UNDERSTANDING

ROSACEA

Incorporating the Standard Diagnostic Criteria

NATIONAL ROSACEA SOCIETY
WHAT IS ROSACEA?

Rosacea (pronounced "roh-ZAY-sha") is a common but poorly understood disorder of the facial skin that affects an estimated 16 million Americans.

It is a chronic but treatable condition that primarily affects the central face, and is often characterized by flare-ups and remissions. Although rosacea may develop in many ways and at any age, patient surveys indicate that it typically begins any time after age 30 as a flushing or redness on the cheeks, nose, chin or forehead that may come and go.

Over time, the redness tends to become ruddier and more persistent, and visible blood vessels may appear. Left untreated, bumps and pimples often develop, and in severe cases – particularly in men – the nose may grow swollen and bumpy from excess tissue. In many people the eyes are also affected, feeling irritated and appearing watery or bloodshot.

Although rosacea can affect all segments of the population, individuals with fair skin who tend to flush or blush easily are believed to be at greatest risk. The disorder is more frequently diagnosed in women, but tends to be more severe in men. There is also evidence that rosacea may tend to run in families, and may be especially prevalent in people of Northern or Eastern European descent.

In surveys by the National Rosacea Society, 90 percent of rosacea patients said this condition had lowered their self-confidence and self-esteem, and 41 percent reported it had caused them to avoid public contact or cancel social engagements.
Among those with severe rosacea, 88 percent said the disorder had adversely affected their professional interactions, and 51 percent said they had even missed work because of their condition. The good news is that well over 70 percent reported medical treatment had improved their emotional and social well-being.

While the cause of rosacea is unknown and there is no cure, its signs and symptoms can be controlled with medical therapy and lifestyle changes. Individuals who suspect they may have rosacea are urged to see a dermatologist or other qualified physician for diagnosis and appropriate treatment – before the disorder becomes increasingly severe and intrusive on daily life.

**Typical Areas for Rosacea Symptoms**

Surveys indicate women are more likely to experience signs and symptoms on the cheeks and chin, while men are more likely to have redness and swelling of the nose.

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**WHAT SHOULD I LOOK FOR?**

Rosacea can vary substantially from one individual to another, and in most cases some rather than all of the potential signs and symptoms appear. According to a consensus committee and review panel of 17 medical experts worldwide, rosacea always includes at least one of the following primary signs – and various secondary signs and symptoms may also develop.¹

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**Primary Signs of Rosacea**

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

**Secondary Signs and Symptoms**

- Eye irritation
- Burning or stinging
- Dry appearance
- Plaques
- Skin thickening
- Swelling
- Signs beyond the face

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Primary Signs of Rosacea

- **Flushing**
  Many people with rosacea have a history of frequent blushing or flushing. This facial redness may come and go, and is often the earliest sign of the disorder.

- **Persistent Redness**
  Persistent facial redness is the most common individual sign of rosacea, and may resemble a blush or sunburn that does not go away.

- **Bumps and Pimples**
  Small red solid bumps or pus-filled pimples often develop. While these may resemble acne, blackheads are absent and burning or stinging may occur.

- **Visible Blood Vessels**
  In many people with rosacea, small blood vessels become visible on the skin.

Other Potential Signs and Symptoms

- **Eye Irritation**
  In many rosacea patients, the eyes may be irritated and appear watery or bloodshot, a condition known as ocular rosacea. The eyelids also may become red and swollen, and styes are common. Severe cases can result in corneal damage and vision loss without medical help.

- **Burning or Stinging**
  Burning or stinging sensations may often occur on the face. Itching or a feeling of tightness may also develop.

- **Dry Appearance**
  The central facial skin may be rough, and thus appear to be very dry.

- **Plaques**
  Raised red patches, known as plaques, may develop without changes in the surrounding skin.

- **Skin Thickening**
  The skin may thicken and enlarge from excess tissue, most commonly on the nose. This condition, known as rhinophyma, affects more men than women.

- **Swelling**
  Facial swelling, known as edema, may accompany other signs of rosacea or occur independently.

- **Signs Beyond the Face**
  Less commonly, rosacea signs and symptoms may develop beyond the face, including the neck, chest, scalp or ears.

Subtypes of Rosacea

Medical experts have also identified four common patterns of rosacea signs and symptoms, known as subtypes. These are shown and described at the beginning of this booklet.

Although these patterns are common, many patients have characteristics of more than one subtype at the same time, and these often may develop in succession. While rosacea may or may not evolve from one subtype to another, each individual sign or symptom may progress from mild to moderate to severe. Early diagnosis and treatment are therefore recommended.
WHAT CAUSES ROSACEA?

While the cause or causes of rosacea have not been fully discovered, medical scientists are now making significant progress toward the biological understanding of the disorder, potentially leading to advances in treatment, prevention and potential cure.

Many believe that rosacea may be a vascular disorder because of its association with flushing, redness and visible blood vessels. Some have also speculated that flushing may involve the nervous system, since rosacea is often triggered or aggravated when patients are under emotional stress. In addition, researchers have recently implicated dysfunction of the innate immune system that is responsible for the body’s ability to combat illness.

Researchers have discovered that cathelicidins – part of the body’s innate immune system – may cause inflammatory bumps and pimples as well as vascular effects such as flushing and visible blood vessels.

Other studies suggest that mast cells, located at the interface between the nervous and vascular systems, may be the “missing link” between rosacea triggers and inflammation. In addition, the roles of a variety of substances in the cascade of events prompted by rosacea triggers are under study.

Beyond vascular, nervous system or immune system factors, the presence of a microscopic mite called *Demodex folliculorum* has been considered as a potential contributor to rosacea. This mite is a normal inhabitant of human skin, but has been found to be substantially more abundant in the facial skin of certain rosacea patients. Researchers have also discovered that two genetic variants of the human genome may be associated with the disorder.

HOW IS ROSACEA TREATED?

Because rosacea may vary substantially from one patient to another, treatment must be tailored by a physician for each individual case.

Various oral and topical medications may be used to treat the bumps, pimples and redness associated with the disorder. Dermatologists often prescribe initial treatment with oral antibiotics and topical therapy to bring the condition under immediate control, followed by long-term use of topical or oral rosacea therapy alone to maintain remission. Therapies specifically for rosacea are now available in various formulations, and can be tailored for each individual case.

When appropriate, lasers, intense pulsed light sources or other medical and surgical devices may be used to remove visible blood vessels, reduce extensive redness or correct disfigurement of the nose. Ocular rosacea may be treated with oral antibiotics and other therapy, and recommendations from an eye doctor may be needed.

**Skin Care**

Patients should check with their physicians to ensure their skin-care routine is compatible with their rosacea. Individuals with rosacea are advised to clean their face with a mild and non-abrasive cleanser, then rinse with lukewarm water and blot the face dry with a thick cotton towel. Never pull, tug or use a rough washcloth.
Patients may apply non-irritating skin-care products as needed, and are advised to protect the skin from sun exposure using a sunscreen with an SPF of 30 or higher. Mild or pediatric sunscreen formulations are available for sensitive skin, and rosacea patients should avoid any skin-care products that sting, burn or cause additional redness.

Cosmetics may be used to conceal the effects of rosacea. Green makeup or green-tinted foundations can be used to counter redness. This can be followed by a skin-tone foundation with natural yellow tones, avoiding those with pink or orange hues.

**Lifestyle Management**

In addition to long-term medical therapy, rosacea patients can improve their chances of maintaining remission by identifying and avoiding lifestyle and environmental factors – often related to flushing – that may trigger flare-ups or aggravate their individual conditions. Identifying these factors is an individual process, however, because what causes a flare-up in one person may not cause a rosacea flare-up in another individual.

To help identify their personal trigger factors, rosacea patients are advised to keep a diary of daily activities or events and relate them to any flare-ups they may experience. A “Rosacea Diary” booklet and a booklet on lifestyle management, “Coping with Rosacea,” may be obtained by becoming a member of the National Rosacea Society. Information is available by writing the Society or calling its toll-free number at 1-888-NO-BLUSH. Information is also available on the Society’s website, [www.rosacea.org](http://www.rosacea.org), or via email at rosaceas@aol.com.

### MOST COMMON ROSACEA TRIGGERS

While the list of potential rosacea triggers in various individuals may be endless, a survey of 1,066 rosacea patients found that the most common factors included the following:

<table>
<thead>
<tr>
<th>Percent Affected</th>
<th>Potential Triggers</th>
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<tbody>
<tr>
<td>81%</td>
<td>Sun Exposure</td>
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<tr>
<td>79%</td>
<td>Emotional Stress</td>
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<tr>
<td>75%</td>
<td>Hot Weather</td>
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<tr>
<td>57%</td>
<td>Wind</td>
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<tr>
<td>56%</td>
<td>Heavy Exercise</td>
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<tr>
<td>52%</td>
<td>Alcohol Consumption</td>
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<tr>
<td>51%</td>
<td>Hot Baths</td>
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<tr>
<td>46%</td>
<td>Cold Weather</td>
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<tr>
<td>45%</td>
<td>Spicy Foods</td>
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<tr>
<td>44%</td>
<td>Humidity</td>
</tr>
<tr>
<td>41%</td>
<td>Indoor Heat</td>
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<tr>
<td>41%</td>
<td>Certain Skin-Care Products</td>
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<tr>
<td>36%</td>
<td>Heated Beverages</td>
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<tr>
<td>27%</td>
<td>Certain Cosmetics</td>
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<tr>
<td>15%</td>
<td>Medications</td>
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<tr>
<td>15%</td>
<td>Medical Conditions</td>
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<tr>
<td>13%</td>
<td>Certain Fruits</td>
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<tr>
<td>10%</td>
<td>Marinated Meats</td>
</tr>
<tr>
<td>9%</td>
<td>Certain Vegetables</td>
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<tr>
<td>8%</td>
<td>Dairy Products</td>
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This booklet incorporates the Standard Classification of Rosacea, developed by a consensus committee and review panel of 17 rosacea experts worldwide, and published in the *Journal of the American Academy of Dermatology*.

Contact the National Rosacea Society to receive other educational information on rosacea and the newsletter *Rosacea Review*.

The National Rosacea Society
196 James Street
Barrington, IL 60010
Telephone: 1-888-NO-BLUSH
www.rosacea.org

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