ROSACEA V2.0

Comments from the Expert Advisory Group

Key factors in history

- Centrofacial erythema.
- Pustules / papules centrofacially.
- Episodic facial flushing.
- Affected skin can feel dry and irritated.
- Can affect activities of daily living and quality of life.
- Erythema and flushing exacerbated by emotional stress, extremes in temperature, exercise, hot caffeinated drinks, alcohol, direct sunlight.
- Can also experience red sore gritty eyelid margins and may have history of styes/blepharitis.
- Be aware of medications that can cause vasodilatation / flushing
    - All vasodilators.
    - All calcium-channel blockers.
    - Opiates such as morphine.
    - Nicotinic acid.
    - Bromocriptine (Parkinson's disease).

Exam

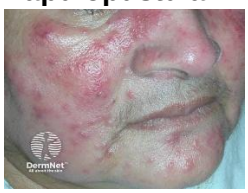
- Erythema on cheeks, chin and forehead sparing the periocular and periorbital skin.
- Telangiectasia present on nose / cheeks (can be present without other features of rosacea).
- Dome shaped papules and some pustules on nose and cheeks.
- No open or closed comedones seen on exam.
- Rhinophyma
    - Marked thickening of nasal skin.
    - Build-up of boggy lumpy tissue.
    - Prominent blood vessels (telangiectasia and venulectasia) and prominent pores (sebaceous hyperplasia).
    - Nose enlarged as a result.

Note: rashes and skin conditions can appear different on black or brown skin.

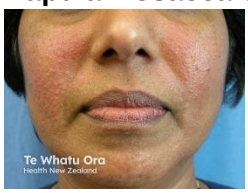
Eye Exam

- Blepharitis.
- Lid margin telangiectasia and papules.
- Conjunctival injection.

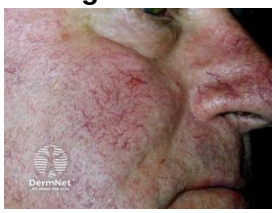
Papulopustular Rosacea



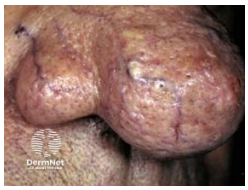
Papular rosacea on the cheeks



Telangiectasia



Rhinophyma: Refer to plastic surgeons or dermatology for discussion regarding shave excision or CO2 laser ablation.



Images sourced from: DermNet

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Clinical Diagnosis (i.e. no test required)

A diagnosis of rosacea may be made if there is at least one 'diagnostic' feature or two 'major' clinical features:

- **Diagnostic Features**
    - Phymatous change (most commonly affects nose).
    - Persistent erythema (centrofacial distribution which worsens in response to triggers).
- **Major Clinical Features**
    - Flushing/transient erythema.
    - Inflammatory papules and pustules.
    - Telangiectasia (centrofacial area, not just alar area).
    - Ocular involvement.

General Advice for Rosacea

- Rosacea is idiopathic.
- Advise that anything that will make the face hot / flush will make rosacea worse.
- Triggers include emotional stress, extremes in temperatures, exercise, hot caffeinated drinks, alcohol, direct sunlight, mustard, pepper, vinegar, pickles or spicy foods.
- Rosacea is thought to be more common in lighter skin tones, but this may reflect under diagnosis in darker skin, where features can be harder to detect.

General Treatment of Rosacea

- Daily use of minimum SPF 30 cream all year round.
- Use water-based creams and soap free pH balanced cleansers with lukewarm water to clean the skin. Avoid scrubbing and pat the skin dry.
- Take care with shaving, avoid creams or lotions that sting the skin.
- Make up that contains a green / yellow pigment in the form of a primer can help camouflage erythema**.**
- Protect eyes from direct sunlight.
- Topical treatments can be irritant especially at the start of treatment. To reduce this, apply every second day. Some patients may initially need to apply for one hour and then wash off, eventually building up tolerance over time to a once daily application.
- Avoid topical steroids which are known to exacerbate rosacea.

Management Overview

- Rosacea frequently presents with more than one phenotype so approach to treatment is guided by what clinical features are present:
    1. Papules, pustules and nodules.
    2. Flushing / erythema / telangiectasia.
    3. Rhinophyma.
    4. Ocular symptoms.

Combination therapy may be necessary to achieve satisfactory control of disease.

Treatment

Treatment of moderate papules / pustules

ROSACEA EMPIRIC TREATMENT TABLE: MODERATE PAPULES/PUSTULES			
Drug	**Dose**	**Duration**	**Notes**
1st choice option			
Ivermectin 10 mg/g cream (Soolantra®)	Apply thinly every 24 hours	3 months and review. If effective consider ongoing treatment.	Apply a pea sized amount on affected areas of face (forehead/chin/nose/cheek).
2nd choice option			
Azelaic acid 15% gel (Skinoren®)	Apply every 12 hours	Up to 4 weeks for improvement. If effective consider ongoing treatment.	

Treatment of severe papules / pustules

Seek specialist advice in pregnancy and breastfeeding.

ROSACEA EMPIRIC TREATMENT TABLE: SEVERE PAPULES/PUSTULES (Page 1 of 2) Topical treatment PLUS oral antibiotic			
Drug	**Dose**	**Duration**	**Notes**
1st choice option: topical treatment PLUS oral antibiotic			
Ivermectin 10 mg/g cream (Soolantra®) **PLUS**	Apply thinly every 24 hours at night	3 months and review. If effective consider ongoing treatment.	Apply a pea sized amount on affected areas of face (forehead/chin/nose/cheek).
Lymecycline	408 mg every 24 hours (408 mg equivalent to 300 mg of tetracycline base	3 months	Contraindicated in pregnancy Advise to take with a glass of water Absorption of lymecycline is impaired by antacids, iron/ calcium/ magnesium/ zinc-containing products and should be separated by at least 2 hours Contraindicated for children <8 years old Risk of photosensitivity
Treatment table continued on next page			

ROSACEA EMPIRIC TREATMENT TABLE: SEVERE PAPULES/PUSTULES (Page 2 of 2)
Topical treatment PLUS oral antibiotic

Drug	Dose	Duration	Notes
Alternative oral antibiotic			
Doxycycline modified release	40 mg every 24 hours	3 months	Contraindicated in pregnancy Advise to take with a glass of water and sit upright for 30 minutes after taking Absorption of doxycycline significantly impaired by antacids, iron/ calcium/ magnesium/ zinc-containing products and should be separated by at least 3 hours Contraindicated in children under 12 years of age Risk of photosensitivity Doxycycline modified release 40 mg (Efracea®) should not be used in patients with ocular rosacea (e.g. blepharitis or meibomianitis) due to limited safety and efficacy data. If these symptoms develop during treatment, discontinue treatment and refer the patient to an ophthalmologist
2nd alternative oral antibiotic (if above options contraindicated or not tolerated)			
Erythromycin	500 mg every 12 hours	8 – 12 weeks	Erythromycin should only be used where first line options are contraindicated or not tolerated, due to increasing resistance. See macrolide warnings and check drug interactions before prescribing. Macrolides should be used with caution in pregnancy.
Alternative topical treatment if ivermectin contraindicated or not suitable			
Azelaic acid 15% gel (Skinoren®)	Apply every 12 hours	Up to 4 weeks for improvement. If effective consider ongoing treatment.	

Please note: anti-inflammatory effects may not be seen until 3 months. Review at 4 months (after stopping antibiotic for 1 month). Any small residual papules are superficial and tend to respond to topical ivermectin. In severe cases patients may need 3 months of oral doxycycline or lymecycline per year (but not more frequently).

If there are more than two recurrences, or if the patient does not respond to treatment, refer to a suitably qualified practitioner for consideration of isotretinoin therapy.

Treatment of Ocular Rosacea

- Consider early specialist referral in ocular rosacea.
- Clean eyelids daily using eyelid hygiene wipes.
- Lubricating eye drops for dry, gritty eyes applied liberally and regularly throughout the day, as per product license.
- Lubricating ointment may be used at night if needed.
- Return to see GP if any eye pain.

Treatment of Rhinophyma

- Refer to plastic surgeons or dermatology for discussion regarding shave excision or CO2 laser ablation.

Patient Information

- HSE A-Z Rosacea
- How to choose a sunscreen
- Irish Skin Foundation information page on rosacea