MANAGING rosacea

A patient guide for controlling this chronic and often complex disorder
**Introduction**

Rosacea (pronounced “roh-ZAY-sha”) is a chronic and often complex disorder of the facial skin that affects an estimated 16 million Americans, and is often characterized by flare-ups and remissions.

Many have observed that it typically begins any time after age 30 as a redness on the cheeks, nose, chin or forehead that may come and go. In some cases, rosacea may also occur on the neck, chest, scalp or ears. Over time, the redness tends to become ruddier and more persistent, and visible blood vessels may appear.

In many cases bumps and pimples may develop, and in severe cases the nose may grow swollen and bumpy from excess tissue. In some patients, the eyes are also affected, feeling irritated and appearing watery or bloodshot.

While there is no cure for rosacea, medical therapies are available and steps may also be taken by individuals to effectively control or reverse its potentially life-disruptive effects. However, because rosacea may vary substantially from one patient to another, medical treatment, lifestyle changes and personal care must be tailored for each individual case. The keys to successfully managing rosacea are to follow long-term medical therapy prescribed by your doctor, avoid lifestyle factors that aggravate your individual condition and practice appropriate personal care.

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**ROSACEA**

at a glance

**Primary Signs and Symptoms**

One or more of the following features on the central face may indicate rosacea:*

- Flushing
- Persistent redness
- Visible blood vessels
- Bumps and pimples

**Other Possible Features**

Rosacea may also include any of the following secondary features:*

- Eye irritation
- Burning, stinging or itching
- Dry appearance
- Plaques (raised red patches)
- Skin thickening
- Swelling
- Signs beyond the face

Because of the potential complexity of rosacea, it has been classified into subtypes according to signs and symptoms that often occur together, and patients may have characteristics of more than one subtype at the same time. While your doctor will tailor medical therapy to your individual case, treatment options may often be keyed to standard subtypes and level of severity.

Papulopustular rosacea (subtype 2) is characterized by persistent facial redness and acne-like bumps and pimples, and is often seen after or at the same time as the flushing and redness of subtype 1. Fortunately, however, a number of medications have been extensively studied and approved for this common form of rosacea, and may also be used on a long-term basis to prevent recurrence of symptoms.

In mild to moderate cases, doctors often prescribe anti-inflammatory drugs to bring the condition under immediate control, followed by long-term use of the topical therapy alone to maintain remission. A version of an oral anti-inflammatory therapy with less risk of microbial resistance has also been developed specifically for rosacea and has been shown to be safe for long-term use.

Higher doses of oral antibiotics may be prescribed, and other drugs may be used for patients...
Subtype 1 (erythema-totelangiectatic) rosacea is characterized by flushing and persistent facial redness. Visible blood vessels may also be present, and facial discomfort is common. Because this subtype is difficult to treat with medical therapy, it may be especially important for you to identify and avoid lifestyle and environmental factors that trigger flushing or irritate your skin. This is discussed in detail under “Lifestyle Management.”

The appearance of flushing, redness and visible blood vessels may also be concealed with cosmetics, and facial discomfort may benefit from appropriate skin care, both discussed under “Personal Care.” Visible blood vessels and severe background redness may be reduced with lasers or intense pulsed light therapy. Several sessions are typically required for satisfactory results, and touch-up sessions may later be needed as the underlying disease process is still present.

In specific cases, extensive flushing may be moderated somewhat through the use of certain drugs.

Subtype 3 (phymatous) rosacea is characterized by skin thickening and enlargement, most frequently around the nose. Although mild cases may be treated with medications, moderate to severe manifestations typically require surgery. A wide range of surgical options is available, and a surgical laser may be used as a bloodless scalpel to remove excess tissue and recontour the nose, often followed by dermabrasion.

Subtype 4 (ocular) rosacea is characterized by any one of many eye symptoms, including a watery or bloodshot appearance, foreign body sensation, burning or stinging, dryness, itching, light sensitivity and blurred vision. A history of having styes is a strong indication, as well as having “dry eye” or blepharitis.

Treatment for mild to moderate ocular rosacea may include artificial tears, anti-inflammatory drugs and the daily cleansing of the eyelashes with baby shampoo on a wet washcloth. More severe cases should be examined by an eye specialist, who may prescribe ophthalmic treatments, as potential corneal complications may involve the loss of visual acuity.
In addition to complying with the medical therapy your doctor prescribes, an important step in controlling flare-ups is to identify and avoid lifestyle and environmental factors that trigger or aggravate the condition. Most of these factors are related to flushing, and some of the most common are listed below. However, what affects one rosacea sufferer may not affect another, and avoidance of every potential factor may not be necessary.

To help you identify and avoid only those factors that affect your individual condition, the National Rosacea Society (NRS) provides a “Rosacea Diary” booklet to help you keep track of common rosacea triggers you may experience, and then match them to any flare-ups of signs and symptoms. The NRS also offers the booklet “Coping with Rosacea,” with tips on how to avoid your personal triggers.

### Most Common Rosacea Triggers*

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<thead>
<tr>
<th>POTENTIAL TRIGGERS</th>
<th>PERCENT AFFECTED</th>
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<tbody>
<tr>
<td>SUN EXPOSURE</td>
<td>81%</td>
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<tr>
<td>EMOTIONAL STRESS</td>
<td>79%</td>
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<tr>
<td>HOT WEATHER</td>
<td>75%</td>
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<tr>
<td>WIND</td>
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<tr>
<td>HEAVY EXERCISE</td>
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<tr>
<td>ALCOHOL CONSUMPTION</td>
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<tr>
<td>HOT BATHS</td>
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<tr>
<td>COLD WEATHER</td>
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<tr>
<td>SPICY FOODS</td>
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<tr>
<td>HUMIDITY</td>
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<tr>
<td>INDOOR HEAT</td>
<td>41%</td>
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<tr>
<td>CERTAIN SKIN-CARE PRODUCTS</td>
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<tr>
<td>HEATED BEVERAGES</td>
<td>36%</td>
</tr>
<tr>
<td>CERTAIN COSMETICS</td>
<td>27%</td>
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</tbody>
</table>

* NRS survey of 1,066 rosacea patients

Proper skin care is an important component of effective rosacea management, as patients often have skin that is sensitive and easily irritated, causing redness, inflammation and stinging.

It is therefore important to take particular care to select cleansers and moisturizers that do not irritate your skin. Because of the broad range of potential ingredients, a useful rule of thumb may be to avoid any products that cause burning, stinging or itching.

Because rosacea skin may be particularly susceptible to sun damage and resulting flare-ups, sunscreens or sunblocks effective against the full spectrum of ultraviolet A and B radiation can be especially important. An SPF of 15 or higher is recommended, and sunblocks utilizing zinc or titanium dioxide may be effective if chemical sunscreens cause irritation.

### Cleansing

Be sure to follow instructions on facial cleansing and topical medication application, as these may be critical to avoiding irritation, burning and stinging. Wash your face gently with a non-irritating cleanser, avoiding abrasive materials such as a rough washcloth or loofah. Use lukewarm – not hot or cold – water, and blot, rather than rub, the face dry with a soft towel. Then wait up to 30 minutes for your face to dry completely before applying topical medication or other products, as stinging may more often occur when the skin is wet rather than dry.

Avoid any products that cause burning, stinging or itching.
After your cleansing routine has been established and your face is not irritated, you may try reducing the amount of skin-drying time by five minutes each day to determine the shortest waiting time in your individual case.

After thorough cleansing of the face and applying prescribed topical medication, wait an additional five minutes before applying a sunscreen, moisturizer or any other skin-care product.

As a general rule, men with rosacea should use an electric shaver to avoid the irritation of a dull blade. Men should also avoid any shaving creams or lotions that cause burning or stinging.

**Cosmetics**

The skillful application of cosmetics can often be used with great success to conceal the effects of rosacea. Products with a green or yellow tint can reduce the appearance of redness, and cover makeup can be used to correct the appearance of visible blood vessels, bumps and pimples. A cosmetologist or esthetician may be able to advise you on effective techniques, and your dermatologist may provide guidance on the best product choices for your skin.

As with skin care, be sure to avoid cosmetics that cause burning, stinging, itching or other discomfort. It may also be advisable to avoid waterproof cosmetics or other products that can be difficult to remove, requiring the use of harsh agents that may cause irritation.

Brushes are preferred over sponges to avoid abrasion and because brushes can be easily cleaned. New cosmetics should be purchased about every three months to minimize the potential for degradation or contamination.

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**The National Rosacea Society**

The National Rosacea Society (NRS) is the world’s largest organization dedicated to improving the lives of those who suffer from this widespread but poorly understood disorder. Through education and advocacy, our mission is to raise awareness of rosacea, provide public health information, and encourage and support medical research that may lead to improvements in its management, prevention and potential cure.

**Benefits of Membership**

If you have been diagnosed with rosacea, join the NRS to get information you need to help control your condition and to support medical research.

As a member, you will receive a New Member Support Kit that includes a booklet on understanding rosacea and materials to help you identify and avoid your rosacea triggers. You will also receive a one-year subscription to *Rosacea Review*, a newsletter with new information on rosacea, features and case histories on its effective care, and reports on rosacea research. In addition, you will have access to mailings of new educational materials, free product samples, discounts and opportunities to participate in research.

You can become a member of the NRS by donating any amount, although $20 is the suggested minimum. Member donations are used to support the NRS research grants program, and with each donation this program grows stronger and more significant.

**Join Us Today**

Send your donation to the National Rosacea Society:

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Barrington, IL 60010

For even faster service, visit [www.rosacea.org](http://www.rosacea.org) or call 1-888-NO-BLUSH toll free.