Rosacea Update: New Findings on Risks and Impact

Understanding rosacea risk factors can allow for earlier, more effective treatment.

BY JOSHUA ZEICHNER, MD

Despite how common rosacea is, we have a poor understanding of its causes. Rosacea is a common, chronic skin condition characterized by flushing and blushing that may lead to persistent facial erythema as well as inflammatory papules and pustules. Data from the National Rosacea Society (NRS) estimate that approximately 16 million Americans and 415 million people worldwide are affected by rosacea. Despite how common rosacea is, we have a poor understanding of the causes. Symptoms of rosacea tend to appear after age 30 and, if untreated, may worsen over time and can significantly impact quality of life.

NEW FINDINGS IN RISK FACTORS FOR ROSACEA

Rosacea has been associated with several systemic comorbidities, including metabolic, cardiovascular, gastrointestinal, and psychiatric disturbances. However, there is limited real-world data available that evaluates potential risk factors for developing rosacea. New data was recently presented at the 2018 European Academy of Dermatology and Venereology (EADV) Congress in Paris. In a multivariate analysis, potential socio-demographic, geographic, and clinical risk factors were evaluated and matched to rosacea-free controls by age, gender, primary payer (commercial or Medicare), index year, and geographic region in a US claims database. The analysis looked at rosacea patients 30 years and older in the 36 months prior to receiving the rosacea diagnosis. In total, 103,269 rosacea patients (mean age 55 years), were directly matched to an equal number of controls. Patients were primarily women (69 percent), had commercial insurance (81 percent), and lived in middle latitudes of the US.

Potential risk factors for rosacea found in the study included gastroesophageal reflux disease (GERD), hyperlipidemia, and migraines. Certain medications were also shown to be associated with the development of rosacea. These include gastrointestinal medications, such as proton pump inhibitors and laxatives, anxiolytic/sedative/hypnotics, and benzodiazepines. Interestingly, Helicobacter pylori, cardiovascular disease, and peptic ulcer were associated with a
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Reduced risk of developing rosacea. Despite these findings, further studies are needed to examine both pre- and post-diagnosis periods to explore any causal relationships between potential risk factors and rosacea.

**ROSACEA IMPACT ON QUALITY OF LIFE**

A second study recently published in the British Medical Journal assessed the burden that rosacea places on patients. This global survey of 710 rosacea patients reveals the profound emotional and psychological impact rosacea has on patients and reinforces the need for proper treatment and management. Key findings are that 82 percent of patients feel that their rosacea was not totally controlled. Eighty-six percent of patients modify their behavior to manage their symptoms, with one in five making substantial changes to their daily life, including avoidance of social activities; and 55 percent of patients with severe rosacea said they would trade a year or more of their life for a rosacea cure. In addition, people with rosacea spend an extra hour every week on their daily skin routine.

Patients in the study also provided assessments of their own disease. Fourteen percent of rosacea patients rated themselves as “clear” of symptoms at the time of the survey. Half of the patients with “clear” skin (e.g., those who felt they had their rosacea under control) reported that their rosacea had no impact on their quality of life, indicating a decreased psychosocial burden.

**CONCLUSION**

Rosacea is a common skin condition that dermatologists treat every day. It is important to recognize predisposing factors to better diagnose these patients. Especially in more severe forms, rosacea has a significant psychosocial impact on patients’ lives. So early and effective treatments can prevent disease progression and ultimately minimize the burden it will have on patients’ quality of life.

Joshua Zeichner, MD is Director of Cosmetic & Clinical Research and an assistant professor of Dermatology at the Mount Sinai Hospital in New York City.


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**Risk Factors for Rosacea?**

- Gastroesophageal reflux disease (GERD)
- Hyperlipidemia
- Migraines
- Medications associated with rosacea
  - GI medications
  - Proton pump inhibitors
  - Laxatives
  - Anxiolytic/sedative/hypnotics
  - Benzodiazepines