DORSET MEDICINES ADVISORY GROUP

Rosacea - Primary Care Treatment Pathway

Rosacea is a chronic relapsing disease of the facial skin. It is characterized by symptoms of facial flushing and a spectrum of clinical signs, including erythema, telangiectasia, coarseness of skin, and an inflammatory papulopustular eruption resembling acne. Epidemiological data are scarce and controversial; reported prevalences range from 0·09% to 22%.

Referral criteria

Refer routinely to dermatology if:

- Flushing, persistent erythema, telangiectasia, or phymatous rosacea causing psychological or social distress.
- Papulopustular rosacea that has not responded to 12 weeks of oral plus topical treatment.
- An uncertain diagnosis.

Refer to an ophthalmologist

- **Urgently,** if keratitis is suspected (eye pain, blurred vision, sensitivity to light).
- Routinely, if ocular symptoms are severe or resistant to maximal treatment in primary care.

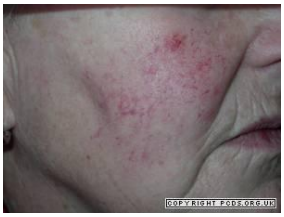
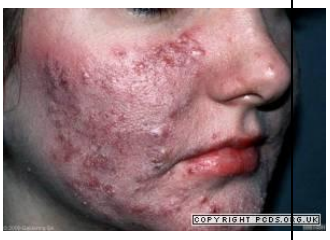
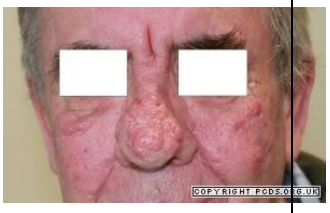
- If patient does not meet referral criteria, treat in primary care.
- Assess the predominant symptoms and rule out acne vulgaris.
- Treatment choice should be based on rosacea subtype and level of severity.
- Be aware that patients often experience more than one subtype concurrently.

Self-care advice

- Provide reassurance about the benign nature of rosacea and uncommon progression to severe disease, (especially in women).
- Recommend frequent application of high-factor sunscreen (minimum SPF 30) to the face whenever exposure to sunlight is likely.
- If flushing is problematic, advise the avoidance of trigger factors. Possible triggers include extremes of weather (heat, and cold winds), sunlight, strenuous exercise, stressful situations, spicy food, alcohol, and hot drinks. Some drugs can aggravate flushing (e.g. calcium-channel blockers).
- If the skin is dry, advise the use of skin-care products as required (e.g. hypoallergenic and non-comedogenic emollient creams). Avoid use of abrasive products or topical corticosteroids on the face.

Advice for patients can be found here

Rosacea subtypes

Erythematotelangiectatic Rosacea	Flushing and persistent erythema of the central face; possible telangiectases; easily irritated facial skin; burning and stinging may be reported; edema, roughness, or scaling may be present.	
Papulopustular Rosacea	Persistent erythema with transient and/or pustules of the central face, burning and stinging may be reported.	
Ocular Rosacea	Watery or bloodshot appearance; foreign body sensation, burning or stinging, dryness, itching, light sensitivity, blurred vision, telangiectases of lid margins; lid and periocular erythema; blepharitis, recurrent conjunctivitis, styes (chalazion, hordeolum); episcleritis, iritis; decreased visual acuity due to corneal complications (keratitis may occur).	
Phymatous Rosacea	Skin thickening, irregular surface nodularities, and enlargement; inflammatory lesions are rhinophyma is most common, but other affected locations may include the chin, forehead, cheeks, and ears; patulous follicles and telangiectases may occur.	

Treatment of Rosacea *

	Flushing, erythema, telangiectasia	Papulopustular rosacea (mild/moderate)	Papulopustular rosacea (moderate/severe)[4,5]	Ocular rosacea
1st line treatment choices (green traffic light categorised)	• Provide lifestyle advice • Trial of propranolol or clonidine	• Metronidazole 0.75% gel or cream (Metrosa®, Rosiced®, Rozex ®, Metrogel®)[3] • Azelaic acid (Finacea ®) [3] • Ivermectin 10 mg/g cream (Soolantra®)[9]	• tetracycline (or oxytetracycline) • doxycycline • lymecycline[6] • erythromycin if intolerant of tetracyclines	• Lid hygiene[7] • Artificial tears[8] • tetracycline or oxytetracycline • Erythromycin if intolerant of tetracyclines
2nd line treatment choices (where 1st line ineffective, contra-indicated or not tolerated)	• Brimonidine tartrate gel (Mirvaso)[1] • Camouflage cream[2]	• Switch to the alternative topical preparation • Systemic antibiotics (see adjacent panel)	• Consider adding topical treatment (see adjacent panel) • Switching to an alternative oral antibiotic is **not** recommended	
Notes	1. 'Amber SCG' traffic light status when used within the Rosacea pathway. For persistent erythema/telangiectasia. The SPC states that Mirvaso® gel can be used in conjunction with metronidazole or azelaic acid gel in papulopustular rosacea: Apply after Mirvaso® gel has dried. 2. The charity 'Changing Faces' runs clinics at Bridport Hospital and in Bournemouth. Details on website. 3. Topical metronidazole or azelaic acid can be used intermittently or continuously to control symptoms. Use metronidazole cream rather than gel for sensitive skin. Azelaic acid may be more effective in those who do **not** have sensitive skin, but may cause transient stinging. 4. **Initial treatment** duration 3 months; if good response reduce dose after 1 month. **5. Maintenance treatment** - continuous (e.g. a reduced dose of oral treatment for 2–6 months followed by a 'drug holiday') or intermittent (e.g. using a topical treatment on alternate days or twice a week). Alternatively 'Step down' from oral to topical treatment. 6. Un-licensed (off label) use. 7. Use cotton wool soaked in cooled, boiled water twice a day. Can use baby shampoo if necessary. Refer to an ophthalmologist where necessary			

	(see referral criteria) 8. Apply liberally throughout the day. A lubricating ointment, sometimes containing an antibiotic preparation may be used at night. **9.** One application a day for up to 4 months. The treatment course may be repeated. If no improvement after 3 months, discontinue. **Other less well evidenced alternatives usually prescribed in secondary care should be noted:** • Other topical treatments, e.g. benzoyl peroxide, other topical antibiotics, tacrolimus, or retinoids (e.g. tretinoin). • Other oral antibiotics, such as clarithromycin, azithromycin (useful if erythromycin is poorly tolerated), or minocycline. • The combined oral contraceptive pill (if a hormonal cause is suspected in a woman). • Oral isotretinoin. • Oral spironolactone, oral carvedilol.

Prices and prescribing information

Product name	Dose	Price		
Brimonidine tartrate topical gel 0.33% (Mirvaso®)	One application daily when facial erythema is present. Mirvaso® gel may only be necessary on days when people feel their appearance is particularly important.	Mirvaso Gel 0.33%	30 g	£33.69
Metronidazole 0.75% gel or cream (Metrosa®, Rosiced®, Rozex®, Metrogel)	Apply a thin layer to the affected areas of the skin twice daily. Areas to be treated should be washed with a mild cleanser before application. The average period of treatment is 3-4 months, but can be continued for a further 3-4 months depending on the severity of the condition.	Metrogel Gel 0.75% Metronidazole Crm 0.75% Metronidazole Gel 0.75% Metrosa Gel 0.75% Rozex Gel 0.75% Zyomet Gel 0.75% Rosiced Crm 0.75% Rozex Crm 0.75%	40g 40g 30g 40g 40g 30g 30g 40g	£22.63 £9.88 £12.00 £19.90 £9.88 £12.00 £7.50 £9.88
Azelaic acid 15% cream	Apply to the affected areas twice a day and rub in gently. Approximately 0.5 g = 2.5 cm (1 inch) of gel is sufficient for the entire facial area. Improvement becomes apparent after 4 weeks treatment. For optimum results, use over several months.	Finacea Gel 15%	30g	£7.48

(Finacea®)		
Ivermectin 10 mg/g cream (Soolantra®)	One application a day for up to 4 months. Soolantra should be applied daily over the treatment course. The treatment course may be repeated. In case of no improvement after 3 months, the treatment should be discontinued. No dosage adjustment is necessary in renal impairment; caution in patients with severe hepatic impairment.	Ivermectin cream 10mg/g 30g £18.29
Tetracycline	500mg twice daily	250mg; 28-tab pack = £2.46
Oxytetracycline	500mg twice daily	250mg; 28-tab pack = £1.14
Doxycycline	50mg twice daily for 2-3 months then decrease to 50mg daily	56-cap pack = £29.78
Lymecycline	408mg (one capsule) daily	28-cap pack = £5.73
Erythromycin	500mg twice daily	250 mg; 28 = £1.99
Artificial tears	As required taking patient preference into consideration.	e.g. hypromellose 0.3%, 10 mL = £1.04.

References

Summary of Product Characteristics. Mirvaso 3mg/g Gel. Galderma (UK) Ltd. Accessed on 7th January 2015 via www.medicines.org.uk/emc

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