Rosacea
Understanding what it is and what you can do about it

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Bio
If you suffer from rosacea, you’re in good company since it is very common. According to the National Rosacea Society, “well over 16 million Americans have rosacea - and most don’t know it.” This common aspect of rosacea does not, however, mean that rosacea is well understood, or that there are sure fire ways to control it.

If you’re reading this, then you may already have experienced how tricky and sensitive rosacea-prone skin is. My goal is to share with you what I’ve learned in my 25 years of dermatology practice caring for thousands of different complexions that suffer from rosacea. I also have rosacea myself, giving me a first-hand opportunity to experience it and apply my dermatologic experience and medical knowledge against thousands of skin care products and their claims.

In this guide, my hope is to help you better understand rosacea and teach you how to identify some of the more subtle signs. I’ll give you my guidelines for choosing the right skin care products and treatments for your complexion and help you understand when you need to see a dermatologist for prescription treatments.

**Introduction**

Are you one of the 16 million Americans suffering from rosacea?

Dr. Bailey is here to help.
What is rosacea?

Rosacea may at times looks like a form of acne, but it’s really a skin rash that starts in adulthood. This is an important distinction because the treatments that work for acne often don’t work for rosacea.

Any adult is at risk, but rosacea is most commonly seen in light skinned women between the ages of 30 to 50. Rosacea is characterized by persistent redness of the rounded areas of the face, including the cheeks, nose, chin and mid-forehead. It often spares the skin around the eyes.

Although the skin looks red, hot and inflamed, it is not infected. Rosacea is an inflammatory condition. The location and pattern of the inflammation determine the type or types of rosacea a person has.

There are 4 different subtypes of rosacea. It’s important for you to try to identify which type you have because it helps you understand your skin problem and find the best skin care routine for treatment and control. You may also find that you have more than one rosacea type, which is very common.
What are the different forms of rosacea?

**Erythematotelangiectatic rosacea**

Erythematotelangiectatic rosacea is the subtype of rosacea where inflammation is more diffused into the skin and is associated with redness and flushing. The inflammation may be dramatic, or it may be quite subtle. There is often a history of flushing episodes lasting over 10 minutes and occurring from various stimuli including emotional stress, hot drinks, alcohol, spicy foods, exercise, cold or hot weather, hot baths or showers, etc.

The skin may sting or burn with flushing. The skin is often finely textured with scaling and roughness of the central face, which is a big indication that the facial skin may also be very sensitive. Also, this means that skin care products and harsh climates have been unusually irritating in the past causing facial redness, scaling and discomfort.

**Papulopustular rosacea**

Papulopustular rosacea is the classic rosacea subtype. Skin inflammation is heavily centered around the pore, causing pimple-like redness and swelling, sometimes with pustules and nodules. There is often a history of flushing. There may or may not be a history of sensitive skin. The skin may be sebaceous and oily, red, thick and swollen.
What are the different forms of rosacea?

Glandular Rosacea

Glandular rosacea with or without rhinophyma is a deep sebaceous rosacea subtype, most commonly seen in men with a history of teenage acne. Flushing and telangiectasias (“broken capillaries”) are less prominent. Skin is thick and sebaceous and is not sensitive or easily irritated. Pores are large and filled with plugs of dead skin cells and sebum. There is swelling and enlargement of the oil glands that is classically evidenced by a larger rounded nose.

Ocular Rosacea

Ocular rosacea is inflammation of the oil glands along the eyelash line. It can be seen with all the types of rosacea. Some studies have linked it to demodex mites. There can be redness, irritation and grittiness of the eyes, stinging, burning and light sensitivity. Ocular rosacea may precede facial skin involvement.
Facial Distribution of seborrheic dermatitis: Note the involvement along the nose, between the brows and on the mid forehead, areas that are not involved with rosacea. Seborrhea causes a pinkish-salmon rash that is dry and flaky as well as sensitive skin, a.k.a. dandruff.

Rosacea occurs in all skin colors/ethnicities but is most common in fair-skinned people. Rosacea can involve non-facial skin such as the neck and chest.

Many people with rosacea, especially the erythematotelangiectatic type of rosacea, also have facial seborrheic dermatitis, also known as dandruff.

Facial Distribution of seborrheic dermatitis: Note the involvement along the nose, between the brows and on the mid forehead, areas that are not involved with rosacea. Seborrhea causes a pinkish-salmon rash that is dry and flaky as well as sensitive skin, a.k.a. dandruff.
**Why do people get rosacea?**

**We don’t know!**

**What we do know:**

The regulation of blood flow to the skin in rosacea is abnormal. People with rosacea have an abnormal “vasomotor” response of their facial capillaries to hot environments and other flushing stimuli, leading to easy and frequent flushing.

Demodex mites have been implicated in some studies. However, the role of demodex mites remains controversial. A recent study suggests that protein on bacteria on the mites might be important, but it’s a to-be-continued-story because:

- Pores with demodex are more likely to be inflamed, but 100% of the elderly have demodex in their pores though not all have rosacea.
- The presence of demodex is most closely associated with inflammatory papulopustular rosacea.
- Killing the demodex with medicine does not necessarily cure rosacea.

Intestinal bacteria such as h. pylori have been implicated as well, but there is evidence both for and against this hypothesis. It may turn out that it’s more important for some people than others.
How do you identify whether or not your complexion problems are due to rosacea?

Top Three conditions that mimic rosacea

1. Non-rosacea forms of acne
2. Facial dandruff (seborrheic dermatitis)
3. Skin rashes of allergic and irritant dermatitis

Tips to Tell Acne from Rosacea

1. Look for blackheads - not just engorged and clogged pores. Blackheads are more common in acne.

2. How old are you? Acne is more common in adolescents and young adults. Rosacea is more common in young and older adults, and the risk of rosacea increases with age.

3. Female hormonal acne, another form of acne that can develop in adult women, usually manifests as big, painful cysts along the jaw. This is not a common site for the pimple-like lesions or rash of rosacea.
An allergy or irritation from products is located only where the product is being applied in the beginning of the rash. The rash may eventually spread out from that area, but in the beginning, it starts where the product was applied. There is often an itching with allergic reactions. Poison oak or ivy is a classic example of allergic dermatitis and many ingredients in skin care products can be allergens too. There is often a dry, chapped appearance to the skin associated with stinging when a product is causing an irritant reaction. Classic examples are AHA or acne products (especially benzoyl peroxide products) that are too strong for a person’s skin.

Dandruff can be harder to distinguish from rosacea. It often involves the mid-portion of the face just like rosacea. With dandruff, there is scaling and a salmon-colored redness of the skin. Involved areas are often sensitive as well.

Dandruff usually involves the eyebrows, hairline, ears, and along the sides of the nose more than the convex surfaces of the face. It often occurs with rosacea, but the good news is the treatments overlap.
The first and most important step in controlling rosacea is to decide if you have the exquisitely sensitive skin of the erythematotelangiectatic type, the tougher skin of papulopustular rosacea, or if you are somewhere in between. In general, the facial skin barrier strength in rosacea is abnormal making any irritating products or treatments (such as anti-aging or acne treatments) much more irritating to rosacea-prone skin.

What’s the best way to begin any new skin care routine aimed at controlling your rosacea? Think about what products and procedures you have tried before. What have you tolerated or not tolerated? Use this history as a guide.

When in doubt, start cautiously with non-irritating products and treat only a small area of your rosacea-prone skin to see how your skin responds!

Here are the basic skin care steps I use to create a complete skin care routine for my rosacea patients:

**Complete Skin Care**
In my dermatology practice, I recommend rosacea patients use gentle, non-irritating products and minimize scrubbing or exfoliation at first.

Avoid foaming cleansers, except for only the most oily papulopustular rosacea. In my experience, the best tolerated cleansers are the synthetic detergent cleansers such as Aquanil, Vanicream Cleansing Bar, Neutrogena Ultra Gentle Cleanser and Toleriane Cleanser, my preference for my sensitive skin rosacea patients.

In addition, I often incorporate a medicated cleanser once a day, because it’s an effective way to deliver treating ingredients. Alternate this medicated cleanser with one of the non-irritating cleansers above because some of these products can be drying.

My favorite, which I developed for my sensitive skin rosacea patients: Calming Zinc Soap with 2% pyrithione zinc. Prescription Sodium Sulfacetamide Sulfur cleanser (a sulfa antibiotic and sulfur combination) can be highly effective to treat rosacea-prone skin.

For excessive facial scale and engorged/clogged pores you can VERY GENTLY try a Facial Buf Puf or Clarisonic Skin Cleansing Brush (gentle setting and delicate brush only). BUT, the skin may not tolerate this, so only try it when your rosacea is in remission and remember to start gently.

As a general rule, I try to avoid facial toners for all but the most oily rosacea complexions. If you do use them, stick with alcohol-free/gentle products only.
I always use a high concentration green tea antioxidant and caffeine combination product from the Replenix line. My favorite is my Green Tea Antioxidant Therapy. The option is Replenix CF Cream.

I consider this part of “correct” because studies have shown that, in rosacea, the skin is antioxidant depleted, and these two products contain extremely highly concentrated levels of the active and soothing green tea antioxidants. When combined with caffeine and green tea polyphenol antioxidants are even more anti-inflammatory. Facial dandruff often occurs with rosacea and needs to be treated too. The Calming Zinc soap and Green Tea/Replenix product may be sufficient treatment. If not, I have my patients apply clotrimazole cream twice a day until facial dandruff is under control.

There are prescription FDA-approved and “off label” skin care treatments that dermatologists use. These need to be worked into any skin care routine by your treating physician. I typically have patients apply medicated treatments after the Green Tea/Replenix product but before their moisturizers or sunscreens. Some of the FDA-approved products include metronidazole cream or gel (Metrogel), and sodium sulfacetamide, sulfur cleansers, azelaic acid (Finacea) and the new Mirvaso Gel for facial flushing.
Moisturizers are important to heal the compromised skin barrier of rosacea. It is safest to choose only non-irritating moisturizers meaning no AHAs, BHAs, vitamin C, etc. Moisturizer should be selected based on your skin type with heavier/richer/oil-containing products for drier skin. Many good products exist and are easy to find. Good product lines include Aveeno, Oil of Olay, Neutrogena, Clinique and Kiehls, and Dr. Hauschka, among others. My favorite product for oily skin is my Daily Moisturizing Face Cream for Oily Skin. For drier skin, I like either my Daily Moisturizing Face Cream for Dry Skin or my All Natural Face and Body Butter or All Natural Face, Hand and Body Lotion.

Note for people with Papulopustular type

People with oily papulopustular rosacea may not want to use a moisturizer. Non-oil hydrating ingredients such as hyaluronic acid and glycerin may help increase skin moisture without leaving a heavy product feel on their skin. The Green Tea Antioxidant Skin Therapy and the Replenix CF Cream are both loaded with hyaluronic acid and may provide sufficient hydration for oily skin.
Sun may play a role in rosacea, especially the erythematotelangiectatic type. This means that daily sun protection is important for controlling your rosacea and needs to be used on your facial skin every day, all year long. For people with rosacea, I prefer physical sunscreen ingredients (zinc oxide or titanium dioxide) to the chemical ingredients. The chemical sunscreens can sting and irritate sensitive rosacea skin, and they also generate a slight amount of heat as they block UV rays. In my experience, this heat may cause a flare up of rosacea, especially the erythematotelangiectatic type.

I recommend only sunscreens with at least 5% or more zinc oxide. Over the years I have become very particular about sunscreen brands because not all products work well, especially for my sensitive skin patients like those with rosacea. I have a short list of products that I trust for my rosacea patients.

**Protect**

**Sun Protection**

Mineral makeup can provide additional sun protection when applied on top of sunscreen. Mineral makeup powder is tolerated best due to its ingredient simplicity. There are many good brands of mineral makeup including Jane Iredale, Bare Minerals, Bare Escentuals, and most of the major cosmetic brands have powdered mineral makeup as well. My **Pressed and Baked Mineral Powders, Loose Mineral Makeup Blush** and the rest of my mineral makeup line are also elegant, natural and ideal for rosacea-prone skin. They provide long lasting coverage with a fine and natural finish.

**Sunscreens for your skin type**

**Oily**
- MDSolarSciences Mineral Tinted Cream SPF 30
- EltaMD Clear SPF 46

**Normal**
- Citrix Sunscreen SPF 40
- Glycolix Elite Sunscreen SPF 30
- Solbar Zinc Sunscreen SPF 38

**Dry**
- Suntegrity 5 in 1 BB Cream SPF 30
- EltaMD Daily SPF 40

**Sensitive**
- Suntegrity 5 in 1 BB Cream SPF 30
- Glycolix Elite Sunscreen SPF 30
- Suntegrity Baby Natural Mineral Sunscreen SPF 30
- Raw Elements Eco Formula SPF 30
- MDSolarSciences Mineral Tinted Cream SPF 30
Skin Care Treatments and Procedures

Rosacea-prone skin is sensitive and has weakened barrier strength, meaning it’s easy to irritate with facial acid peels, massage or mechanical stimulation such as microdermabrasion, and many of the products used in facials targeted for acne or anti-aging concerns.

Only your treating doctor or skin care professional can determine if a treatment is safe for your skin. You need to know that every skin care treatment has risks that you need to discuss with them and that what we use in my office may not work for you. The information presented here is intended only to help you start a conversation with your doctor of skin care professional. Here are the general guidelines I use in my office for rosacea-prone patients and clients.

Always discuss plans with your doctor
We created our Calming Facial specifically for our rosacea clients. The goal is to cool and soothe inflammation and avoid over-stimulating the skin. We often avoid steam and keep the steam towels cooler than normal. We use the Avene Water Mask, a hyaluronic acid serum, Green Tea Antioxidant Skin Therapy, Avene water mist between steps, and only the gentlest massage pressure throughout the treatment. A light moisturizer and then zinc oxide sunscreen is used to finish, followed by a light dusting of loose mineral makeup powder. If the Clarisonic is used, it is kept on the lowest settings with a delicate brush. If a toner is used, it is witch hazel-based.

In this series of photos with the Reveal Imaging System, you can see that this client has both erythematotelangiectatic rosacea and a papulopustular flare. She received a Calming Facial, which she tolerated well. Just 1 hour later, you can see a slight improvement in her facial redness. Overall, her skin felt less inflamed to her too. Most facials are too stimulating for rosacea-prone skin during a rosacea flare, so it’s important to only receive a facial from a skin care professional that has experience with rosacea-prone skin and who knows how to tailor the treatment.

**Therapeutic value of a calming facial targeted to soothe rosacea inflammation.**

In this series of photos, notice the degree of skin inflammation and redness pre-facial versus post-facial. Following the facial, the skin shows less intense redness both in the normal lighting photo and in the exposure designed to detect redness. Also, notice how well her skin tolerated the facial in spite of the fact that it was very reactive in the midst of a rosacea flare up.
Incorporating anti-aging products into the skin care routine when you have rosacea needs to be done cautiously. This is because most effective anti-aging products can be irritating to sensitive skin. I only introduce anti-aging products when the rosacea is in remission and the skin barrier has had a chance to heal for at least a few months.

The most tolerated anti-aging product for rosacea-prone skin is tretinoin (Retin A and Renova). In fact, some dermatologists use tretinoin to treat rosacea. Its non-prescription cousin retinol is another option. Both can cause chapping, skin dryness and irritation and may not be tolerated by extremely sensitive skin types. I typically start these products at their lowest levels. I have patients apply them only once or twice a week at bedtime at first. They very slowly work up to a nightly application over 2 to 3 months. If any early dryness develops, I have them stop using the products until the skin has returned to normal; then, they resume the slow process.

The acid pH of many of the powerful anti-aging skin care products, such as vitamin C and AHA (glycolic acid) products makes them poorly tolerated by sensitive skin, especially the erythematotelangiectatic type of rosacea. Papulopustular clients may, however, do surprisingly well with acid pH anti-aging products once their rosacea is controlled. My favorite over the counter anti-aging products include retinol creams and my Vitamin C Professional Anti-Aging Serum and any of the glycolic anti-aging acid (AHA) creams and lotions from our site, selected to match your skin type. I recommend starting AHA, vitamin C or retinoid products with the lowest strength and then working up to the highest strength tolerated.
Rosacea is a lifelong skin condition that requires constant management—there is no cure! For this reason, I use oral antibiotics to treat rosacea only as a last resort.

My approach to rosacea treatment is to have my patients on a good foundation of holistic and healthy control measures to support rosacea remissions, meaning:

I build upon that foundation by adding medicated topical prescription skin care products. Then, only as a last resort, will I use short term oral antibiotics to control the skin when it flares up in spite of our best efforts.

**Supportive Diet Recommendations for Rosacea Patients:**

The *Alkaline Mediterranean Diet* can help rosacea. It’s the perfect diet for anyone with an inflammatory skin condition because alkaline foods may be anti-inflammatory. It’s a vegetable-heavy diet that’s very similar to the current recommendation from doctors and dietitians for optimal health. The alkaline versus acid concept of foods is controversial, but my experience and opinion is that it matters. The concept is that foods which create a slight alkaline pH shift when you absorb them are less inflammatory. For further information, [read here](#).

Freshly ground flax seeds are the most potent plant source of inflammation fighting omega 3 fatty acids. It’s easy to add a handful to your food and it’s a great overall health booster. Read more on the benefits of flax seeds in this post: *Age Beautifully, Fight Cancer And Prevent Heart Disease By Adding Flax Seeds To Your Diet.*
Add foods with live probiotics to your diet. I think the best source of probiotics comes from naturally fermented foods such as kefir (or yogurt), instead of probiotic supplements. Learn more in this two-part series on kefir. Yogurt, and possibly kefir, can trigger some people’s rosacea, so you need to try them carefully. Alternatives include probiotic supplements from natural food stores, but buy the highest quality because these living cultures require care or else they die before you actually have a chance to use them.

The reason I recommend probiotics is because of some inconclusive but interesting scientific observations connect rosacea and the stomach germ helicobacter pylori. Eating probiotic-rich foods regularly may help diminish the presence of this organism in the gastrointestinal track. I’ve had so many patients whose rosacea benefited from h. pylori treatment that I think this recommendation may well have merit.

Avoid those specific foods that make your rosacea flare up. These are different for each person. The obvious foods triggers for most rosacea patients are spicy foods and alcohol. There are other less obvious culprits, however. Just recently, a rosacea patient told me she figured out her flare ups were triggered by avocados. When she gave them up, her face cleared. When she did a re-challenge, her skin broke out again. Other examples include hot beverages, dairy foods, citrus fruit foods, chocolate, vanilla, soy sauce, vinegar, spinach, some beans and eggplant. Try to notice if there are any specific food types that seem to be associated with your skin’s flare ups. When you think that you’ve identified a trigger food, try avoiding it and observe your skin for changes. If your rosacea calms down, confirm your suspicion with a re-challenge. If your skin flares up again, you may have identified one of your true food triggers.
Lifestyle and Activity Recommendations

**Triggers**

Stress triggers rosacea. Most rosacea patents turn beet red when they are upset, embarrassed or nervous. The pimples and inflammatory rash of rosacea often follow. Rosacea also flares up during the holidays, which for many of us are stressful. Doing what you can to avoid or manage your stress level is important when you have rosacea. I’m a big fan of yoga for stress reduction and have written about its health benefits. Other options include meditation, biofeedback, taking time to be outdoors, spending time with friends who don’t cause you stress, being less demanding of yourself and living life more slowly.

Temperature extremes, sun and strong chapping wind can trigger rosacea. This includes saunas and hot tubs as well as the weather and indoor temperatures. It also includes exertional exercise that can cause you to get overheated. Facial flushing conditions such as menopausal hot flashes and niacin supplement flushing can cause rosacea flare ups too.

The good news is that you can make decisions that help you control your rosacea. If your rosacea is well controlled with diet and supportive skin care you may be able to sneak up on your skin and ask it to tolerate a small amount of these triggers. With rosacea flare ups it’s a often a matter of degree; doing strenuous exercise in the full sun on a windy day while suffering from hot flashes, after eating Mexican food and drinking a margarita, and at a time when your rosacea is already active is just asking for trouble!
Because treatment and control of rosacea helps prevent permanent telangiectasias and skin damage, it’s worth the effort.

If you are doing everything and your skin is not getting better, then have a good look at your products. Check carefully for problem ingredients such as cortisone (more common in products from outside the U.S.), or irritating ingredients like vitamin C, AHAs, BHAs, benzoyl peroxide, retinol, etc.

Remember, if your skin becomes severely inflamed, is steadily worsening or not responding to your skin treatments then it’s time to see a dermatologist. Sometimes medical prescription treatments are necessary to control the skin inflammation and prevent scarring or hyperpigmentation. Doctors can add a prescription oral antibiotic or powerful topical medicine. These often work quickly to jump start control so that your good anti-rosacea skin care routine can finally take over.
References


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