

Cosmetic Treatment Options for Rosacea

Kristen M. Whitney, BS; Chérie M. Ditre, MD

Rosacea is a common dermatologic condition that affects adults in all ethnic groups.¹ Topical therapies including azelaic acid,² metronidazole,³ sodium sulfacetamide/sulfur,⁴ and clindamycin/benzoyl peroxide,^{4,5} in addition to oral antibiotics such as minocycline and doxycycline,⁶ have demonstrated remarkable clinical improvements in patients with rosacea; however, many patients are still not fully satisfied with their resulting appearance when utilizing these treatments. In this commentary, we suggest the need to have a frank discussion with your rosacea patients regarding the currently available treatment options that offer both medical and cosmetic improvements. Patients need to be educated on topical medications, as well as skin care regimens, cosmeceuticals, oral medications, and procedural choices. We hope this article offers additional treatment options, as both topical cosmeceuticals and procedural therapies can be beneficial in treating rosacea and improving the appearance of the skin.

Skin Care Regimens

Rosacea patients often report that they have sensitive skin and therefore benefit from a thorough discussion of skin care regimens that include a daily gentle moisturizing cleanser, lotion, and sunscreen. When selecting a product, look for ingredients such as dimethicone and cyclomethicone, which are compounds that reduce irritation in rosacea-prone skin.⁷ Products that are formulated with green tea polyphenols, licochalcone, colloidal oatmeal, feverfew (formulated without parthenolides), bisabolol, and ceramides also offer symptomatic relief and cosmetic improvement in patients with rosacea.⁸⁻¹⁰

Ms. Whitney is from the Philadelphia College of Osteopathic Medicine, Pennsylvania. Dr. Ditre is from the Skin Enhancement Center, Penn Medicine Radnor, Pennsylvania, and the Department of Dermatology, University of Pennsylvania School of Medicine, Philadelphia. Ms. Whitney reports no conflicts of interest in relation to this article. Dr. Ditre is a former advisory board member for Johnson & Johnson and is a consultant for Topix Pharmaceuticals, Inc.

There are a number of over-the-counter skin care lines that are formulated with these ingredients, such as Aveeno (Johnson & Johnson Consumer Companies, Inc), which contains oatmeal and feverfew without parthenolides; CeraVe (Coria Laboratories, a division of Valeant Pharmaceuticals North America), which contains ceramides; and Eucerin Redness Relief (Beiersdorf, Inc), which contains bisabolol. Additional product lines that may be available to patients over-the-counter or in their physician's office include Pêche (Neocutis Inc), which contains caffeine, glycerin, zinc pyrrolidone carboxylic acid, and sodium dextran sulfate, and Replenix (Topix Pharmaceuticals, Inc), which contains green tea polyphenols. In this month's issue, Farris¹¹ provides a review of topical skin products—cleansers, moisturizers, and cosmeceuticals—that will improve treatment outcomes in rosacea patients. Dermatologists also should make rosacea patients aware of camouflaging and redness-reducing makeup.

Rosacea patients also should wear a daily sunscreen year-round with a sun protection factor of at least 30, as exposure to UV light can exacerbate symptoms. We recommend sunscreens that contain titanium dioxide and zinc oxide because their physical UVA- and UVB-blocking capabilities reduce the incidence of irritation in comparison to sunscreens containing additives, preservatives, and other potential irritants. TiZn₃ SPF 40 (Fallene Cosmeceuticals, Inc) contains both of these compounds and is available as a white or tinted lotion. Patients tend to like the tinted formulation because it acts as a foundation.

Other topical skin care products formulated with ingredients to repair existent sun damage, such as DNA Youth Recovery Facial Serum (Celfix Cosmeceuticals), may be helpful in improving skin appearance. Vanicream products (Pharmaceutical Specialties, Inc) that are fragrance free are options for patients with rosacea or sensitive skin who are looking for a low-allergenicity regimen.

Light and Laser Therapy

Cosmetic procedures that offer effective relief from the effects of erythematotelangiectatic (ETR) rosacea include the pulsed dye laser (PDL) and intense pulsed light. In

a randomized, controlled, single-blind, split-face study, Neuhaus et al¹² examined the efficacy of nonpurpuragenic PDL and intense pulsed light treatments in 29 participants with moderate facial ETR. Participants underwent 3 total treatments spaced at 4-week intervals. Both modalities demonstrated favorable efficacy, resulting in an overall decrease in erythema; telangiectasia; and symptoms including flushing, dryness, burning, and pruritus. No serious adverse reactions were demonstrated in patients who finished the study; however, minimal erythema and edema did occur for 24 hours after both treatments.¹²

In our experience, we have noted patient success and satisfaction in utilizing PDL for rosacea patients of the subclass ETR. Pulses are stacked until a flash purpura is achieved. Patients should expect 3 to 6 treatment sessions administered 4 to 6 weeks apart for maximum clearance. It is important to note that nasal telangiectases are particularly challenging to treat with PDL and often require several treatments. Side effects that can occur after each treatment include redness, swelling, and a purplish hue or bruising at the treatment site that may last for several days. Because of the bruising potential, patients should be warned at the time of consultation so that they can schedule accordingly.

Intense pulsed light also can be used to treat rosacea patients, particularly patients with lentiginos, pigmentary alterations, or photodamage. Patients typically need 3 to 6 treatments administered at 4-week intervals for notable improvement. Side effects include erythema and swelling following treatment, though purpura normally is not seen.

Summary

Treatment of rosacea can be a challenge for the dermatologist, as many traditional therapies can cause adverse effects in patients with sensitive skin; however, the products and procedures discussed here can be effective alternatives or adjunctive treatments. Redness-reduction topical skin

care products may be beneficial in rosacea patients, and sun protection and photodamage treatments also can lead to improvement in skin appearance. In addition, light and laser therapies have been successful in drastically reducing redness, telangiectasia, and other symptoms that typically affect rosacea patients.

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Quick Poll Question

What factor most commonly triggers a flare-up in your rosacea patients?

- alcohol consumption
- emotional stress
- heavy exercise
- sun exposure

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