

Rosacea



Rosacea is a chronic, inflammatory skin condition that is often mistaken for acne or eczema. It principally affects the central areas of the face, appearing as facial redness with prominent spider-like blood vessels and may also include small, red, pustular skin eruptions. People with rosacea may experience a burning and gritty sensation in the eyes, called ocular rosacea; or develop red, round, raised bumps and a bulbous nose, called rhinophyma.

AD ALBANY.
DERMATOLOGY

COSMETIC

ESTHETIC

MEDICAL

SURGICAL

NUTRITION TIPS:

Drink plenty of water. Eat foods that reduce inflammation, regulate the immune system and constrict the vascular system, such as those rich in Omega 3s and antioxidants. Consider non-citrus fruits and vegetables, particularly dark leafy greens and berries, high fiber foods and whole grains. Spicy and temperature-hot food/drink are common rosacea triggers. Other triggers may include alcohol, especially red wine, beer, gin, vodka and champagne; dairy such as yogurt, sour cream, cheese (except cottage cheese); citrus fruits and vegetables and their juices such as tomatoes, kiwi and red plums and grapes; dried fruits such as raisins and figs; shellfish; chocolate; soy; and vinegar. Artificial sweeteners may also act as a trigger.

SKIN CARE TIPS:

Practice regular sun avoidance/protection, even on vacation. Follow a consistent program that includes non-irritating, hypoallergenic, non-comedogenic products, i.e., lotions and creams, soaps, cosmetics, sunscreen. Avoid products with alcohol, witch hazel and fragrance. Sunscreen and foundations with a green tint may improve the appearance of redness. Anti-inflammatory therapy, either topical or oral, may be helpful, along with Intense Pulsed Light (IPL) for dilated blood vessels. Activities such as saunas, hot baths and vigorous exercise may trigger redness, as will extremes in weather such as strong winds, cold, and humidity.

IS IT ACNE OR ROSACEA?

Though both conditions may involve bumps and pimples, the causes and biochemical processes are different and require different treatment and skin care.

- **Age of Onset:** Rosacea most often affects adults 30-50 years of age, while acne is most common among teenagers and young adults.
- **Appearance:** Rosacea typically presents with dry skin, capillary engorgement and spider veins along with small red bumps and pustules. Acne presents with oily skin, blackheads (comedones) and skin eruptions. Both appear on the nose, forehead and chin; acne may also show on the trunk, arms and back. Rosacea may involve the eyes and even cause a bulbous nose.
- **Treatment:** Acne is an inflammatory disease of the sebaceous glands treated with desquamating (peeling) agents, topical and oral antibiotics and hormonal therapy. Rosacea, linked to a dysfunction of the body's natural immune system, requires anti-inflammatory treatment and low-dose antibiotics rather than hormones. Some topical acne treatments and peeling agents irritate rosacea. Prolonged topical steroid use will worsen rosacea as it causes skin to become thin, sensitive and appear redder.

FOR MORE INFORMATION CONTACT:

The National Rosacea Society at www.rosacea.org

caring for the skin you're in!

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