

Rosacea Frequently Asked Questions v1.16

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Disclaimer: the following information is a guide only. Self diagnosis is a dangerous pastime without all of the information. This Frequently Asked Questions is a simple guide to rosacea, and a pointer to more information. This text should not be used in the place of professional advice from registered practitioners.

1. What is Rosacea ?

Rosacea (said rose-ay-shah) is a potentially progressive neurovascular disorder that generally affects the facial skin and eyes.

The most common symptoms include facial redness and inflammation across the flushing zone – usually the nose, cheeks, chin and forehead ; visibly dilated blood vessels, facial swelling and burning sensations, and inflammatory papules and pustules.

Rosacea can develop gradually as mild episodes of facial blushing or flushing which, over time, may lead to a permanently red face.

Ocular rosacea can affect both the eye surface and eyelid. Symptoms can include redness, dry eyes, foreign body sensations, sensitivity of the eye surface, burning sensations and eyelid symptoms such as chalazia, styes, redness, crusting and loss of eyelashes.

A panel of experts have agreed on a standard classification system for Rosacea. This system is a brief text that is not intended to be exhaustive, but is a place to start.

Their classification system was published in the Journal of American Academy of Dermatology (United States), Apr 2002, 46(4) p584–7)

"Rosacea is a chronic cutaneous disorder, primarily of the central face. It is often characterized by remission and exacerbation and it encompasses various combinations of such cutaneous signs as flush, erythema, telangiectasias, edema, papules, pustules, ocular lesions, and rhinophyma. Primary features considered as necessary for diagnosis include flushing, erythema, papules, pustules, and telangiectasias. A variety of secondary features are listed that may be absent or present as a single finding or in any combination."

1.1 Are there different types of Rosacea ?

The panel of Rosacea experts agreed on the following broad, non exclusive text (i.e. there are other factors and types that come into play).

"The system divides rosacea into four subtypes: erythematotelangiectatic, papulopustular, phymatous, and ocular. As presently worded, papulopustular rosacea is noted as often being observed following or with erythematotelangiectatic disease and phymatous rosacea as following or occurring together with either erythematotelangiectatic or papulopustular rosacea. However, Dr. Wilkin emphasized that while those descriptions are consistent with common concepts about rosacea natural history, they are provisional and subject to change."

"In its current iteration, the classification system excludes rosacea fulminans, steroid–induced acneiform eruptions, and perioral dermatitis without rosacea signs from the diagnosis of rosacea."

1.2 How is Rosacea different to Acne Vulgaris ?

As rosacea is a neurovascular disorder it affects the flushing zone.

It is common that Rosacea does not present with blackheads that are seen with Acne Vulgaris. Also the age of onset, and the location of redness is a clue. Rosacea is commonly an adult disease, and is generally restricted to the nose, cheeks, chin and forehead. It can coexist with acne vulgaris.

Some rosacea sufferers have a significant acne component in their symptoms so it can be easily confused with acne vulgaris. The papules and pustules of rosacea tend to be less follicular in origin.

Rosacea will probably have an underlying redness that is related to flushing and thus looks different to acne vulgaris. Acne sufferers normally do not have the accompanying redness.

Rosacea usually begins with flushing, leading to persistent redness.

As both conditions are inflammatory, the treatment for rosacea and acne vulgaris can be somewhat similar, but some of the acne vulgaris regimes are too harsh for rosacea affected skin and can severely aggravate the condition.

Rosacea sufferers are cautioned against using common acne treatments such as alpha hydroxy acids (glycolic and lactic acids), topical retinoids (such as tretinoin, Retin-A Micro, Avita, Differin), benzoyl peroxide, topical azelaic acid, triclosan, acne peels, chemical peels. Additionally the caution extends to topical exfoliants, toners, astringents and alcohol containing products.

1.3 What is the difference between Rosacea and Seborrheic Dermatitis ?

Seborrheic Dermatitis and Rosacea are closely related, they both involve inflammation of the oil glands. Rosacea also involves a vascular component causing flushing and broken blood vessels.

Seborrheic Dermatitis may involve the presence of somewhat greasy flaking involving the T zone, crusts, scales, itching and occasionally burning, and may also be found on the scalp, ears and torso. It does not usually involve red bumps as in Rosacea.

The T zone is the area shaped like a 'T' composed of your forehead, nose and around your mouth.

Just to confuse things further, the two conditions are often seen together.

1.4 What causes Rosacea ?

>From "*Beating Rosacea, Vascular, Ocular and Acne Forms*", by Geoffrey Nase PhD, Nase Publications 2001.

"Rosacea is primarily a disorder of the facial blood vessels. Experts from across the world agree that vascular abnormalities are central to all stages and symptoms of rosacea".

To paraphrase: Rosacea blood vessels undergo changes in function and become hyper-responsive to internal and external stimuli. These changes are ultimately responsible for the progression of all rosacea symptoms.

As with many conditions, there appears to be a genetic propensity to developing rosacea.

1.5 How does rosacea progress ?

"Rosacea normally progresses in the same generalised fashion, frequent dilation of facial blood vessels leads to vascular hyper-responsiveness and structural damage."

Rosacea experts talk about rosacea symptoms appearing in 4 stages. Over time rosacea can progress from one stage to the next.

>From Dr. J Wilkin:

"Most textbooks and literature citations characterize rosacea as a disease that gradually evolves from early to later subtypes. However, there is not conclusive evidence to substantiate that course and we want to know if it really occurs. Nevertheless, the individual features within a subtype can get worse, so early treatment is advocated, even if there is not progression from one stage to the next,"

1.6 What are the stages of rosacea ?

Dr. Nase talks about 4 stages, called Pre-Rosacea, Mild Rosacea, Moderate Rosacea and Severe Rosacea.

Pre-Rosacea: the first cardinal sign of rosacea: blood vessels dilate to more stimuli, open wider and stay open for longer periods of time compared to normal persons. No visible damage can normally be seen.

Mild Rosacea: begins when the facial redness induced by flushing persists for an abnormal length of time – usually 1/2 an hour or more after a trigger. Those who have frequent pre-rosacea flushing are highly susceptible to progressing to mild rosacea.

Some of the common triggers for a facial flush are heat, cold, emotions, exercise, topical irritants and allergic reactions.

Moderate Rosacea: as facial flushing becomes more frequent and intense, vascular damage occurs. This can result in long lasting redness, swelling and inflammatory papules and pustules. Telangiectasia (damaged micro blood vessels, often visible on the surface of the skin) may be noticed in the areas where flushing is worst.

Severe Rosacea: characterised by intense bouts of facial flushing, severe inflammation, facial pain, swelling and burning sensations. Sufferers may develop intolerance to products they were able to use before. Also inflammatory papules, pustules and nodules may be present. Some experience a bulbous enlargement of the nose, known as rhinophyma.

This is just a guide, you may of course experience symptoms outside these ranges.

2. How can Rosacea be treated ?

The best answer is "working with the support of your registered health professional". There are medications available that control the redness and reduce the number of papules and pustules associated with rosacea.

Current run-of-the-mill treatment might include oral antibiotics and topical metronidazole. One study showed that the use of topical metronidazole alone can help some sufferers to reduce rosacea flare-ups once the rosacea is brought under control.

For those sufferers that do not benefit from the metronidazole based treatments, there are many other options. Quite a few treatments options are often discussed on the rosacea-support email group. Some of their posts can be found under the `Treatments' tree on the list highlights page see – <http://rosacea.ii.net/toc.html>

Experts agree that a gentle cleansing regime is very important. Avoiding chemicals that aggravate the rosacea, but will clean and moisturise the skin is a step in the right direction.

As the sun is a strong trigger for many rosacea sufferers, a good non-irritating sunscreen used daily is very important. For those who react badly to chemical sunscreens, a physical sunscreen may be more suitable. Physical sunscreens rely on the reflective properties of the main ingredients (rather than the ability of some chemicals to absorb the sun's energy). The most common physical sunscreens are based on zinc oxide or titanium dioxide.

The vitamin A derivative isotretinoin (known as Accutane or Roaccutane), has been shown to be effective against severe papopustular rosacea. It works by inhibiting sebaceous gland function and physically shrinking the glands. It also has potent anti-inflammatory properties, making it ideal to treat resistant rosacea. At low doses, accutane has also been shown to reduce other symptoms such as facial burning and redness. Accutane is a strong drug, and even at the low doses found beneficial to rosacea, should be used under strict supervision of your doctor.

Low dose accutane may be more suitable than the regular dose, as there are less side effects and lesser chance of aggravating redness.

The mixed light pulse laser – Photoderm is showing promise as a treatment for the vascular component of rosacea. It works by targeting facial microvessels that are damaged.

One treatment that has been shown to help some is Rosacea-LTD III. It is the third generation of topical mineral salt based treatment. The minerals shrink facial vessels as well as reduce papules and pustules. More information is available at <http://www.rosacea-ltd.com>

For those wanting to treat the flushing side of their rosacea, 2 drugs are worth investigating. Monoxidine and Clonidine are 2 anti-hypertensives that you could look at with your doctor.

>From a subjective view of the rosacea-support list members it would appear that one person's treatment does not necessarily suit another, so your mileage may vary with any recommended treatment. Experiment a little and find what helps you. Depending on the stage of your rosacea, some treatments may be aggravating, while for others the same treatment may not cause problems. Every rosacea patient is unique and needs individual treatment.

Whatever path you choose, the support of a doctor or dermatologist that is willing to work with you will be very important, so shop around until you are happy with your health professional.

Dr. Nase's book will serve as a valuable resource – it contains detailed and proven current rosacea treatment information.

2.1 What about steroids ?

Steroids have long been prescribed for rosacea because of their perceived quick relief. Milder (1% hydrocortisone) over the counter preparations are also popular as they are thought to be safer than the prescription strength treatment.

Sufferers should be aware of the following warnings:

"Topical steroids can worsen all rosacea symptoms by dilating facial blood vessels, thinning the protective skin barrier, and thinning the dermis by breaking down the collagen and elastin support structures".

"Medical experts stress that rosacea sufferers should not use topical steroids (of any strength) to treat their symptoms".

These quotes are from Dr. Nase's book. They are backed up by several pages of studies and comments. Topical steroids can induce rosacea and worsen pre-existing rosacea. It must be avoided in patients with rosacea.

2.2 Can you be cured of Rosacea ?

Perhaps not cured in the sense of cured of a cold, but you can reduced your symptoms to a manageable level. There are plenty of treatment options out there, you may just need to experiment with a few.

If you want to feel encouraged that Rosacea really can be practically cured, check out Geoffrey Nase's before and after photographs at <http://rosacea.ii.net/gnase.html>

3. What information is available on the Internet about Rosacea ?

There are some pages that are worth visiting. You can find a list of reviewed Internet resources relating to Rosacea as part of the Open Directory at http://dmoz.org/Health/Conditions_and_Diseases/Skin_Disorders/Rosacea/ There you will find sections on companies offering treatment products, research results as well as medical texts on rosacea.

3.1 Are there any email mailing lists relating to Rosacea ?

Yes, see <http://rosacea.ii.net/ml.html> or go straight to the email group hosting page at <http://groups.yahoo.com/group/rosacea-support/>

Many interesting and useful discussions have taken place on the mailing list since it was created in October 1998. There are 2 Doctors on the list who have hugely contributed to the group and posted great articles. You can see the list highlights categorised by treatment, symptoms and more at <http://rosacea.ii.net/toc.html>

There is a Rosacea forum for those who use AOL as their internet company. The address is aol://5863:126/mB:144806

Another place to try is <http://www.esfbchannel.com/forum/> , the Blushing/Flushing and Sweating forum. This forum deals more with issues of hyperhidrosis, facial blushing and flushing as well as ETS issues.

3.2 Are there any Usenet Newsgroups relating to Rosacea ?

Not exclusively for Rosacea. Perhaps the best 2 to try are alt.skincare.acne and alt.support.skin-diseases. You can read and post to these forums using the Google Groups facility at <http://groups.google.com>

<http://groups.google.com/groups?group=alt.support.skin-diseases>
<http://groups.google.com/groups?group=alt.skincare.acne>

You could also try your local feed of these newsgroups if your browser is configured: news:alt.support.skin-diseases news:alt.skincare.acne

3.3 Are there any Books about Rosacea I should read ?

There are very few books about Rosacea. In the last year or so there has been a couple of 'self help' books written about rosacea. You can find a review of a couple of these at <http://rosacea.ii.net/reviews.html>

A recently published book by Dr. Geoffrey Nase is destined (we believe) to become a seminal text on Rosacea. You can read a detailed discussion of the contents of the book at <http://www.drnase.com> The book is titled "Beating Rosacea, Vascular, Ocular and Acne Forms". It is only available from his web site.

3.4 Is this Frequently Asked Question list on the Internet ?

Yes, you may find a more up to date listing if you check <http://rosacea.ii.net/faq.html>

You can find the official html'ised archived version of this FAQ at <http://www.faqs.org/faqs/medicine/rosacea>

Also, you can get this FAQ via email. The address of the faq server is mail-server@rtfm.mit.edu

First, get the directory listing with the 'index' command, and then fetch the latest version of the FAQ with the 'send' command. You should include the commands in the _body_ of the message, the subject will be ignored. All messages to the mail server should be on one line only, if your email program inserts carriage returns because the line is too long, you may find retrieving the FAQ difficult.

For example, to get version 1.12 of the FAQ you would send the following texts in the body of 2 emails (first one to get directory and second, once you know the filename you want).

```
index usenet-by-group/alt.support.skin-diseases
```

```
send
```

```
usenet-by-group/alt.support.skin-diseases/Rosacea_Frequently_Asked_Questions_v1.14
```

4. Are there any support groups related to Rosacea ?

You may want to check out The National Rosacea Society and the rosacea-support email list.

The National Rosacea Society is a non profit organisation set up to provide information about Rosacea. You can find them at <http://www.rosacea.org/home.html> They publish newsletters online as well as conduct surveys about rosacea sufferers. Also they make published information available to sufferers via regular mail. The National Rosacea Society are an introductory organisation that are a good first point of contact for information. The depth and breadth of information that they make available is something that we hope that they will be able to devote some resources to.

There is an email support group that you can subscribe to. This email group is free and unmoderated. Currently there are about 1800 users and about 10-40 messages per day. Digest versions are available. To find out more information about the list, visit <http://rosacea.ii.net/ml.html> or go straight to the email hosting page at <http://groups.yahoo.com/group/rosacea-support/>

An alternative list archive on the web is also located at <http://www.escribe.com/health/rosacea-support/> this site has a slightly more traditional feel to it, you may prefer to read from this archive.

Rosacea Reading Glossary

As you read more about Rosacea, you might come across lots of terms that are new to you. Below is a short list of some of the terms you might come across.

acutane: a powerful vitamin A derivative that was originally prescribed for severe acne vulgaris. Has been used effectively for rosacea as well. Also known as roacutane.
for more info <http://www.rocheusa.com/products/acutane/>

blepharitis: inflammation and crusting of the eyelid.

cutaneous: pertaining to the skin.

demodex mites: (demodex folliculorum and demodex brevis): microscopic mites that lives in the skin. Some have suggested that this is the cause of rosacea, but most experts discount this theory. According to Dr Nase, "This theory has now been disproved. Rosacea experts all agree that this mite plays no real role in the development or progression of rosacea (except for the odd pustule).", pg. 110 in Beating Rosacea.

chalazion: a lump on the eyelid that is caused by a clogged duct of one or more of the meibomian glands on the eyelid.

conjunctivitis: inflammation of the conjunctiva (the thin transparent lining in the front of the eyeballs and eyelids).

dry eye: a condition brought about by abnormal production in the quantity or quality of tears.

edema: presence of abnormally large amounts of fluid in the intercellular tissue spaces of the body, especially wrt subcutaneous tissues.

epifacial: another term referring to a full face treatment using photoderm.

epilight: a treatment very similar to photoderm, originally intended for hair removal. differs by using different filters to photoderm. For more information see <http://www.skinandhealth.com>

erythema: inflammatory redness of the skin.

erythematotelangiectatic: having symptoms of both erythema and telangiectasias

ESB: Endoscopic Sympathetic Block, clamps used to block the transmission of the neural impulses in the sympathetic chain. Is considered a reversible procedure. See <http://privatix.magenta.net>

ETS: Endoscopic Transthoracic Sympathectomy (or endoscopic transthoracic sympathicotomy) a procedure where a surgeon excises the major sympathetic nerves that supply the hands, neck and face. Main indications for ETS are blushing and hyperhidrosis. One place for more information: <http://www.sweaty-palms.com/ets.htm>

photofacial: a treatment regime using photoderm pioneered by Dr. Patrick Bitter Jnr., for more information, see <http://www.fotofacial.com>

Helicobacter pylori: bacteria that live in the cell lining of the stomach. According to Dr. Nase, "Most rosacea specialists now conclude that H. Pylori only play a small role in a minor number of rosacea patients." pg. 109 in "Beating Rosacea".

hypertrophy: the enlargement or overgrowth of an organ or part due to an increase in size of its constituent cells.

hyperemia: abnormally increased blood flow

IPL: Intense Pulse Light, a description of the technology used in the family of machines made by ESC. For more information, see <http://www.skinandhealth.com>

isotretinoin: the a vitamin-A derivative that is the active ingredient in accutane (also known as roaccutane).

keratitis: infection or inflammation of the cornea of the eye.

ketoconazole: the active antifungal ingredient in nizoral, helpful for seborrheic dermatitis and dandruff.

lupus: an auto-immune disease that causes inflammation in various parts of the body such as the skin, joints and kidneys. Skin flushing is an important symptom of lupus.

metrogel: a 0.75% metranidazole treatment. For more information <http://www.metrogel.com/aboutmetrogel/index.html>

metronidazole: a topical treatment for rosacea. Has been found by some to effective against rosacea. Has a yet to be understood anti-inflammatory action. Is the active ingredient in metrogel, metrocream, metrolotion, rozex and noritate.

meibomitis: inflammation of the oil producing meibomian glands of the eye.

Multilight: a member of the Intense Pulsed Light family, along with the photoderm machine. For more information see <http://www.skinandhealth.com> Can also be used for hair removal.

noritate: a 1% metronidazole treatment. for more info <http://www.dermik.com/prod/noritate/Noritate.jsp>

ocular: of the eye.

papulopustular: having symptoms of both papules and pustules.

papule: a small, solid, elevated skin lesion, less than 0.5cm in diameter.

perioral dermatitis: perioral refers to the area around the mouth, and dermatitis indicates redness of the skin. In addition to redness, there are usually small red bumps or even pus bumps and mild peeling.

photoderm: an intense light source, fired at the facial skin to reduce flushing associated with rosacea. a new treatment for rosacea that is producing some exciting results. For more information see <http://www.skinandhealth.com>

photofacial: a treatment regime using photoderm, pioneered by Dr. Patrick Bitter Snr., for more information, see <http://www.photofacial.com>

photorejuvenation: a broad term used describe Intense Pulsed Light treatments. photorejuvenation treatments are aimed at stimulating collagen formulation.

phymatous: having symptoms of abnormal growth, as found in rhinophyma.

pustule: a vesicle filled with cloudy fluid, such as pus, often associated with a hair follicle but can exist independently.

Quantam SR: a member of the Intense Pulsed Light family, along with the photoderm machine. For more information see <http://www.skinandhealth.com>

rhinophyma: abnormal growth of the soft tissue of nose, caused by sebaceous gland hypertrophy and hyperplasia (increased growth and number of sebaceous glands).

roaccutane: a powerful vitamin A derivative that was originally prescribed for severe acne vulgaris. Has been used effectively for rosacea as well. Also known as accutane. for more info <http://www.roaccutane.com.au>

rosacea fulminans: a rare form of rosacea that appears very quickly.

rozex: 0.75% metronidazole based treatment also known as metrogel. for more info <http://www.medsafe.govt.nz/consumers/cmi/r/rozexgel.htm>

rosacea-ltd: a non-prescription topical treatment for rosacea, see <http://www.rosacea-ltd.com>

seborrheic dermatitis: an inflammatory skin condition, associated with itchy flaking skin.

sebaceous gland: a gland often associated with a hair follicle, that produces sebum.

stye: inflammation of an eyelash follicle on the edge of the eyelid.

subcutaneous: under the skin.

telangiectasias: damaged micro blood vessels, often visible on the surface of the skin.

tetracycline: an antibiotic often prescribed for rosacea.

V-beam: the fifth generation (hence roman 5=V) of the pulse dye laser. for more information, see <http://www.vbeam laser.com>

vascular: of the blood vessels.

vasculight: a IPL+laser machine that can be used to give mixed wavelength and fixed wavelength treatments. Can target large and deep blood vessels. For more information see <http://www.skinandhealth.com>

versapulse: a type of laser, for more information, see <http://www.coherentinc.com>

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