

# AN OBSERVATIONAL STUDY ON THE MANAGEMENT OF ROSACEA IN PRIVATE PRACTICE

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## INTRODUCTION

Rosacea is a chronic skin disease which requires long-term therapy. Due to the high risk of relapse, continued topical use is recommended as maintenance therapy. The aim of this observational study was to evaluate the management of rosacea by dermatologists in private practice.

## RESULTS

94% of the patients demonstrated stage 1 or stage 2 rosacea. Their mean age was 49 +/- 13 years. 71% had skin type II and 16% skin type III. 16% had a predominantly outdoor lifestyle and 20% were smokers. The longer the length of the rosacea, the higher the severity of the disease.

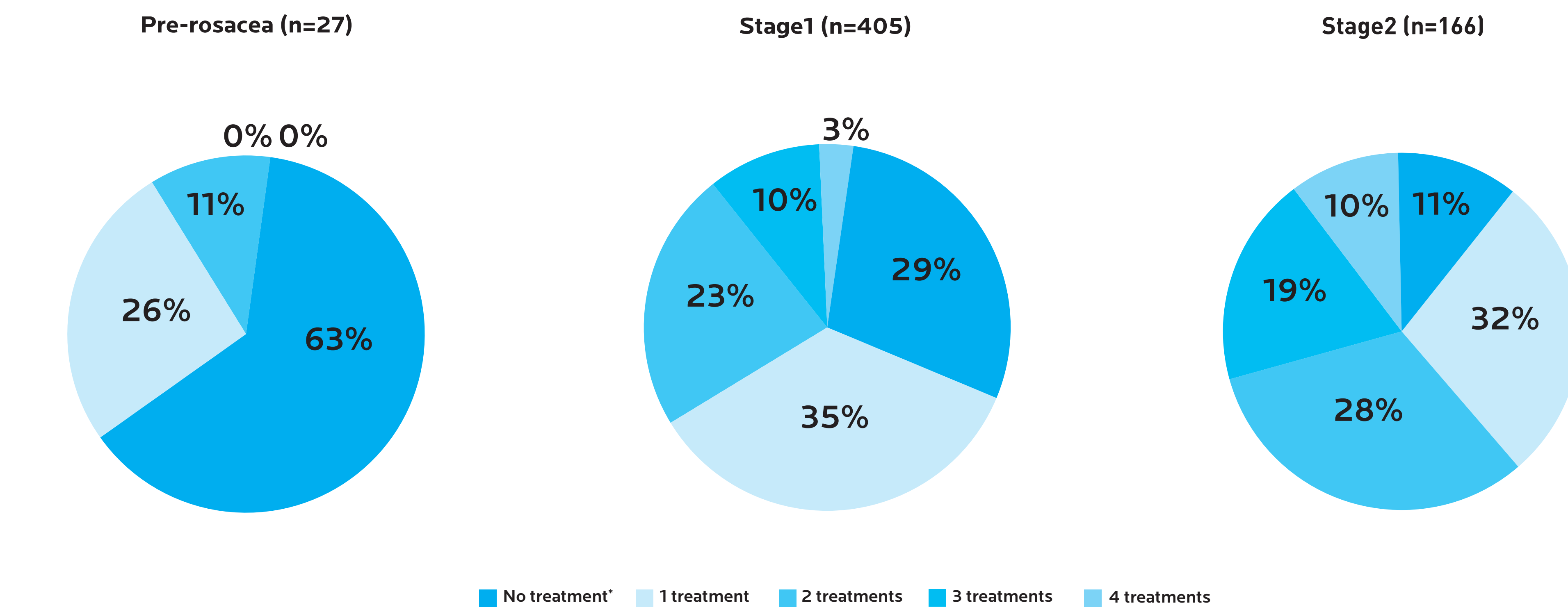
At baseline (before V1), 66% of the rosacea patients were currently undergoing a medical treatment (38% applied a topical Rx treatment of which 30% used the topical Rx Metronidazol). In around 40% of the cases, patients also applied a dermocosmetic product in conjunction with the Rx topical treatment.

Patients' characteristics at baseline according to the stages of Rosacea

Rosacea Stage (n=605)	Gender		Age		Ocular rosacea		Duration of the disease (year)
	F	M	<50	≥50	Yes	No	mean ± SD
Pre-rosacea (n=28)	75%	25%	46%	54%	0%	100%	8 ± 11
Stage 1 (n=408)	80%	20%	52%	48%	4,6%	95,4%	12 ± 11
Stage 2 (n=166)	70%	30%	44%	56%	1,2%	98,8%	11 ± 10
Stage 3 (n=3)	67%	33%	33%	67%	0%	100%	31 ± 26
<b>Total</b>	<b>77%</b>	<b>23%</b>	<b>50%</b>	<b>50%</b>	<b>3,5%</b>	<b>96,5%</b>	<b>11 ± 11</b>

Current treatment N=406 (66%)	n	(%)
<b>TOPICAL THERAPY:</b>	231	38%
· Metronidazol	186	30%
· Azelaic acid	26	4%
· Erythromycin	16	3%
· Clindamycin	5	1%
· Other	19	3%
<b>ORAL ANTIBIOTIC:</b>	63	10%
· Doxycyclin	34	5,5%
· Minocyclin	12	2%
· Lymecyclin	0	0%
· Other	16	3%
<b>OTHER TREATMENT:</b>	72	12%
· Isotretinoin	12	16%
· Ichtyol	40	55%
<b>PROCEDURE:</b>	116	19%
· Electrocoagulation	2	0,3%
· Vascular laser	25	4%
· IPL	53	9%
· Other	43	7%
<b>Dermocosmetics</b>	239	39%

At V1, dermatologists either prescribed a new treatment or asked patients to continue their current treatment. We noticed that between V1 and V2, dermatologists usually recommended the following possible treatment options: no Rx treatment and only application of a dermocosmetic product to their patients with very mild rosacea (Pre-rosacea stage), one treatment, usually a topical antibiotic to their patients with mild rosacea (stage 1) and one to three treatments (mainly a topical antibiotic or a combination of topical and oral antibiotic with or without a procedure) to their patients with moderate rosacea (stage 2).



\*No pharmaceutical treatment (dermocosmetic only)

## CONCLUSION

This study highlights the importance of early management to treat the physical and psychological impairments in patients suffering from rosacea as well as the efficacy of an Rx treatment regimen that includes the use of a well tolerated dermocosmetic to achieve optimal results.

## METHODS

During this study, dermatologists practicing in Germany, Slovakia and Canada were asked about their management of 614 patients suffering from Rosacea (n=210, 247 and 157 respectively). A questionnaire, containing information about patient's characteristics, severity of the pathology and the prescribed therapy was completed by dermatologists at baseline and 2 months later.

All the prescribed therapeutic programs are efficacious, given that all the clinical symptoms evaluated are significantly reduced between the 2 visits.

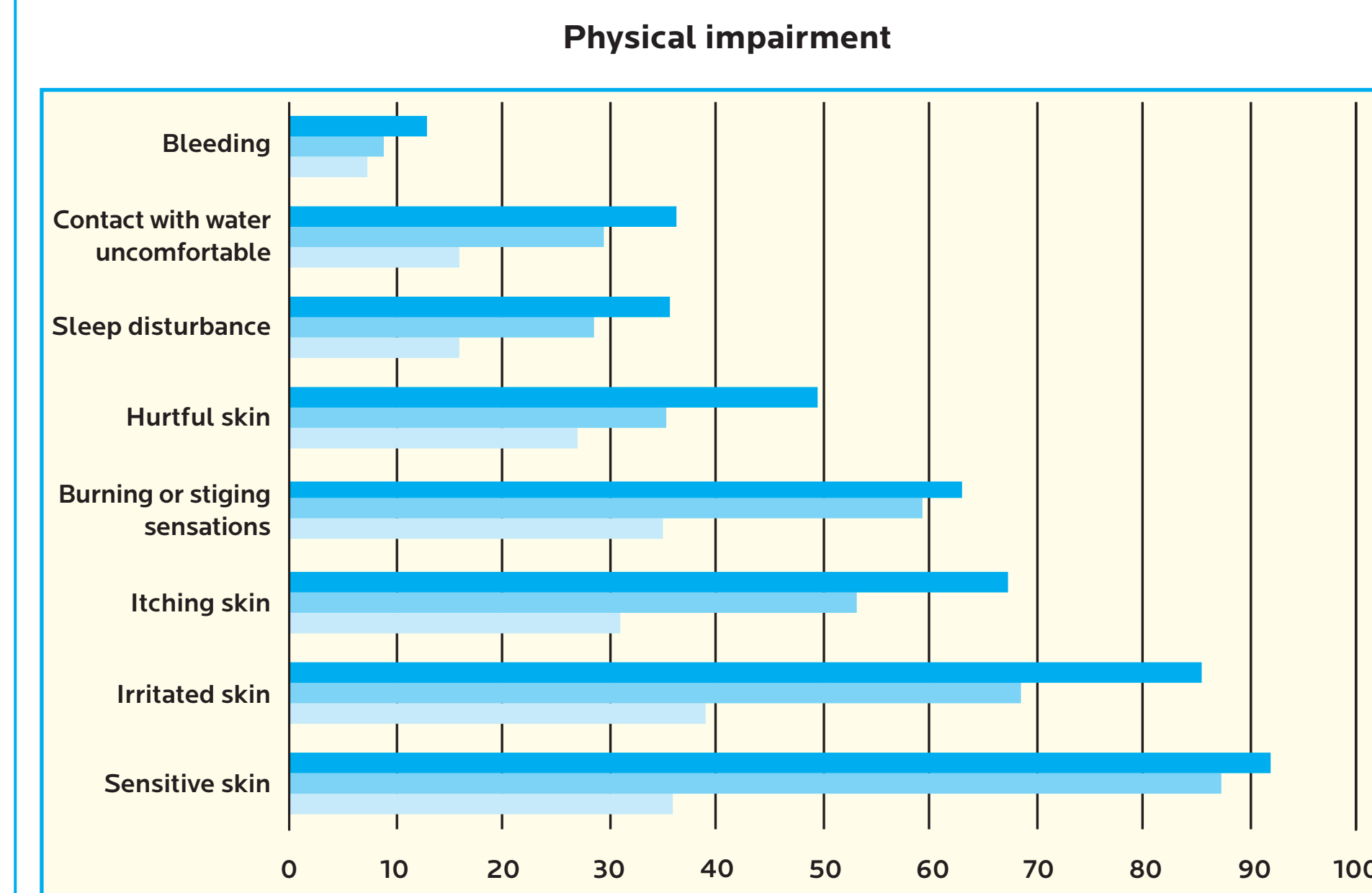
Symptoms and signes N=606	Score V1 (mean ± SD)	Score V2* (mean ± SD)	R** (%)
Paroxysmal erythema (flush)	1,66 ± 0,89	1,30 ± 0,80 <sup>#</sup>	34%
Erythema	1,90 ± 0,79	1,38 ± 0,75 <sup>#</sup>	48%
Telangiectasia	1,62 ± 0,81	1,29 ± 0,70 <sup>#</sup>	31%
Inflammatory lesions	0,81 ± 0,89	0,49 ± 0,69 <sup>#</sup>	32%
Itching	0,88 ± 0,99	0,50 ± 0,72 <sup>#</sup>	36%
Burning sensation	0,93 ± 0,97	0,50 ± 0,71 <sup>#</sup>	38%
Hot flushes	1,27 ± 1,06	0,89 ± 0,84 <sup>#</sup>	35%
Feeling of tightness	1,12 ± 0,99	0,60 ± 0,74 <sup>#</sup>	44%
Dryness/desquamation	1,42 ± 1,01	0,61 ± 0,76 <sup>#</sup>	62%
<b>GLOBAL SCORE (0-36)</b>	<b>11,66 ± 5,00</b>	<b>7,61 ± 4,28<sup>#</sup></b>	

\*Mean score of a 5 points scale from 0 (absent) to 4 (very severe)

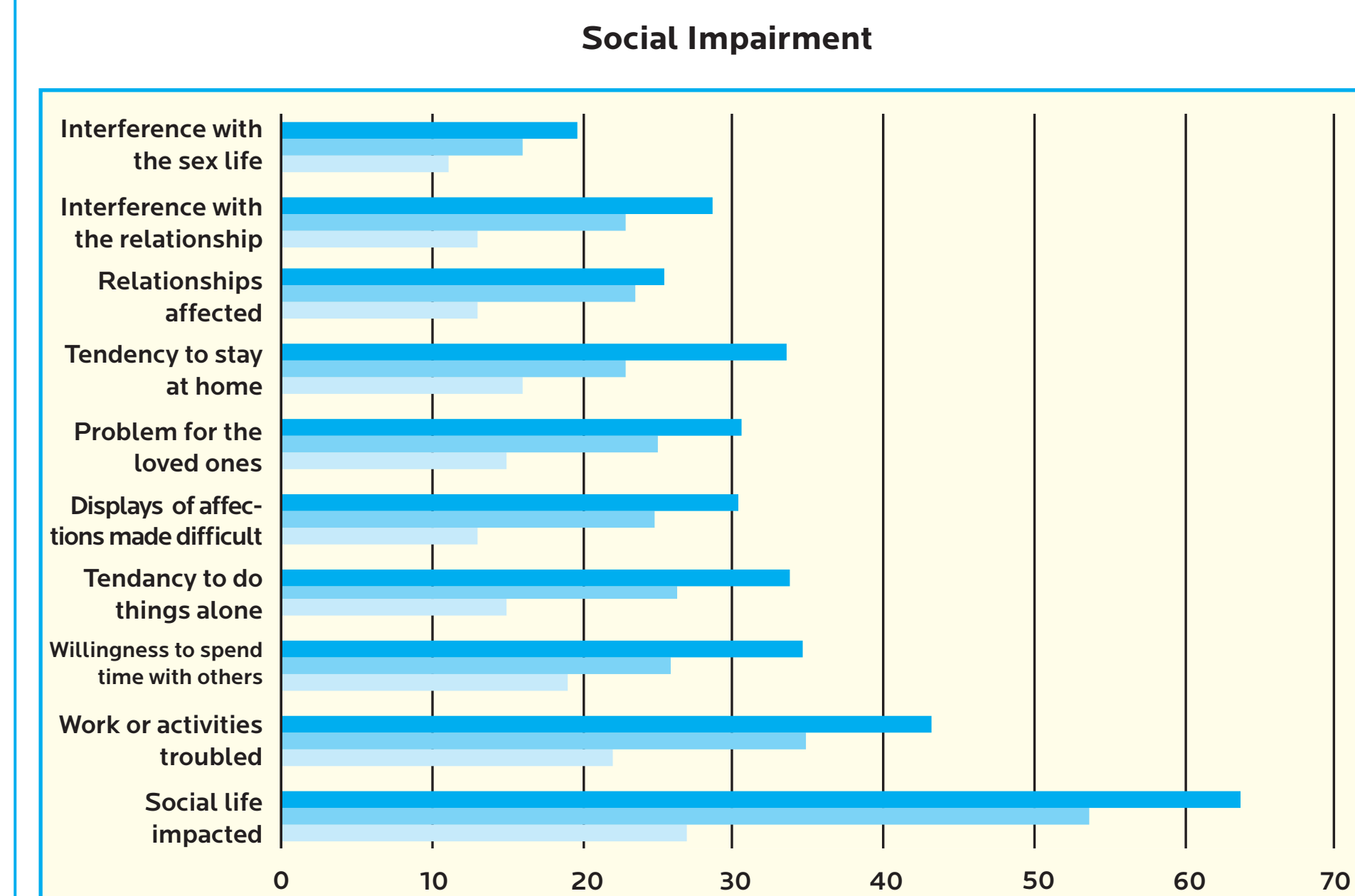
\*\*R=responsiveness or percentage of responders

#p<0,0001 between both visits

Most patients presented a physical impairment at baseline (V1). All physical impairments were significantly improved between the 2 visits.



The social impact of the disease was not as important as the physical and psychosocial impacts. Nevertheless all these social impairments are also significantly improved between the 2 visits.



In all cases, at the second visit patients claim to experience a lower rate of triggering incidents.

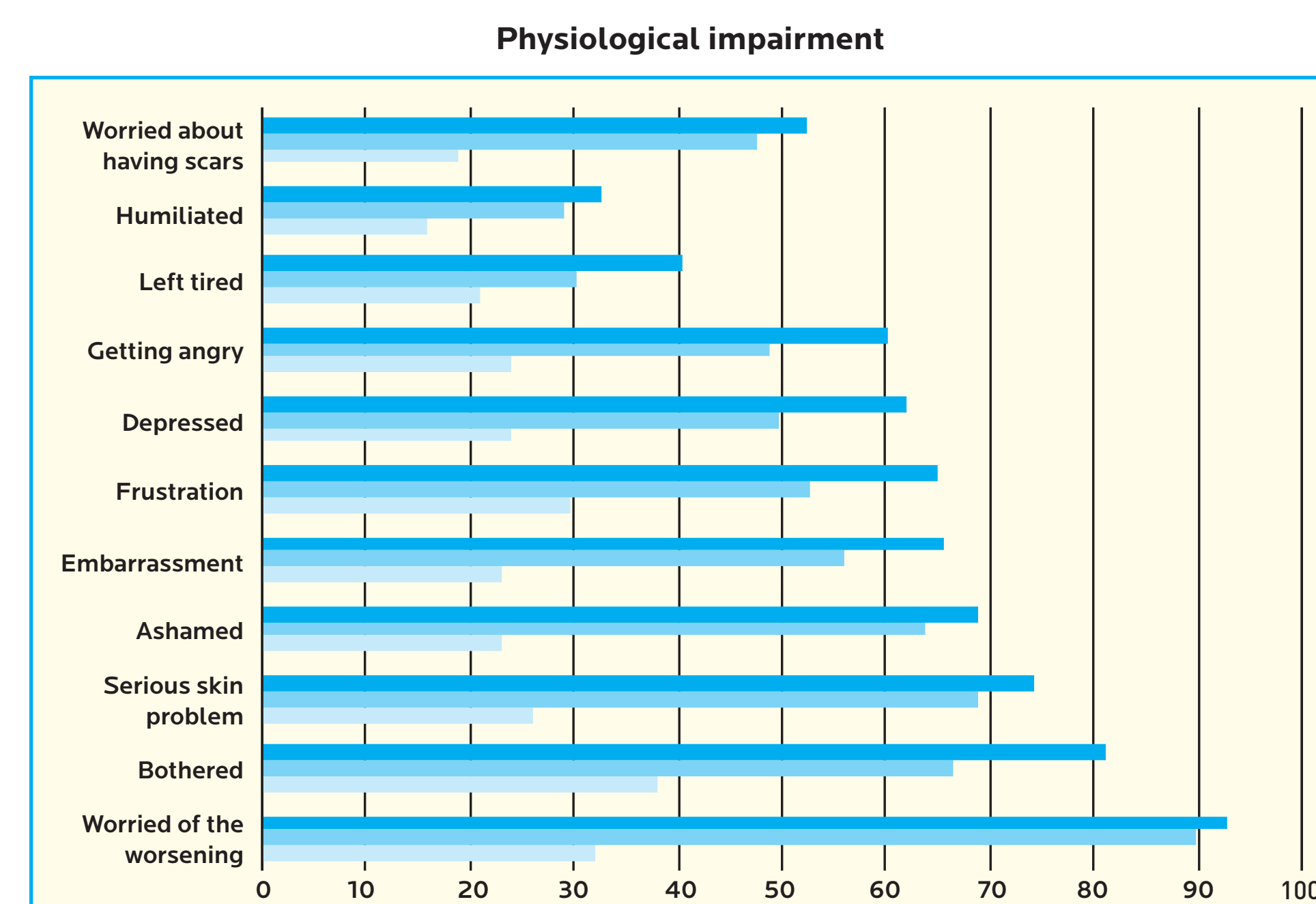
Triggering Factor N=614	Score V1 (mean ± SD)	Score V2* (mean ± SD)	R** (%)
Sun	1,61 ± 0,92	1,36 ± 0,88 <sup>#</sup>	25%
Wind	1,28 ± 0,91	1,01 ± 0,80 <sup>#</sup>	25%
Heat	1,64 ± 0,91	1,33 ± 0,84 <sup>#</sup>	29%
Cold	1,34 ± 0,94	1,00 ± 0,84 <sup>#</sup>	31%
Spicy food	0,85 ± 0,93	0,73 ± 0,80 <sup>#</sup>	17%
Hot drinks or food	0,94 ± 0,92	0,80 ± 0,81 <sup>#</sup>	19%
Emotions	1,35 ± 0,96	1,12 ± 0,84 <sup>#</sup>	24%
Coffee	0,58 ± 0,86	0,43 ± 0,68 <sup>#</sup>	16%
Alcohol	1,34 ± 1,07	1,09 ± 0,93 <sup>#</sup>	25%
Intense physical exercise	1,50 ± 0,99	1,23 ± 0,91 <sup>#</sup>	28%
Cosmetic products	0,84 ± 0,84	0,65 ± 0,72 <sup>#</sup>	21%
<b>GLOBAL SCORE (0-33)</b>	<b>13,12 ± 6,20</b>	<b>10,45 ± 5,46<sup>#</sup></b>	

\*Mean score of a 4 points scale from 0 (never) to 3 (always)

\*\*R=responsiveness or percentage of responders

#p<0,0001 between both visits

Most patients were psychologically affected at baseline (V1) by their skin problem. All these psychological impairments are significantly improved between the 2 visits.



All scores at V2 are significantly lower (p<0,0001) versus V1

Percentage of patients (%)

■ Affected at V1 ■ Affected at V2 ■ Improved between V1 and V2