

What is Rosacea?

Rosacea is a chronic, but treatable condition that primarily affects the central face, and is often characterized by flare-ups and remissions. It typically begins any time after age 30 as a flushing or redness on the cheeks, nose, chin or forehead that may come and go.

ROSACEA TYPES

- **Subtype 1: Erythematotelangiectatic Rosacea**
This subtype is characterized by flushing and persistent central facial erythema. Telangiectasias are common but not essential
- **Subtype 2: Papulopustular Rosacea**
This subtype includes persistent central facial erythema with transient papules, pustules, or both in a central facial distribution. Burning and stinging may also be reported for the diagnosis.
- **Subtype 3: Phymatous Rosacea**
This subtype may include thickening skin, irregular surface nodularities, and enlargement. Phymatous rosacea occurs most commonly as rhinophyma but may appear elsewhere, including the chin, forehead, cheeks, and ears. Patulous, expressive follicles may appear in the phymatous area, and telangiectases may be present.
- **Subtype 4: Ocular Rosacea**
This subtype may include watery eyes or bloodshot appearance, telangiectasia of conjunctiva and lid margin, or lid and periocular erythema. Blepharitis, conjunctivitis, and irregularity of eyelid margins may occur as well.

Although rosacea can affect all segments of the population, individuals with fair skin who tend to flush, or blush easily are believed to be at greatest risk. The disorder is more frequently diagnosed in women but tends to be more severe in men. There is also evidence that rosacea may tend to run in families and may be especially prevalent in people of Northern or Eastern European descent.

Although it isn't known exactly what causes rosacea, there are some interesting theories:

- If a person is treated with medications that eradicate *Helicobacter Pylori*, the bacteria that is responsible for stomach ulcers, there have been some positive results. It seems that *H. Pylori* is the bacteria that is seen on the skin of persons with rosacea rather than *P. acnes* bacteria, which is responsible for acne breakouts.
- In some cases of rosacea, there is a proliferation of demodex mites. They implant themselves into the wall of the hair follicle and make the skin swollen and red.

ROSACEA TRIGGERS INCLUDE

- The sun
- Hot weather
- Exercise
- Hot baths
- Spicy foods
- Indoor heat
- Stress
- Wind
- Alcohol
- Cold weather
- Humidity
- Heated beverages

Clients that display Subtype 2, Papulopustular Rosacea have seen improvement in their skin with **The Face Reality Acne Program** within about 12 weeks (on average). It consists of a home care program used twice a day and in-clinic treatments every two weeks until skin issues have resolved.

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