



## **ROSACEA**

### **What are the aims of this leaflet?**

This leaflet has been written to help you understand more about rosacea. It explains what rosacea is, what causes it, what can be done about it, and where you can find more information about it.

### **What is rosacea?**

Rosacea is a common skin condition, mostly affecting the face. It predominantly affects fair-skinned individuals but may appear in any skin type. Rosacea can start at any age from childhood onwards, but most commonly appears in young adults.

It is more common in women however, when affecting men, it may be more severe. It is a long-term condition, can persist for a long time and fluctuates from mild to severe. Rosacea mostly affects the cheeks, forehead, chin, and nose.

More rarely, it may affect the neck and chest. It appears as persistent [redness](#) caused by dilated blood vessels, small bumps, and pus-filled spots similar to acne. There may also be uncomfortable [redness](#) and irritation of the surface of the eyes and eyelids (see section what are the symptoms of rosacea).

Rosacea is classified into 4 subtypes that may overlap. Your doctor will advise you of the type you have.

### **What causes rosacea?**

The cause of rosacea is not fully understood. Genetics, immune system problems and environmental factors may all play a part. Factors that trigger rosacea cause the blood vessels in the skin of the face to enlarge (dilate). The theory that rosacea is due to bacteria on the skin or in the gut has not been

proven. However, antibiotics have proved helpful to treat rosacea. This is because of their anti-inflammatory effect. Rosacea is not contagious.

There are many triggers that may make rosacea worse. These include alcohol, exercise, high and low temperatures, hot drinks, spicy foods, and stress. Rosacea patients can be sensitive to the sun.

### **Is rosacea hereditary?**

Rosacea does seem to run in some families, but there is no clear genetic link.

### **What are the symptoms of rosacea?**

The rash and blushing associated with rosacea can lead to embarrassment, lowered self-esteem and self-confidence, anxiety and even depression. Furthermore, the skin of the face is often sensitive, and the affected area can feel very hot or sting.

Some people affected by rosacea may develop eye problems such as painful inflammation involving the front part of the eye (rosacea keratitis) and this may cause blurred vision. If you develop symptoms affecting the eyes, it is important to consult a dermatologist or an optician.

### **What does rosacea look like?**

Rosacea usually starts with a tendency to blush easily. After a while, the central areas of the face become a permanent deeper shade of red, with small, dilated blood vessels, bumps, and pus-filled spots.

Occasionally, there may be some swelling of the facial skin (lymphoedema), especially around the eyes. Occasionally, an overgrowth of the oil-secreting glands on the nose may cause it to become enlarged, bulbous and red (called rhinophyma). Rhinophyma is more common in men.

### **How will rosacea be diagnosed?**

Rosacea can be diagnosed by its appearance. Specific tests are not usually required.

### **Can rosacea be cured?**

No, but long-term treatments can be helpful.

## How can rosacea be treated?

The inflammation that accompanies rosacea can be treated with medications applied to the skin or taken by mouth; however, not all these will help the [redness](#) or blushing that may be associated with rosacea.

### *Local treatments*

The inflammatory element of rosacea may be controlled with a medication applied to the affected areas. It may take at least 8 weeks for the effect to become evident. Some applications work specifically to reduce the [redness](#) associated with rosacea.

### *Oral antibiotics:*

These are helpful for the inflammatory element of moderate or severe rosacea. The most commonly used antibiotics belong to the tetracycline group and include tetracycline, oxytetracycline, doxycycline, lymecycline and minocycline. Erythromycin is another commonly used antibiotic. The duration of an antibiotic course depends on how your body responds to the treatment. Your doctor may suggest that you use a cream and an oral treatment together.

### *Other treatments:*

- An eye specialist will help manage the severe types of eye problems that may occur.
- A bulbous nose ([rhinophyma](#)) can be reduced by a dermatologist or a plastic surgeon.
- [Redness](#) and dilated blood vessels can be treated with laser therapy by a dermatologist.
- A beta-blocker tablet or clonidine may be prescribed by the dermatologist to help if blushing is a significant problem.
- [Isotretinoin](#) tablets are sometimes prescribed by a dermatologist for severe rosacea.

## Self-care (What can I do?)

- Protect your skin from the sun before going out, by using a sun block with a sun protection factor (SPF) of at least 30. Apply the sun block on your face every day. It needs re-applying frequently when you are outdoors.
- Do not rub or scrub your face when cleansing as this can make rosacea worse.
- Do not use perfumed soap as this can make rosacea worse.
- Use a soap substitute (emollient) to cleanse your face.

- Use a non-perfumed moisturiser on regularly if your skin is dry or sensitive.
- Consider and avoid the lifestyle factors that can worsen rosacea; keeping a diary of what worsens rosacea may help.
- Sometimes cosmetics can be used to cover rosacea effectively, and some rosacea patients may benefit from the use of [skin camouflage](#) to help hide excessive [redness](#). A skin camouflage consultation can be discussed with your healthcare professional or by contacting the organisations listed at the end of this leaflet.
- Unless specifically recommended by your dermatologist, it may be best to avoid some treatments for [acne](#), as these can irritate skin that is prone to rosacea.
- Do not use creams and ointments containing corticosteroids, unless specifically recommended by your dermatologist as these may make rosacea worse.
- If your eyes are affected, do not ignore them - consult your GP, dermatologist, or an eye specialist doctor.
- Some drugs can aggravate blushing, and your doctor or dermatologist may make appropriate changes to your medication.

**CAUTION:** This leaflet mentions ‘emollients’ (moisturisers). Emollients, creams, lotions and ointments contain oils which can make it easier for dressings, clothing, bed linen or hair to catch fire. To reduce the fire risk, patients using these moisturising products are advised to be very careful near naked flames to reduce the risk of clothing, hair or bedding catching fire. In particular, smoking cigarettes should be avoided and being near people who are smoking or using naked flames, especially in bed. Candles may also be a fire risk. Daily washing is advisable for clothing which is in regular contact with emollients and wash bed linen frequently.

### **Where can I get more information about rosacea?**

*References:*

[British Association of Dermatologists guideline for the management of people with rosacea 2021](#)

*Web links to detailed leaflets:*

<https://www.aad.org/public/diseases/acne-and-rosacea/rosacea>

<https://www.dermnetnz.org/topics/rosacea/>

<https://www.nhs.uk/conditions/rosacea/>

*Link to patient support groups:*

*British Association of Skin Camouflage* (NHS and private practice)

Tel: 01254 703 107

Email: [info@skin-camouflage.net](mailto:info@skin-camouflage.net)

Web: [www.skin-camouflage.net](http://www.skin-camouflage.net)

*Changing Faces*

Tel: 0300 012 0276 (for the Skin Camouflage Service)

Email: [skincam@changingfaces.org.uk](mailto:skincam@changingfaces.org.uk)

Web: [www.changingfaces.org.uk](http://www.changingfaces.org.uk)

**Please note:** The BAD provides links to help people access a range of information about their skin disease. The views expressed in these links may not be those of the BAD or its members.

For details of source materials used please contact the Clinical Standards Unit ([clinicalstandards@bad.org.uk](mailto:clinicalstandards@bad.org.uk)).

**This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.**

*This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel*

**BRITISH ASSOCIATION OF DERMATOLOGISTS**

**PATIENT INFORMATION LEAFLET**

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