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Editorial

Rosacea: not a simple condition

Rosacea is a chronic inflammatory condition affecting approximately one in ten persons globally.[1] It is more common in Caucasian populations. It affects women more than men and generally occurs between 30 to 50 years of age. Patients may present with erythema of the face, papules and pustules and depending on clinical manifestations, rosacea can be divided into four clinical subtypes: erythemato-telangiectatic, papulopustular (PPR), phymatous, and ocular. Rosacea is therefore a heterogeneous condition. In some cases, it can also affect the eyes leading to soreness and in some cases blepharitis, conjunctivitis or keratitis.

With time, rosacea can lead to thickened skin, telangiectasia or rhinophyma in severe cases. It is therefore a condition that can affect external appearances, leading to considerable distress. It has been shown that certain triggers such as alcohol and stress can trigger rosacea.[2,3] Other factors such as sunlight, vasculature have also been found to affect rosacea. *Demodex folliculorum* mites, reactive oxidative species, vasculature, dermal matrix degeneration have also been postulated to play a role but the evidence is mixed so far.[4] Despite traditional views, evidence for an effect of foods on rosacea is lacking although certain medications such as amiodarone and vitamin B6 and B12 have been implicated. However, in spite of this, the pathogenesis of this condition is still poorly understood.[4]

It is often easy to neglect the psychological impact of rosacea in a busy clinic. In Chinese populations, rosacea has been associated with alcohol, and is called 酒糟鼻 despite the fact that the patient may not drink alcohol at all. Studies have shown that patients with rosacea can be embarrassed by their appearance leading to social withdrawal, low self-esteem.[5] Anxiety and depression have also been reported in patients with rosacea.[6] Patients may be perceived to be less secure or less healthy than those without this condition. Overall, rosacea can have a negative impact on the patient and how the patient is viewed by others. Given the potential implications, it is therefore important to effectively control rosacea.

At present, there is no cure but the condition can be controlled. As current therapies for rosacea are not curative and only control the condition, of which topical metronidazole gel and if oral therapy is required, tetracyclines are most commonly used.[7] Azelaic acid has also been reported to be efficacious. However the effectiveness for other therapies still needs further research. Given the heterogeneity of rosacea, there will be different responses to treatment with each subtype. It is therefore important to be able to effectively treat the

subtypes of rosacea accordingly. In this issue, the clinical findings by *Hong et al* provide clues that will predict progression to a more severe form of rosacea. This additional information will aid in the search for better treatments in this field.

In the meantime, the clinician can therefore adjust therapy accordingly as well as provide the patient with more detailed information. At the same time, it is also important not to overlook any indicators of associated psychological distress.

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