HERPC

Hull & East Riding Prescribing Committee

Guideline for the Treatment of Rosacea

Clinical Presentation:

Subtype I – 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.

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

Papules and pustules

Transient facial erythema:
Does not respond to antibiotics: consider referral to dermatology service

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

Success

Relapse

Stop treatment

Success

Relapse

Stop treatment

Severe

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

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.

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