

Challenges and Advances in Rosacea Management



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For the roughly 16 million Americans with rosacea, the condition can be quite troubling. Research from the National Rosacea Society (NRS) highlights the psychosocial and physical effects of rosacea. In surveys, 90% of those affected by rosacea have said that its effect on their personal appearance has lowered their self-esteem and self-confidence, and almost as many as 88% have said they have suffered embarrassment due to the condition. Perhaps surprisingly to many clinicians, the vast majority of surveyed rosacea patients, almost 93%, have reported experiencing physical discomfort such as burning, itching, and stinging associated with the condition.¹

Over the past several decades, dermatologists have made important strides in the diagnosis and treatment of rosacea. Of course, the recognition of rosacea as having a distinct etiology rather than being a variant of acne vulgaris led to the development of specifically targeted therapies for this common condition. In recent years we have learned much about the inflammatory mediators that drive the disease, and more clearly elucidated its molecular basis.^{2,3} As such, we now better understand how existing therapies provide benefits, and have identified potential new treatments.

For example, the fact that we now have studies demonstrating the targeting of cathelicidin and toll-like receptor 2 activity by azelaic acid confirms our clinical practice.³ Discovering that topical molecules such as brimonidine and oxymetazoline reduce the persistent facial erythema of type 1 rosacea by acting on alpha adrenergic receptors of subcutaneous vasculature has been a very important addition to our treatment armamentarium. Moreover, the introduction of an anti-inflammatory dose of doxycycline as the first Food and Drug Administration–approved systemic medication for rosacea has empowered us with an appropriately indicated treatment for the condition.

Nonetheless, management of rosacea can still be a clinical challenge. Despite the availability of numerous topical treatment options for rosacea, patients may not be satisfied with their treatment. In NRS surveys, up to 75% of patients reported feeling frustrated by their condition.¹ Therefore, more and more clinicians recognize the need for combination therapeutic strategies to target multiple elements of the pathophysiology of rosacea. These strategies integrate all aspects of management from basic skincare to pharmacologic therapies, including consideration for selection of vehicles in case of topical therapy. Developing tolerable regimens that encourage patient adherence while also providing effective treatment should be our goal.

The pages ahead offer extensive information into drug activity and the influence of vehicle on treatment outcomes in rosacea, providing important insights into patient management.

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