rarely, rosacea symptoms can be severe enough that the skin tissue of the nose becomes thick, swollen, and bumpy (called rhinophyma). It is characterized by thick, red bumps around and on the nose, which develop when the oil-producing glands and the surrounding connective tissues become enlarged. This is a more severe form of rosacea that occurs mostly when it remains untreated. Rhinophyma develops in some men who have rosacea, and very rarely in women with rosacea.

Who gets rosacea?
Rosacea usually develops in adults between ages 30 and 50. It affects both men and women, although it seems to affect more women and more severe cases seem to occur in men. It tends to affect people with fair skin, such as those of northern and eastern European descent (for example Celtic, English, and Scottish), although rosacea can develop in those of any skin type.

What can trigger rosacea to flare-up?
A number of lifestyle factors can cause rosacea to flare up. These triggers vary from person to person, so it is both important and helpful to find out which ones make your rosacea symptoms flare up. Knowing this can help you to better manage your condition and to avoid things that can potentially aggravate your skin.

**Common rosacea triggers**

**Cosmetic products**
Products with fragrance, alcohols, abrasives or other irritating ingredients. Choose only gentle products.

**Food and Drinks**:
- Hot drinks, such as soup and hot chocolate
- Caffeinated beverages, such as tea or coffee
- Spicy seasonings such as pepper, paprika, red pepper and cayenne
- Alcohol, especially red wine

**Intense exercise**
- Overheating the body can trigger flushing
- Divide vigorous exercises into shorter sessions
- Stay cool while working out

**Medications**
Certain medications that cause flushing can cause flare-ups. Drugs such as ACE-inhibitors and some cholesterol-lowering drugs (i.e. niacin) may play a role. Extended use of prescription-strength cortisone creams on the face can worsen rosacea symptoms.

**Stress**
Stress, or emotional upset, is one of the most common triggers associated with rosacea flare-ups. Manage stress by getting enough sleep, exercising regularly, deep breathing and stretching, and eating a healthy diet.

**Temperature extremes**
- Extremely hot or cold weather
- Exposure to wind
- Hot baths, showers and saunas

**UV exposure**
- Wear sun protection (SPF 30 or higher) daily.
- Sunblock may be better for people with sensitive skin.
- Avoid the sun between 11 a.m. and 4 p.m.

Quick facts about rosacea
- Rosacea affects over two million Canadians.
- It is a chronic skin condition that does not go away but can be controlled.
- It typically develops between ages 30 and 50.
- It usually occurs more often in women than men.
- It is often misdiagnosed as adult acne.
- In about half of cases, rosacea symptoms involve the eyes.

For more information on:
**Causes of Rosacea**
**Managing Rosacea**
**Rosacea Triggers**
and links to other resources, go to www.dermatology.ca