



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 skin condition, usually occurring on the face, which predominantly affects fair-skinned but may affect all skin types in people aged 40 to 60 years old. It is more common in women but when affecting men, it may be more severe. It is a chronic condition, and can persist for a long time and, in any individual, the severity tends to fluctuate. Rosacea tends to affect the cheeks, forehead, chin and nose, and is characterised by persistent redness caused by dilated blood vessels, small bumps and pus-filled spots similar to acne. There may also be uncomfortable inflammation of the surface of the eyes and eyelids.

Rosacea is classified into 4 subtypes that may overlap. Your doctor will advise you of the type you have.

What causes rosacea?

The cause of rosacea is not fully understood. Your genetics, immune system factors, and environmental factors may all play a part. Factors that trigger rosacea cause the blood vessels in the skin of the face to enlarge (dilate). The theory that rosacea is due to bacteria on the skin or in the gut has not been proven. However, antibiotics have proven helpful to treat rosacea. This is because of their anti-inflammatory effect. Rosacea is not contagious.

There are a variety of triggers that may make rosacea worse. These include alcohol, exercise, high and low temperatures, hot drinks, spicy foods and stress. Rosacea can be sun sensitive.

Is rosacea hereditary?

Rosacea does seem to run in some families, but there is no clear genetic link.

What are the symptoms of rosacea?

The rash and the blushing associated with rosacea can lead to embarrassment, lowered self-esteem and self-confidence, anxiety and even depression. Furthermore, the skin of the face is often sensitive, and the affected area can feel very hot or sting.

Some people with rosacea have eye symptoms. A few patients with rosacea may develop more serious eye problems, such as painful inflammation involving the front part of the eye (rosacea keratitis) and this may cause blurred vision. It is important that you consult a dermatologist or an optician if you develop symptoms affecting the eyes.

What does rosacea look like?

Rosacea usually starts with a tendency to blush easily. After a while, the central areas of the face become a permanent deeper shade of red, with small dilated blood vessels, bumps and pus-filled spots.

Occasionally, there may be some swelling of the facial skin (lymphoedema), especially around the eyes. Occasionally, an overgrowth of the oil-secreting glands on the nose may cause the nose to become enlarged, bulbous and red (called rhinophyma). Rhinophyma is more common in men than women.

How will rosacea be diagnosed?

Rosacea can be diagnosed by its appearance. Specific tests are not usually required.

Can rosacea be cured?

No, but long-term treatments can be helpful.

How can rosacea be treated?

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

Local applications:

The inflammatory element of rosacea may be controlled with a medication applied to the affected areas. It takes at least 8 weeks for their effect to become evident and some applications work specifically to reduce the redness associated with rosacea.

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 cream and oral treatment together.

Other treatments:

- An eye specialist should manage the severe types of eye involvement.
- A bulbous nose affected by rhinophyma can be reduced by a dermatologist or a plastic surgeon.
- Redness and dilated blood vessels can be treated with laser therapy by a dermatologist.
- A beta-blocker tablet or clonidine may be prescribed by the dermatologist; it may help if blushing is a significant problem.
- Isotretinoin tablets are sometimes prescribed by a dermatologist for severe rosacea.

Self Care (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 and needs re-applying frequently if outdoors.
- Do not rub or scrub your face when cleansing as this can make rosacea worse.
- Do not use perfumed soap as this can make rosacea worse.
- Use a soap substitute (emollient) to cleanse your face.
- Use an unperfumed moisturiser on a regular basis if your skin is dry or sensitive.

- Consider the lifestyle factors that can worsen rosacea and avoid them; a written record of your flare-ups may help.
- Some Cosmetics can often cover up rosacea effectively, and some rosacea patients may benefit from the use of skin camouflage. This may help hide excessive redness. A skin camouflage consultation can be discussed with your health care professional. or by contacting the organisations listed at the end of this leaflet
- Unless they are specifically recommended to you by your dermatologist it may be best to avoid some treatments for acne, as they can irritate skin that is prone to rosacea.
- Do not use topical preparations containing corticosteroids, unless specifically recommended by your dermatologist as these may make rosacea worse in the long run.
- If your eyes are affected, do not ignore them - consult your dermatologist or an eye specialist doctor.
- Some drugs can aggravate blushing, and your doctor or dermatologist may make appropriate changes to your medication.

CAUTION: This leaflet mentions ‘emollients’ (moisturisers). Emollients, creams, lotions and ointments contain oils which can catch fire. When emollient products get in contact with dressings, clothing, bed linen or hair, there is a danger that a naked flame or cigarette smoking could cause these to catch fire. To reduce the fire risk, patients using skincare or haircare products are advised to be very careful near naked flames to reduce the risk of clothing, hair or bedding catching fire. In particular smoking cigarettes should be avoided and being near people who are smoking or using naked flames, especially in bed. Candles may also risk fire. It is advisable to wash clothing daily which is in contact with emollients and bed linen regularly.

Where can I get more information about rosacea?

Web links to detailed leaflets:

<https://www.aad.org/public/diseases/acne-and-rosacea/rosacea>

<https://patient.info/doctor/rosacea-and-rhinophyma>

<https://www.dermnetnz.org/topics/rosacea/>

<http://emedicine.medscape.com/article/1071429-overview>

Link to patient support groups:

British Association of Skin Camouflage (NHS and private practice)

Tel: 01254 703 107

Email: info@skin-camouflage.net

Web: www.skin-camouflage.net

Changing Faces

Tel: 0300 012 0276 (for the Skin Camouflage Service)

Email: skincam@changingfaces.org.uk

Web: www.changingfaces.org.uk

Skin Camouflage Network (NHS and private practice)

Helpline: 0785 1073795

For details of source materials used please contact the Clinical Standards Unit (clinicalstandards@bad.org.uk).

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel

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