

# Track Rosacea Patients' Progress with One Simple Form

Free from the National Rosacea Society, a new one-page form helps record symptoms and monitor therapy.

By Paul Winnington, Editor-in-Chief

When monitoring a cutaneous disease such as rosacea, with its variable symptoms and its often progressive nature, dermatologists find themselves comparing the patient's therapeutic progress versus previous office visits. Relying on physician recall is generally unrealistic for a busy physician who sees numerous rosacea patients in any given week. Patient recall is helpful, but there's an inherent subjectivity that may diminish the value of self-reporting.

For these reasons, many dermatologists have focused on more objective documentation. Photography is an option, but many practices simply don't have the time or desire to photograph every patient. Now the National Rosacea Society (NRS) is offering the Rosacea Clinical Scorecard to help dermatologists quickly and consistently document patients' symptoms in order to monitor change from visit to visit.

## Keeping Score

Developed in accordance with the 2004 recommendations of the NRS Expert Committee on the Classification and Staging of Rosacea, the scorecard lists primary and secondary features of rosacea to be rated as absent, mild, moderate, or severe. There's also space for physician global assessment, where clinicians may identify the rosacea subtype or types present. There's space for historical data and treatment descriptions, as well.

The scorecard is a one-sided sheet of

paper, easy to follow, and quick to use. It's available in 25-sheet pads from the NRS. Physicians can call the society at (888) NO-BLUSH or e-mail: [rosacea@aol.com](mailto:rosacea@aol.com). The scorecards are supported by a grant from Intendis.

According to Richard Odom, MD, professor of dermatology at the University of California at San Francisco, the new scorecard was designed to aid diagnosis and patient assessment on a case-by-case basis.

The image shows a sample of the Rosacea Clinical Scorecard form. It is titled "Rosacea Clinical Scorecard" and includes a patient name field and a date field. The form is divided into several sections: "Primary Features" (with sub-sections for Erythema, Papules and pustules, and Telangiectasia), "Secondary Features" (with sub-sections for Burning or stinging, Itching, Dryness, Stinging, Swelling, and Ocular rosacea), and "Global Assessment" (with sub-sections for Physician global assessment and NRS International Rosacea Assessment). Each section contains a list of symptoms or features with checkboxes for "Absent", "Mild", "Moderate", and "Severe". At the bottom, there is a space for the physician's name and a footer with contact information for the National Rosacea Society.

## New In Your Practice

**New Heights.** A higher concentration of metronidazole is now available for your rosacea patients. Recently approved for inflammatory lesions of rosacea, MetroGel (1% metronidazole, Galderma) Topical Gel offers convenient, once-a-day dosing and features the company's new, technologically advanced vehicle that incorporates HSA-3 (a combination of niacinamide, betadex, and propylene glycol) in a water-based, alcohol-free formulation.

**The In 'Zone.** Dapsone is now available in a topical formulation, thanks to the recent approval of Aczone (5% dapsone, QLT) Gel. Clinical studies involving over 3,000 acne patients show Aczone to be both safe and effective, with the most common side effects limited to oiliness/peeling, dryness, and erythema. Patients predisposed to hemolytic anemia due to G6PD deficiency, however, will require regular blood counts, notes QLT. The company plans to initiate a post-approval Phase IV study to further evaluate Aczone in G6PD deficient acne patients.

**Hearty Findings.** Dealing with acne during adolescence may actually benefit your patients in the long run, suggests a recent study in American Journal of Epidemiology (161:1094). According to the retrospective study of 9,919 male students, androgen activity in young adulthood—implicated by a history of acne—appeared to correlate with a reduced risk of coronary heart disease. However, the study notes a history of acne appeared to be associated with a higher risk of prostate cancer mortality.