



## **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, usually occurring on the face, which predominantly affects middle-aged (age range 40 to 60 years old) 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 come and go. Rosacea tends to affect the cheeks, forehead, chin and nose, and is characterised by flushing and redness, dilated blood vessels, small red bumps and pus-filled spots (sometimes these may only be visible with a magnifying glass). There may also be uncomfortable inflammation of the surface of the eyes and eyelids.

### **What causes rosacea?**

The cause of rosacea is unknown. 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 trigger factors that may make rosacea worse. 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 there is no clear genetic link.

### **What are the symptoms of rosacea?**

The rash and the flushing 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 (including 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 front part of the eye (rosacea keratitis) and this may cause blurred vision. It is important that you consult your doctor 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 studded with small red bumps and pus-filled spots that come and go in crops. Scarring is seldom a problem.

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 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; however, these will not help the redness or blushing that may be associated with rosacea.

### *Local applications:*

- The inflammatory element of mild to moderate rosacea may be controlled with a topical preparation (one that is applied to the skin).
- Useful preparations include metronidazole and azelaic acid. It takes 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.
- Redness and dilated blood vessels can be treated with laser therapy.
- A topical treatment called Brimonidine gel can help reduce the redness.
- A beta-blocker tablet or clonidine may help if blushing is a significant problem.
- Isotretinoin tablets are sometimes prescribed 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.
- Do not rub or scrub your face 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 (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, and some rosacea patients may benefit from the use of skin camouflage. This may help hide excessive redness. A health care professional will be able to make a referral for you if necessary.
- Unless they are specifically recommended to you by your doctor 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 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 blushing, and your doctor may make appropriate changes to your medication.

### **Where can I get more information about rosacea?**

*Web links to detailed leaflets:*

[www.aad.org/pamphlets/rosacea.html](http://www.aad.org/pamphlets/rosacea.html)

[www.dermnetnz.org/dna/rosacea/ros.html](http://www.dermnetnz.org/dna/rosacea/ros.html)

<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](mailto:info@skin-camouflage.net)

Web: [www.skin-camouflage.net](http://www.skin-camouflage.net)

*Changing Faces*

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

Email: [skincam@changingfaces.org.uk](mailto:skincam@changingfaces.org.uk)

Web: [www.changingfaces.org.uk](http://www.changingfaces.org.uk)

*Skin Camouflage Network* (NHS and private practice)

Helpline: 0785 1073795

Email: [enquiries@skincamouflagenetwork.org.uk](mailto:enquiries@skincamouflagenetwork.org.uk)

Web: [www.skincamouflagenetwork.org.uk](http://www.skincamouflagenetwork.org.uk)

For details of source materials used please contact the Clinical Standards Unit ([clinicalstandards@bad.org.uk](mailto: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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