

## REAL TALK ON ROSACEA

### What Is Rosacea?

Rosacea is a chronic inflammatory skin condition characterized by distinct erythema, facial flushing, increased angiogenesis and telangiectasia. Rosacea often begins with the tendency to blush or flush easily, and while it primarily occurs on the face, some patients also present with redness on the chest, neck, head and ears. Additionally, erythema may be accompanied by patches of dry skin, enlarged pores, papules, pustules and, in more severe cases, a thickening texture of the skin or rhinophyma.<sup>2</sup>

With colder weather approaching, rosacea flare-ups are likely to occur.<sup>3</sup> According to the National Rosacea Society, between 46%–57% of patients diagnosed with rosacea report substantial exacerbations during cold and windy weather, with worsening redness, dryness and stinging sensations.<sup>4</sup> Although flare-ups have several potential triggers, the root cause of rosacea is still considered idiopathic in nature. Rosacea is a chronic condition without a cure. Therefore, adequate management and a working understanding of the condition is key.

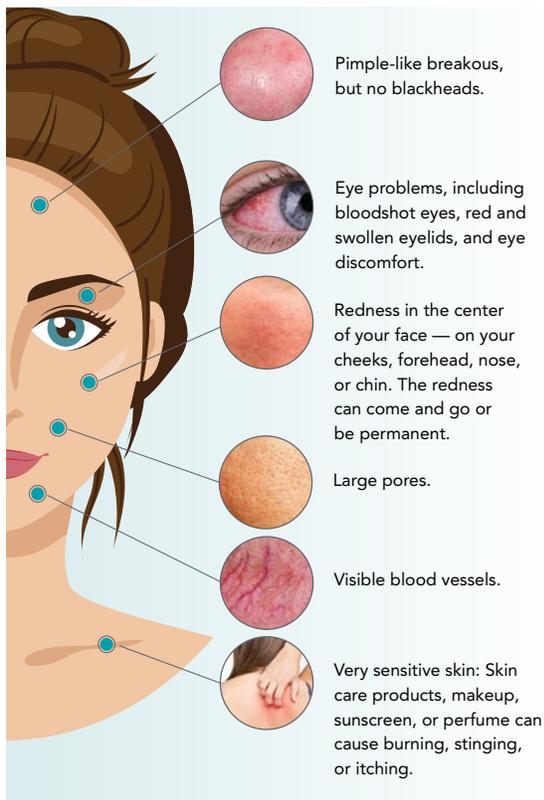
### Rosacea Has Many Faces

Rosacea is generally associated with redness, but there are four subtypes as outlined by the American Academy of Dermatology<sup>5</sup>:

► **Erythematotelangiectatic rosacea:** redness, flushing and visible blood vessels

## ROSACEA'S SIGNS AND SYMPTOMS

Photo source: American Academy of Dermatology<sup>1</sup>



- **Papulopustular (acne-like) rosacea:** redness, swelling and acne-like papules and pustules
- **Phymatous rosacea:** thick and bumpy skin texture and rhinophyma
- **Ocular rosacea:** swollen, irritated eyes and a sty-like appearance

### Who Gets Rosacea?

According to the American Academy of Dermatology, more than 16 million people are living with rosacea.<sup>6</sup> Although rosacea does not discriminate based on age, color, sex or race, trends are observed:

- **Sex:** Rosacea is more common in women, but more severe in men.<sup>7</sup>
- **Age:** Onset generally occurs after age 30, but because rosacea is a chronic condition, the incidence is cumulative and therefore more prevalent in older individuals.<sup>8</sup>

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► **Skin color:** Individuals with fair skin or of Scandinavian ancestry are most likely to develop rosacea.<sup>9</sup> Rosacea is likely under-recognized in darker-skinned individuals.<sup>10</sup>

### What Causes Rosacea?

Research regarding the etiology of rosacea is ongoing, but several of its primary contributing factors have been identified. Although these factors are not mutually exclusive to patients with rosacea, identifying such factors early on may provide a quicker and more accurate diagnosis and therefore improve the management and treatment of this condition.<sup>11</sup>

- **Genetics:** Many people who get rosacea have family members who also have rosacea, so it may be genetically linked.
- ***H. pylori*:** Intestinal infections caused by this bacterium, which is generally passed from person to person through saliva, are common in people who have rosacea.
- **Demodex mites:** These microscopic mites, which live in the follicles of everyone's skin, are abundant on the nose and cheeks, where rosacea frequently appears. Studies have found that people with rosacea, particularly those with ocular rosacea, have increased concentrations of *Demodex* on their skin.<sup>12</sup>
- **Immune response:** It has been observed that most people with papulopustular rosacea react to a bacterium called *B. oleronius*, which lives on the *Demodex* mite itself. This bacterium has been shown to stimulate an overactive immune response in individuals with rosacea.<sup>13</sup>

### What Triggers Rosacea?

While the list of potential rosacea triggers may be endless, a survey of 1,066

## SO, WHAT ABOUT DEMODEX?

Although *Demodex* may sound more like a drug than a bug, *Demodex folliculorum* is a mite that lives on the skin. As a natural part of the human microbiome, it likely serves the purpose of feeding off dead skin cells to help rid the face of wastes. High numbers of *Demodex* are common in most humans, but its density has been found to be 15–18 times greater in individuals with rosacea and even higher in those with papulopustular rosacea.

In a meta-analysis of 48 studies on *Demodex*, there appears to be a significant association between the prevalence and density of *Demodex* on the skin and the development of rosacea, suggesting this mite may be involved in the disease process.<sup>15</sup> While it has long been debated whether the higher incidence of *Demodex* is a cause or result of rosacea, recent evidence suggests it is more likely to be a cause.

Additionally, *B. oleronius*, the bacterium living on the *Demodex* mite, is found to evoke an overreactive immune response in some individuals

with rosacea.<sup>16</sup> As *Demodex* numbers are reduced to normal with topical antiparasitic ingredients such as ivermectin, skin sensitivity associated with rosacea often disappears.

According to Associate Professor of Dermatology at Duke University, Dr. Erin Lesesky, "Patients who don't respond to traditional treatment for papulopustular rosacea may have an increased density of *Demodex* mites or an increased immune response to these mites." She also noted that treatments with antiparasitic properties targeting *Demodex* can be useful for successful patient management.<sup>17</sup>



rosacea patients reported by the National Rosacea Society found that some of the most common triggers are sun exposure, cold weather, emotional stress, alcohol consumption, heavy exercise, spicy foods, humidity, certain cosmetics and dairy products.<sup>19</sup>

Although it is impossible to avoid all potential rosacea triggers, it is helpful for patients to identify their own personal triggers and minimize exposure whenever possible. To help patients easily determine and avoid theirs, consider recommending this Rosacea Diary ([rosacea.org/pdf/RosaceaDiary\\_2021-web.pdf](https://rosacea.org/pdf/RosaceaDiary_2021-web.pdf)).<sup>20</sup>

### Treatment and Management Choices

In addition to avoiding common triggers that provoke flare-ups, the following therapies are helpful in the management of rosacea:

- **Lifestyle:** Avoid heavy exercise and excessive physical activity.

## COMMON CONTRIBUTORS TO ROSACEA FLARE-UPS.<sup>21</sup>

### Skin care products

- Some cosmetics and hair sprays, especially those with alcohol, witch hazel or fragrances

### Foods

- Yogurt
- Sour cream
- Cheese (except cottage cheese)
- Soy sauce
- Vinegar
- Avocados
- Spinach
- Citrus fruits, tomatoes, bananas and raisins
- Spicy and thermally hot foods

### Beverages

- Alcohol, especially red wine, beer, bourbon, gin, vodka and champagne

### Weather

- Sun
- Strong winds
- Cold
- Humidity

### Drugs

- Vasodilators (i.e., amiodarone)
- Topical steroids

Incorporate meditation or relaxation techniques to ease the impact of stress aggravation.

- ▶ **Dietary:** Limit alcohol, spicy foods and other foods suspected to cause flare-ups. Consider consuming healthy caffeine daily (up to 400 mg), such as black coffee or green tea, to help reduce vasodilation in the skin<sup>22</sup>
- ▶ **Aesthetic:** Avoid fragrances, cosmetics and hair sprays that aggravate the skin.
- ▶ **Skincare:** Choose mild and nontoxic treatments (*Phys Pref Rosacea Cream*), moisturizers, cleansers and sun-blocking products (*Phys Pref Sun Protector*) to help decrease inflammation and maintain the integrity of the skin barrier.

To assist patients in eradicating the broad range of symptoms associated with rosacea, implementing lifestyle changes, avoiding environmental rosacea triggers and choosing soothing, non-toxic topical products such as *Phys Pref Rosacea Cream* are important in managing the medical and psychological impacts of rosacea.

To place a prescription order for *Phys Pref Rosacea Cream* or to inquire about any of our other natural compounded skincare products, please contact us at **281.828.9088** or visit us at [physicianspreferencerox.com/natural-skin-care/](http://physicianspreferencerox.com/natural-skin-care/).

## PHYS PREF ROSACEA CREAM

Physicians Preference Pharmacy specially formulates *Phys Pref Rosacea Cream*, a proprietary cream containing a blend of the following ingredients used to address rosacea symptoms:

- **GHK-Cu:** Reduces redness and flushing and calms inflammation associated with flare-ups of erythematotelangiectatic rosacea
- **Ivermectin:** Provides antiparasitic benefit to decrease the density of *Demodex* and associated bacterial overgrowth, especially in those with ocular rosacea
- **Niacinamide:** Improves texture and reduces appearance of large pores
- **Vitamin K:** Protects, nourishes and repairs skin
- **Hyaluronic Acid:** Moisturizes dry scaly skin and restores elasticity
- **Azelaic Acid:** Decreases acne-like breakouts and pustules associated with papulopustular rosacea; smoothens the thick, bumpy texture of phymatous rosacea
- **Squalane:** Reduces redness and swelling
- **Rose hip oil:** Provides antioxidant benefit and evens out skin tone

## REFERENCES

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### *Phys Pref Rosacea Cream*

*Directions: Apply a thin layer to the affected area(s) 1-2 times daily (avoid eye area). May be used under makeup and other skin care products.*

30 grams

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