BMJ Best Practice

Patient information from BMJ

Last published: Jan 18, 2023

Rosacea: what is it?

Rosacea is a skin condition that mostly affects the face. The main symptom is redness. In many people the condition comes and goes, and attacks are 'triggered' by certain things, including changes in the weather.

Rosacea can't usually be cured. But treatments can help keep it under control. You can use our information to talk to your doctor about the best treatments for you.

What is rosacea?

Rosacea is a skin condition that mostly affects the cheeks, chin, nose, and forehead. But it can also affect parts of the upper body.

Rosacea causes different symptoms in different people, including:

- occasional flushing (redness. Doctors call this 'erythema')
- permanent redness
- visible small blood vessels (sometimes called 'spider veins')
- spots
- rough or swollen skin, and
- raised lumps (nodules) on the skin.

In many people the condition comes and goes, so that they have spells with no symptoms. When symptoms happen they can vary from mild to severe and distressing.

In some people, the swelling can be severe, especially on the nose and in lumps around the eyes.

For more information on treatments for rosacea, see our leaflet: *Rosacea: what treatments work?*

Rosacea is common. It affects about 5 in every 100 people. And it can happen to people of any ethnic background and skin colour. But some people are more likely than others to get it:

• Rosacea is most common in white people with fair skin, of Celtic and northern European heritage

- It is rare in black people
- It affects women more often than men
- The condition usually starts between the ages of 30 and 50.

We don't know for sure what causes rosacea. There seem to be several possibilities. These include:

- problems with the blood vessels in the face. Abnormalities in blood vessels can cause redness and swelling
- sun exposure, which can damage blood vessels and make them less 'elastic'. This means that blood vessels swell up but don't shrink down again
- stress, and
- other conditions that cause inflammation (swelling) in the skin.

Two other possible causes have been suggested and are being researched. They are:

- tiny mites called demodex mites. They usually live harmlessly on the skin. But some people with rosacea have unusually high numbers of them on their skin. So doctors are looking at whether these mites could be linked to rosacea
- an infection called *Helicobacter pylori*. This infection affects the bowel, and is the cause of most stomach ulcers. But there is a suggestion that it might be linked to rosacea.

Other things that can trigger attacks of rosacea in people with the condition include:

- hot baths or showers
- spicy foods
- sun exposure
- sudden exposure to cold, such as going outside in a cold wind
- drinking alcohol. Red wine, especially, seems to cause redness in many people
- creams that contain medicines called corticosteroids. This might seem strange, as these creams are used to reduce inflammation (swelling). But in people with rosacea they seem to cause it.

What are the symptoms?

Doctors often group rosacea into different types according to the different symptoms that people get.

This doesn't mean that people with rosacea only ever get one type of symptom - although many people do have one type more than others - but it helps doctors to know how to treat the various symptoms.

There are four main types of rosacea, called subtypes:

• With subtype 1 the symptoms are flushing (redness that comes and goes), redness in the centre of the face that is there most of the time, and visible spider veins (called telangiectasias). Doctors call this **erythematotelangiectatic rosacea**.

• With subtype 2, as well as redness, people have attacks of spots, which can sometimes contain pus. This is called **papulopustular rosacea**.

This type of rosacea is sometimes confused with acne. The main difference is that acne usually begins in your teenage years, while rosacea of any kind doesn't usually start before the age of 30.

- Subtype 3 is called **phymatous rosacea**. The symptoms are thickening of the skin and irregular bumps and swelling (nodules). It usually affects the nose, but it can also affect the chin, forehead, ears, and eyelids.
- Subtype 4 is called **ocular rosacea**. People with this type have problems with the eyes, including burning and itching, as well as blurred vision and sometimes swollen eyelids. Many people with ocular rosacea have other rosacea symptoms as well.

Other types include rosacea that can affect younger women, and rosacea that mainly affects the skin around the mouth or eyes, but not the eyes themselves.

What will happen?

It's not possible to say what will happen to you as an individual. Rosacea symptoms vary greatly from person to person.

Some people have symptoms so mild that they choose to have no treatment other than doing their best to avoid things that trigger attacks.

Other people have severe symptoms that affect their confidence and self-esteem to the point that they decide to have a surgical procedure.

Treatments work better for some people than for others. Some people find that their symptoms clear up very well with treatment, while others struggle to find anything that works.

If your symptoms make you unhappy and you would like more help from people who understand how you feel, you might be able to find an organisation that provides support and information to people with conditions that make them look different.

For example, in the UK, the charity Changing Faces (changingfaces.org.uk) has been helping people for many years.

Your doctor might be able to help you find a group in your area, or you could search online.

© BMJ Publishing Group Ltd 2024. All rights reserved.

The patient information from *BMJ Best Practice* is regularly updated. The most recent version of Best Practice can be found at <u>bestpractice.bmj.com</u>. This information is intended for use by health professionals. It is not a substitute for medical advice. It is strongly recommended that you independently verify any interpretation of this material and, if you have a medical problem, see your doctor.

Please see BMJ's full terms of use at: <u>bmj.com/company/legal-information</u>. BMJ does not make any representations, conditions, warranties or guarantees, whether express or implied, that this material is accurate, complete, up-to-date or fit for any particular purposes.

What did you think about this patient information guide?

Complete the <u>online survey</u> or scan the QR code to help us to ensure our content is of the highest quality and relevant for patients. The survey is anonymous and will take around 5 minutes to complete.



BMJ Group