

## UNIVERSITY STUDENT HEALTH SERVICES • Fact Sheet

**ROSACEA****WHAT IS IT?**

Rosacea is a poorly understood, chronic skin condition that affects the face. It commonly causes redness and pimples on the “blush” areas of the face (particularly the nose, cheeks, chin, and forehead). If symptoms involve the eyes, treatment by an ophthalmologist is necessary to prevent complications.

**HOW COMMON IS IT?**

Rosacea affects about 5% of the U.S. population, mostly adults aged 30-50. It is more common in women but tends to be more severe in men.

Rosacea can occur in people of any age or skin color. However, those who are fair-skinned are more likely to be affected. Persons of Celtic, Scandinavian, or Northern European descent have a greater incidence of the disease.

**WHAT CAUSES IT?**

The exact cause of rosacea is unknown. The underlying problem seems to involve abnormal swelling of the small blood vessels of the face, which leads to frequent flushing or blushing.

Suspected causes include:

- Immune dysfunction involving peptides in the skin.
- Infestation with microscopic mites found in hair follicles.
- Bacteria found on mites in hair follicles.

Other possible causes are being researched.

**WHAT ARE THE SYMPTOMS?**

Rosacea symptoms are limited to the face and may be constant or intermittent. Symptoms typically last years and can sometimes be lifelong. Common symptoms include:

- Frequent flushing to constant redness in the central portion of the face.
- Dry, sensitive, and/or flaky skin.
- Dilated blood vessels visible under the surface of the skin, called telangiectasias.
- Red bumps (papules) and pustules on the face.

Other symptoms may include:

- Dry, burning, itchy, or “gritty” eyes in 50% of patients. Redness of the eyelids and sensitivity to light may also occur.
- Severe thickening of the skin, known as phymatous rosacea. This condition is rare but can occur in advanced stages of disease. In men, the nose can become very large and red. Other areas of the face may also be affected.

**WHAT CAN TRIGGER THE SYMPTOMS?**

A variety of factors are known to trigger rosacea flares:

- Sun exposure.
- Changes in the weather, like extremes in temperature, strong winds, or a change in humidity.
- Strenuous exercise.
- Alcohol, nicotine, hot beverages, and spicy foods.
- Emotional factors, such as stress, fear, anger, anxiety, etc.
- Facial skin products or certain oral medications, like vasodilators.

**HOW IS IT DIAGNOSED?**

The diagnosis of rosacea is based upon your symptoms and physical exam findings.

## **WHAT IS THE TREATMENT?**

There is no cure for rosacea, but early diagnosis and treatment can control symptoms and may stop rosacea from progressing. Regular treatment leads to fewer relapses and less severe disease.

## **GENERAL FACIAL CARE**

- The first step is to avoid triggers that lead to symptoms.
- Treat your face gently. This will decrease redness and skin sensitivity.
  - Use a non-soap, gentle facial cleanser twice daily. Avoid over-washing.
  - Choose “noncomedogenic” products for your face.
  - Avoid astringents, toners, and exfoliants (products containing alpha-hydroxy) on your face.
  - Never use rough washcloths or abrasive scrubs.
- Use sunscreen (at least 30 SPF) daily. Apply it 15 minutes after using any topical medications.
- Use a hypoallergenic moisturizer for dry skin.
- If you wear make-up, use green-tinted creams prior to your foundation. This will help camouflage the redness in your skin.
- Protect your face from extreme cold by wearing a scarf or ski mask.

## **TREATING REDNESS, FLUSHING, & TELANGIECTASIAS (ERYTHEMATOTELANGIECTATIC ROSACEA)**

- **Behavioral changes** as described above are important in reducing redness and skin sensitivity.
- **Laser or intense-light treatments** may be recommended if redness persists despite behavioral modifications. They are also used to treat noticeable blood vessels (telangiectasias) on the face, neck, and chest. Multiple treatments are usually necessary.
- **Brimonidine gel (Mirvaso)** is a new topical medication used to treat persistent redness by constricting blood vessels in the face.
- **Anti-inflammatory topical treatments** (see below) may also be used to control redness, but they are most effective in treating bumps and pustules.
- **Electrocautery** is a low-powered electrical device that can be used to treat visible blood vessels. More than one treatment is usually needed.

## **TREATING BUMPS & PUSTULES (PAPULOPUSTULAR ROSACEA)**

- **Anti-inflammatory topical treatments** are used for the treatment of mild to moderate papulopustular rosacea.
  - First-line options include metronidazole (Flagyl) cream/gel and azelaic acid (Finacea) cream/gel. Metronidazole is an antibiotic used for its anti-inflammatory properties.
  - Sulfacetamide-sulfur, benzoyl peroxide, retinoids (Retin-A), and other topical antibiotics (ie. erythromycin, clindamycin) can be used in patients who fail to respond to or cannot tolerate first-line therapies.
  - It can take a few months to see an improvement in symptoms. Sometimes treatment will start with 2 medications; once symptoms are controlled, then a single agent can be used.
- **Low-dose antibiotics** are used for their anti-inflammatory effects to treat moderate to severe papulopustular disease.
  - The tetracycline class of antibiotics (ie. doxycycline, minocycline) are effective for treating bumps (papules) and pustules on the face. Other antibiotic options are available if needed.
  - Oral antibiotics tend to work faster than topical antibiotics. Once symptoms are controlled, many patients are switched to a topical treatment. Oral treatment may be restarted with flares.
- **Isotretinoin (Accutane)** can be prescribed by a dermatologist in severe cases. However, close physician monitoring and blood testing are necessary due to the risk of serious side effects.

## **TREATING OCULAR ROSACEA**

- Symptoms involving the eye must be evaluated by an ophthalmologist to avoid damage to the cornea and loss of vision.

**RECOMMENDED WEBSITES:** [www.rosacea.org](http://www.rosacea.org), [www.aad.org](http://www.aad.org), [www.niams.nih.gov](http://www.niams.nih.gov)

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