

Guideline for the Treatment of Rosacea

Clinical Presentation:

Subtype 1 – Erythematotelangiectatic rosacea.

Flushing and persistent central facial erythema (redness) with or without telangiectasia.

Subtype 2 - Papulopustular rosacea.

Persistent central facial erythema with transient, central face papules or pustules, or both.

Subtype 3 - Phymatous rosacea.

Thickening of the skin is seen with irregular surface nodularities, and enlargement. May occur on the nose (rhinophyma), chin, forehead, cheeks, or ears.

Subtype 4 - Ocular rosacea.

Characterised by ocular involvement, including inflammation of different parts of the eye and eyelid.

Papules and pustules

Lifestyle advice

- Avoid trigger factors
- Use a daily sunscreen
- Use gentle skin care

Mild to Moderate

1st Line

Metronidazole 0.75% topical gel or cream (for 3 months)

Failure

2nd Line

Ivermectin 10mg/g cream (Soolantra) (by specialist advice for 3 months)

Failure

1st Line:

Metronidazole 0.75% gel or cream AND Oral tetracycline (lymecycline or low dose doxycycline) or erythromycin

2nd line:

Ivermectin 10mg/g Cream AND Oral antibiotics - as above and by specialist advice

Severe

Success

Relapse

Stop treatment

Success

Relapse

Stop treatment

Success

Failure

Stop treatment

Maintenance (may be necessary)

- This may be continuous (e.g. a reduced dose of oral treatment for 2–6 months followed by a 'drug holiday')
- Intermittent (e.g. using a topical treatment on alternate days or twice a week).
- 'Stepping down' from oral to topical treatment.

Referral Criteria to secondary care

- People with flushing, persistent erythema and telangiectasia that is causing psychological or social distress
- People with papulopustular rosacea that have not responded to 12 weeks of oral plus topical treatment.
- Consider isotretinoin oral (secondary care only), as per British Association of Dermatologists guidance.

This flow chart has been adapted from the NICE Clinical Knowledge Summaries (<https://cks.nice.org.uk/rosacea-acne#!scenario>), and the British Association of Dermatologists (<http://www.bad.org.uk>) and The Primary Care Dermatology Society (PCDS) <http://www.pcds.org.uk/clinical-guidance/rosacea> information on Rosacea.