New Developments Permit Rational Approaches to Rosacea Management

More than ever before, dermatologists can make intuitive treatment decisions to target the pathologic features of rosacea.

By Dina Anderson, MD

For years the standard approach to rosacea management focused on the use of topical and/or oral antibiotics, even though we’ve known that bacteria play no role in the pathophysiology of the condition. Beyond antimicrobial effects, these various agents generally confer anti-inflammatory effect, and we recognize that inflammation is an important element of rosacea, so we justified their use by this circuitous logic. Recent pharmacologic and technologic advancements now permit us to more efficiently treat rosacea by directly targeting inflammation and the vascular components that characterize the condition.

Two is Better than One
Every rosacea patient will use a topical therapy at some point in management of the condition. For many patients, a topical agent will serve both as the initial treatment and as the long-term maintenance therapy, while others will incorporate a topical agent to maintain the benefits of systemic therapy. However, optimal results for many patients come from the combined use of topical agents along with laser therapy.

Among light-based devices that benefit rosacea patients are the 532nm KTP laser, the pulsed dye laser, and IPL. The KTP laser effectively targets broken capillaries and visible telangiectases, while the low-fluence pulsed-dye laser or IPL can help to eradicate background redness. These devices dramatically improve the patient’s appearance by clearing the redness and visible vasculature that neither topical nor systemic therapies affects.

While many dermatologists consider these interventions adjuncts to treatment, these devices should be the cornerstone of rosacea management for the majority of patients. The clinical reality is that patients most often complain about and seek treatment for background erythema and visible telangiectases and broken capillaries.

In addition to appropriate light-based interventions, patients with popular/pustular rosacea will benefit from systemic therapy. Although standard antibiotic therapy remains an option, anti-inflammatory dose doxycycline (Oracea, CollaGenex) has become increasingly popular. The use of anti-inflammatory dose formulations obviates concerns about resistance and makes intuitive sense for a condition that is not bacterially mediated.

In my practice, topical pimecrolimus (Elidel, Novartis), sulfur-based formulations, and antioxidants (particularly, green-tea polyphenols) are considered first-line interventions for all topical therapy candidates. These agents provide anti-inflammatory effects and, therefore, are ideal for rosacea management. Pimecrolimus is especially useful for those patients who present with concomitant seborrheic dermatitis, characterized by flakiness and erythema.

In my experience, azelaic acid and metronidazole can be effective for rosacea, but I tend to use them as second-line agents, when patients need a “boost” beyond the anti-inflammatory formulations noted above. I typically avoid topical retinoids and limit the duration of azelaic acid therapy because there is evidence that these drugs can promote neangiogenesis, an effect that is certainly not desirable among rosacea patients.

Additional Steps
Obviously rosacea patients must use a broad-spectrum sunscreen daily. Physical sunscreens are ideal because they tend to be less reactive and therefore produce less irritation, stinging, and burning. However, some of these are not sufficiently cosmetically elegant. See the September column (available online at practicaldermatology.com) for additional discussion of sunscreen selection.

Discuss rosacea triggers with patients, but don’t encourage every patient to avoid all common triggers. Instead, encourage patients to be observant to identify their personal triggers and to avoid those specific items.

Instruct patients to avoid any harsh cleansers and detergents and to wash their face with a soap-free, moisturizing wash. Many companies now market very elegant formulations that patients may consider. Several are available for dispensing.

Finally, evaluate patients for ocular involvement and be prepared to refer patients for ophthalmologic consult, if indicated. Educate patients about signs and symptoms of ocular rosacea so that they can seek early intervention for this potentially troubling condition if it develops.