

What is rosacea?

Rosacea is a **long-term** skin condition mainly affecting the **central face** often starting between the age of **30-60 years** old. Although rosacea can affect anyone, it is more common in women and those with lighter skin. The severity of rosacea tends to fluctuate.

What does rosacea look and feel like?

Rosacea, which may feel sore, mainly affects the cheeks, forehead, chin, and nose.

There are several types of rosacea, which is important, as they **respond to different treatments**. Some people have more than one type.

- **Inflammatory rosacea** – small bumps (papules) and pus-filled spots (pustules)
- **Vascular rosacea** – frequent flushing/blushing. A red face (erythema) and/or prominent blood vessels (telangiectasia). The redness is more difficult to see in skin of colour. This type of rosacea does **NOT respond to any form of antibiotic**
- **Ocular rosacea (sometimes called blepharitis)** – sore red eyes with crusting around the eyelashes. A few patients develop more serious eye problems, such as inflammation involving the front part of the eye (rosacea keratitis) causing painful blurred vision
- **Rhinophyma** – thickened skin on the nose.

If you would like to see images of rosacea refer to the A-Z guidelines from the homepage of www.pcds.org.uk

What causes rosacea?

The cause is uncertain. One factor in some patients is the mite *Demodex folliculorum*; this is found on the skin of all humans, although frequently occurs in greater numbers in those with rosacea. Despite of this, rosacea is not contagious (i.e. cannot be passed onto someone else).

What else can contribute to rosacea?

The following triggers affect some people with rosacea:

- Sunlight
- alcohol

- caffeine and hot drinks
- spicy foods
- high and low temperatures
- exercise like running

Things you can do to help yourself

Rosacea is **not** caused by poor hygiene.

If you know that a **trigger**, for example alcohol or spicy food, makes symptoms worse, try to avoid it as much as possible. If the rosacea is made worse by the sun, then wear a sunscreen of at least SPF 30.

Avoid soap. Use an **unperfumed moisturiser** on a regular basis if your skin is dry or sore. **Avoid steroid creams** as these will make rosacea worse.

If you have sore eyes (blepharitis) clean your eyelids at least once a day and take advice from your pharmacist who can recommend eye drops. If you suddenly develop a **painful red eye** (rosacea keratitis), which may affect your vision, you must report this immediately to a health professional as urgent treatment may be needed to prevent long-term damage to your eye. Fortunately, keratitis is uncommon.

Take steps to **manage stress**.

Make an appointment at your GP surgery

Although there is **no cure** for rosacea, if you need help there are various treatments that can be prescribed. Treatment options provided by your GP include **topical treatments** (applied directly to the skin), and **oral antibiotics** (taken by mouth). Treatment choice depends on the type of rosacea:

- **Inflammatory rosacea** often responds well to topical treatments and oral antibiotics taken for 2-3 months at a time
- **Vascular rosacea** is often more difficult to treat as **antibiotic creams and tablets will not help**. There is only one topical treatment available to reduce the **redness** (erythema) and not all patients benefit. Laser treatment can help but is unlikely to be available locally on the NHS and improvements are not permanent. Tablets can sometimes **improve flushing**. Various **cosmetics** can often cover up rosacea effectively, and some patients benefit from using **skin camouflage** to help hide excessive redness. You may have a local skin camouflage service where your

health professional can refer you, otherwise see the resources section at the bottom of this page

- **Rhinophyma** does not respond to topical treatments or tablets. Carbon dioxide laser therapy and surgery can help but may not be available locally on the NHS (ask your health professional)
- **Blepharitis** may require eye drops and sometimes antibiotics

For advice on **specific treatments** for rosacea refer to the 'Best Practice Concise Guidelines' on the homepage of www.pcds.org.uk.

Your mental health

Rosacea can have a significant psychological impact and may affect many areas of daily life including work and personal relationships. If the rosacea is affecting your mental health, you should discuss this with a health professional.

Referral to a specialist

If your rosacea is not responding adequately to treatment you may need to be referred to a specialist who will be either a Dermatologist or a GPwER in Dermatology (a GP who has also been trained in relevant areas of dermatology). One of the treatments sometimes used to treat inflammatory rosacea is called Isotretinoin.

What will happen when you are referred?

The appointment may be face-to-face (the person attends the clinics), or a video call (Teledermatology).

Other resources for skin camouflage

- British Association of Skin Camouflage (NHS and private practice) –
Email info@skin-camouflage.net
Web address www.skin-camouflage.net
- Changing Faces – Email skincam@changingfaces.org.uk
Web address www.changingfaces.org.uk

Helping with other skin conditions

If you, a family member, or friend has an undiagnosed skin condition; the website www.pcds.org.uk contains useful diagnostic tools. On the homepage there are two diagnostic tools:

- **Skin Lesion Diagnostic Tool** – for a skin lesion (changes to a small area of skin, lump or bump)
- **General Dermatology Diagnostic Tool** – for a rash or other larger area of skin change, or a problem with the hair or nails