PRIMARY CARE DERMATOLOGY SOCIETY

*Promoting Confident Dermatology Since 1994*

# 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 bloods vessels (telangiectasia). The redness is more difficult to see in skin of colour
- **Rhinophyma** – thickened skin on the nose
- **Blepharitis** (sometimes called ocular rosacea) – 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

# 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

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# 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 information on **specific treatments** refer to the ***Best Practice Concise Guidelines*** or the **A-Z list of Clinical Conditions** from the homepage of www.pcds.org.uk.

# 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 heath 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 GPwER/GPwSI (a GP who has been trained in relevant areas of dermatology) or a Dermatologist. One of the treatments sometimes used to treat inflammatory rosacea is called Isotretinoin.

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

# Skin camouflage

**Cosmetic makeup** can be very helpful to some patients with rosacea. **Camouflage therapy** is offered by Changing Faces (www.changingfaces.org), though some NHS hospital departments may also offer this

# Helping with other skin conditions

If you, a family member, or friend have an undiagnosed skin condition; or you want to learn more about how to treat skin conditions, please visit www.pcds.org.uk – if you click the purple tile near the top of the homepage that reads ***Take a Tour*** you can learn how best to use this website.