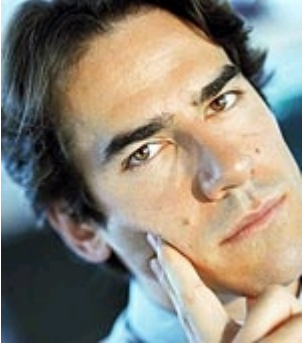


LE Magazine September 2005

## ASK THE DOCTOR

### Topical Treatments for Rosacea

By Gary Goldfaden, MD



**Q:** *I am a 45-year-old adult male. I thought I was past the acne stage, but my skin continues to break out. My dermatologist told me that I have rosacea. What is the cause and nature of this condition, and is there any treatment or cure?*

**A:** Patients who suffer from rosacea often ask whether there are any treatments for this rather frequent problem.

Rosacea is a chronic or long-term disease that affects the face and sometimes the eyes. It is characterized by excessive redness, pimples, and, in advanced stages, thickening of the skin.

Rosacea affects approximately 10-15 million people in the US and is most often seen in adults between the ages of 30 and 60. It is slightly more common in women (particularly during the menopausal years) than men. Rosacea affects people of all skin colors and ethnic groups, but fair-skinned individuals are slightly more likely to develop the condition.

The earliest stages of rosacea are marked by frequent flushing of the central areas of the face, including the forehead, nose, cheeks, and chin. This may be accompanied by a burning sensation, particularly following the application of various creams or cosmetics to the face. The facial skin also may become swollen.

Most of my patients with rosacea experience an increase in the number of visible small blood vessels in their facial skin. These small blood vessels may enlarge, dilate, and pre-sent as small red lines, which are known as telangiectasias. Patients sometimes report a warm sensation in the skin. As the condition progresses, papules, pink bumps, and pustules (bumps containing pus) begin to appear on the face.

These changes may also occur in the eye area, and are sometimes misdiagnosed as hordeolum (stye) or conjunctivitis. In more advanced cases of rosacea, the skin may turn a deep shade of red or almost purple, and inflammation of the eyes may become much more apparent. By this stage, numerous telangiectasias and painful nodules may be seen.

The late stage of rosacea is known as rhinophyma, and more commonly affects men. This state is marked by an enlarged, bulbous red nose resulting from enlargement of the sebaceous (oil-producing) glands beneath the skin's surface.

Up to half of all people who suffer rosacea experience eye symptoms. The most common eye symptoms noted by my patients are redness, dryness, itchiness, burning, tearing, and the sensation of having sand in the eye. In addition, the eyelids can become inflamed and swollen. Some of my rosacea patients complain that their eyes are sensitive to light and occasionally their vision is blurred.

While the cause of rosacea remains unknown, inherited factors may play a partial role. Some research suggests that rosacea sufferers have blood vessels that dilate too easily, resulting in a flushing or redness of the skin. Numerous factors can cause rosacea to flare up in one person but have no effect in another individual. Some people claim that one or more of the following have aggravated their rosacea: heat, hot baths, strenuous exercise, sunlight, wind, very cold temperatures, hot or spicy food and drink, alcohol consumption, menopause, emotional stress, and long-term use of topical steroids on the face. Many patients affected by the acne-like, pustular stage of rosacea assume that their condition is caused by bacteria, and indeed, topical and internal antibiotics benefit some patients. Curiously, however, researchers have not been able to identify a definitive link between rosacea, bacteria, and other organisms in the hair follicles or oil glands.

Although there is no cure for rosacea, it can be treated and controlled quite well. Usually a dermatologist treats patients with this particular skin problem. The goals of treatment are to control the condition and improve the appearance of the patient's skin. It may take several weeks or months of treatment before seeing noticeable improvement. Depending on the severity of the symptomatology, I might prescribe topical antibiotics applied directly to the affected skin. In more severe cases, oral antibiotics

may help prevent the pain, scarring, discomfort, and eye symptoms of severe rosacea. Papules and pustules of the skin seem to respond quite quickly to treatment, though the redness and flushing are less responsive to treatment.

Some patients with severe cases of rosacea may become depressed or embarrassed by their skin's appearance. Some experience low self-esteem and report adverse effects concerning their social and professional interactions with others. Symptoms of depression such as sadness, loss of appetite, and difficulty concentrating should be discussed with a physician.

The eye symptoms associated with rosacea often respond to the treatments just described, in combination with regular eyelid hygiene that may consist of cleaning with appropriate agents and applying warm (but not hot) compresses several times daily. When patients are severely affected, systemic medications may be necessary. Electric or laser surgery may help treat red lines and telangiectasias of the skin associated with severe, chronic rosacea.

In a recent dermatological comparison study, the use of a lotion containing a tea extract produced a 70% improvement in rosacea compared to use of a lotion containing the base ingredients alone. This tea extract is rich in antioxidant polyphenols and contains a variety of potent flavonoids. This study supports what many of my patients who suffer with rosacea have discovered: that using extremely mild cleansers and oil-free moisturizers, combined with potent antioxidant preparations such as red tea extract, will help alleviate many of the signs and symptoms of rosacea.

In addition, the use of high-quality antioxidant eyedrops may help prevent dry eyes and other problems associated with rosacea. I also recommend to my patients with rosacea that they avoid any known risk factors that may cause a flare-up of symptoms, and that they protect themselves from excessive sun exposure.

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