

Annual report on rosacea

Rosacea *difficult to manage, but new agents are emerging*

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The choice of medication to manage rosacea is dependent upon the clinical presentation of the condition, say practicing Canadian dermatologists.

"There is a spectrum of treatment," says Dr. Peter Vignjevic, a dermatologist in Hamilton, an assistant professor at Hamilton's McMaster University, and a fellow of the American Board of Dermatology. "If people have mild rosacea, they are usually treated with topical

Dr. Vignjevic. "Because [rosacea] is a chronic condition, the redness can come back. I usually perform about five treatments and then perform a yearly treatment for maintenance."

For some patients, the flushing and blushing is also minimized with IPL, adds Dr. Vignjevic.

About one in 20 Canadians is affected by rosacea, with symptoms usually occurring by the age of 30. The condition tends to run in families, particularly in those of Irish, English, Scottish, and Eastern or Northern European ancestry.

Variety of treatments available

The Rosacea Awareness Program

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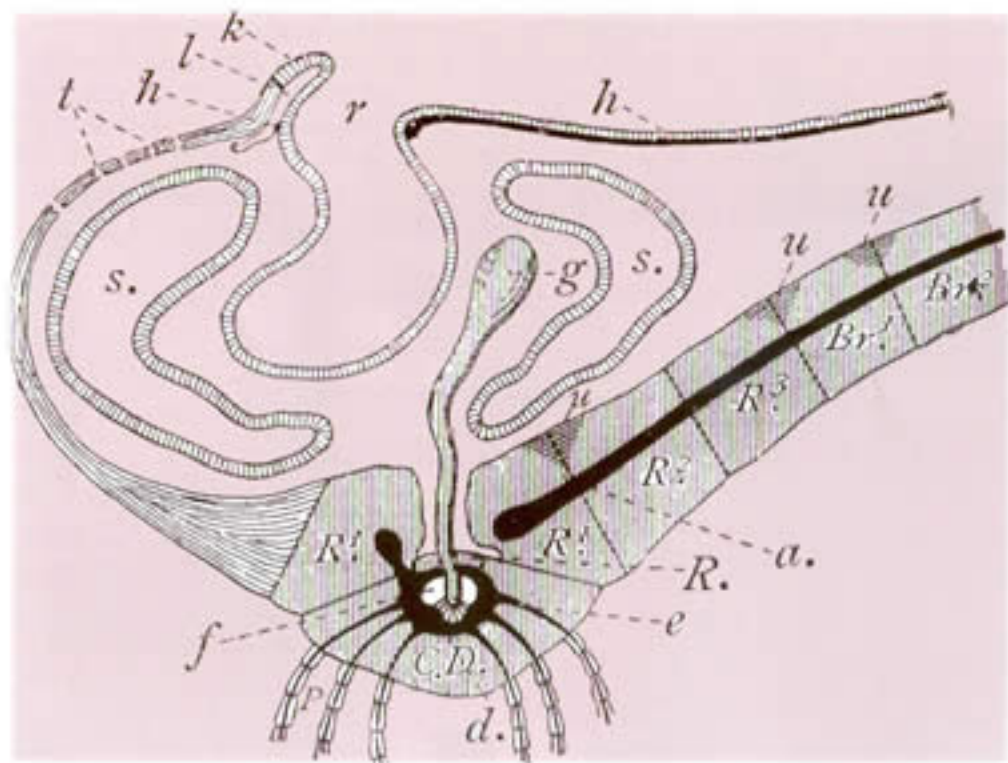
mild rosacea, they are usually treated with topical metronidazole cream. If they have papules and pustules, they are usually administered oral antibiotics like tetracycline or minocycline."

Clinicians typically advise patients to avoid a host of triggers of the condition, which include strenuous exercise, consuming red wine, hot beverages, or spicy foods, prolonged exposure to the sun, cold, or extremes in temperature, and avoidance of emotional stress, he notes.

"When you have rosacea, your skin is so sensitive that many different things can irritate you," explains Dr. Vignjevic. "These are people who flush and blush easily. It's a matter of controlling the condition, not curing it."

The redness and telangiectasia that can present with rosacea often cannot be diminished to the satisfaction of the patient using topical or systemic therapies, so clinicians look to other therapies such as lasers to manage those symptoms.

"In my office, I use IPL [intense pulsed light]," says



The Rosacea Association in Canada released a study last year that suggested rosacea can detract from an individual's quality of life, with 30% of respondents saying that rosacea affects their social life; close to 20% have declined a social invitation because of the presence of rosacea.

The condition appears to be associated with the vascular network of the facial skin, and is usually activated by factors that cause flushing and blushing.

Four different subtypes of rosacea have been identified including mild, moderate, severe, and ocular.

"Physicians are using a variety of medications to treat rosacea," says Dr. Neil Shear, a professor of medicine and director of dermatology at the University of Toronto and head of dermatology at Sunnybrook Health Sciences Centre in Toronto.

Doxycycline is a mainstay of rosacea treatment, and it can be delivered at various dosages. "Some patients don't respond to a dose of 100 mg, and we put them at a higher dosage of, say, 200 mg," explains Dr. Shear.

For patients who present with granulomatous rosacea, isotretinoin is a great therapeutic option, according to Dr. Shear.

"It is not a first-line therapy," says Dr. Shear. "I would try topical therapy first, such as metronidazole gel or a topical calcineurin inhibitor, and then doxycycline. I would use [isotretinoin] later."



Dr. Peter Vignjevic



Dr. Neil Shear



Dr. Roberta
McKay



Dr. Ian Landells

Rosacea: Lifestyle changes, trigger avoidance still key

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When patients have ocular rosacea, it is a very uncomfortable sensation, notes Dr. Shear.

"It's like having a feeling of sand in your eyes all day long," he says. "It could take months to get [ocular rosacea] under control. Systemic doxycycline is typically what is prescribed."

One of the sources of relief for patients who display the symptoms of rosacea such as flushing and redness is the use of camouflage make up such as CoverFX, according to Dr. Shear.

"Patients don't have other individuals telling them that they look flushed or have a red face," says Dr. Shear. "It makes patients more confident about their appearance."

Etiology of rosacea unknown

A minority of patients may have facial pain or a burning sensation which is a challenge to treat, notes Dr. Shear. There has been some success with off-label use of botulinum toxin to treat this pain, he adds.

The etiology of rosacea remains unknown. One research approach examined demodex folliculorum that

reside on the skin's normal flora, but that research has not produced any new insights into treatment.

Research published in the last two years has suggested that there is a modified innate immune response characteristic of the pathogenesis of the vascular and inflammatory condition that is usually observed in patients with rosacea. The research points to the expression of cathelicidin peptides in the skin as a focus for new therapeutic pathways. Moreover, the vitamin D3 pathway has been linked to the regulation of cathelicidin expression.

"The research suggests that there is a build up of this protein in the skin," comments Dr. Roberta McKay, a dermatologist in private practice in Regina, and a clinical professor in the department of medicine in the division of dermatology at the University of Saskatchewan in Regina. "The researchers are thinking that this protein produces an irritant reaction in the skin."

In the U.S., low-dose doxycycline is available in 40 mg capsules that are taken once daily, and it has been approved by the U.S. Food and

Drug Administration there to treat inflammatory lesions associated with rosacea. The purported advantage of the therapy, not yet available in Canada, is that the low-dose of the antibiotic would decrease the potential for the development of resistant bacteria.

"It's not a ground-breaking development," notes Dr. Ian Landells, on the emergence of the low-dose doxycycline product. "For some people, [higher doses of] doxycycline can be photosensitizing and some others find that [higher doses of doxycycline] upsets their stomach."

One therapy that offers treatment of rosacea in addition to protection from ultraviolet rays of the sun is a cream that contains 1% metronidazole with a sunscreen protection factor of 15. In a study of 121 patients published in the *Journal of Cutaneous Medicine and Surgery*, investigators concluded that the topical formulation was effective and well-tolerated to treat moderate to severe rosacea. More specifically, the use of the topical formulation twice daily led to statistically significant improvements in inflammatory lesions, erythema, and

telangiectasia.

Lasers an alternative

The advent of lasers has meant one more tool in the toolbox for dermatologists who treat rosacea. "Technologies like intense pulsed light can be used to treat the persistent redness, telangiectasia, and enlarged blood vessels," explains Dr. Landells. "We used to use pulse dyed lasers, and they would leave dark purple bruising after each treatment. We now use intense pulsed light, which is much faster, easier, and requires no downtime. It also improves the appearance after a series of treatments."

Systemic medications treat the inflammation, and the intense pulsed light targets the redness, but minimizing exposure to triggers is a key element to prevent the appearance of rosacea.

"All of these things need to be combined with lifestyle changes and the avoidance of triggers of rosacea," explains Dr. Landells. "More patients have more than one trigger. The same patients who are predisposed to rosacea are also predisposed to sun damage, and they are typically fair-

skinned individuals."

The cosmeceutical RevaleSkin, derived from CoffeeBerry, has been shown to decrease the redness associated with rosacea. "It is designed to be an anti-aging product, but it is also very effective in reducing the redness of rosacea," says Dr. Landells.

Many patients do not appear to have the papules and pustules associated with rosacea, but would benefit from IPL therapy and RevaleSkin.

"Therapy has to be customized to each individual's presentation," says Dr. Landells.

Non-proprietary and brand names of therapies:

doxycycline (no branded products); isotretinoin (Accutane, Roche); low-dose doxycycline 40 mg (not available in Canada); metronidazole topical gel 0.75% and 1% (MetroGel, Galderma); metronidazole topical cream 0.75% (MetroCream, Galderma); metronidazole topical lotion 0.75% (MetroLotion, Galderma); metronidazole 1% with SPF 15. (Rosasol, Stiefel); RevaleSkin, Stiefel.