KISS: Rosacea

Based on CKS 2021, PCDS 2019, Cochrane2015; CD003262, NICE 2016, Drug Safety Update 2016

Background:

- Chronic inflammatory skin condition affecting the centro-facial region (i.e. forehead, cheeks, nose, chin).
- Mainly affects those aged 45-60, more common in women and in those with fair skin/blue eyes.
- Aetiology unclear, but genetic factors, vascular and neuronal dysfunction and colonisation with *Demodex folliculorum* mites may all be factors.
- **Relapse rates are high** - studies suggest ~20-30% of people can get long-term remission, with the remainder having a variable relapsing/remitting course of disease.

Diagnosis:

- **Diagnostic features (one required for diagnosis):**
  - Phymatous change - facial skin thickening due to fibrosis/sebaceous gland hyperplasia (commonly the nose = 'rhinophyma').
  - Persistent erythema in centro-facial region which intensifies with trigger factors (below).
- **Major clinic features (two required for diagnosis):**
  - Flushing/transient erythema, often with sensation of prickling, tingling or burning/stinging of skin.
  - Inflammatory papules and pustules, usually centro-facial region.
  - Telangiectasiae.
- **Other features:**
  - Ocular involvement (common, in as many as 50%, and may be present without other skin features) - lid margin telangiectasia, blepharitis, conjunctivitis, anterior uveitis, keratitis.
  - Dry skin or oedema.
- **Key differential diagnoses:**
  - Acne vulgaris - generally younger people, comedones present (absent in rosacea), more widespread.
  - Seborrhoeic dermatitis - yellow scaling, affects eyebrows and naso-labial folds (spared in rosacea).
  - Lupus 'butterfly' rash - malar distribution, rarely presents with pustules.

Management:

- **Avoid triggers** - Caffeine, alcohol, spicy foods, hot drinks, emotional stress, calcium channel blockers.
- **Avoid UV radiation** - use high SPF 50 with UVA/UVB cover (e.g. Anthelios®, Sunsense®, Uvistat® - NB expensive, can be prescribed under 'ACBS' rules).
- Regular non-oily emollients.
- Useful **information on self-help** NHS Choices & British Skin Foundation & BAD, Rosacea
- **Facial flushing and moderate to severe erythema:**
  - **Topical brimonidine gel** (alpha-adrenergic agonist) can be used on an 'as required' basis; works within 30 minutes, lasts for up to 12 hours; but may exacerbate rosacea/symptoms in some or lead to rebound symptoms - so use small amounts for 1 week and gradually increase as tolerated; other side effects include alpha adrenergic effects - dizziness, dry mouth, headaches.
  - **Other options** - Propranalol 40mg BD, clonidine 50mcg BD, carvedilol 12.5mg OD.
- **Mild to moderate papulopustular rosacea:**
  - Topical metronidazole 0.75% or azelaic acid 15%, benefits start to appear after 3 to 6 weeks.
  - Topical ivermectin cream once-daily for 8-12 weeks - good evidence base, generally well tolerated.
- **Moderate to severe papulopustular rosacea (use together with topical treatments):**
  - Doxycycline (100mg OD or MR 40mg OD - both equally effective, possibly lower side effects with 40mg MR dose but expensive) Oxytetracycline 500mg BD, lymecycline 408mg OD, erythromycin 500mg BD all options - **use initially for 8-12 weeks then step down to topical treatment only.**
  - If very severe, refer for consideration of oral isotretinoin.
- **Ocular disease** - lid hygiene and artificial tears/lubricants; consider oral tetracyclines; refer if troublesome symptoms to ophthalmology or urgently if anterior uveitis or keratitis suspected.