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Powerful and Rapid Topical Treatment for Inflammatory Lesions of Rosacea.[1]

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Rosacea Diagnostic Guidelines

Rosacea Consensus: Diagnostic, major, and secondary features of rosacea[2]

Diagnostic feature (≥ 1 feature is diagnostic)	Major feature (≥2 features is diagnostic)	Secondary features
☐ Persistent, centrofacial erythema with periodic intensification by potential trigger factors	☐ Inflammatory papules and pustules	☐ Burning sensation
☐ Phymatous changes	☐ Flushing / transient centrofacial erythema	☐ Stinging sensation
	☐ Telangiectasia	☐ Oedema
	☐ Ocular manifestations (Lid margin telangietasia, blepharitis, keratitis/ conjunctivitis/ sclerokeratitis)	☐ Dryness

Rosacea Treament Guidelines

A phenotype-led treatment algorithm for the cutaneous features of rosacea[3]

	FIRST-LINE Treatment option	Transient erythema[a]	Persistent erythema[b]	Inflammatory papules/pustules: Mild	Inflammatory papules/pustules: Moderate	Inflammatory papules/pustules: Severe	Telangiectasia	Phyma: Clinically inflamed	Phyma: Clinically noninflamed
	General Skincare	Use of sunscreen with at least SPF30, moisturisers, gentle cleansers, and avoidance of triggering factors							
Topical Agents	α-Adrenergics	●							
Topical Agents	Brimonidine (Mirvaso Gel)		●						
Topical Agents	Ivermectin (Soolantra Cream)			●	●	●			
Topical Agents	Metronidazole			●	●				
Topical Agents	Azelaic Acid			●	●				
Oral Agents	ß-Blocker	●							
Oral Agents	Doxycycline[c]			●	●	●		●	
Oral Agents	Isotretinoin					●		●	
Procedures	Electrodessication						●		
Procedures	Intense Pulsed Light		●				●		
Procedures	Laser						●		
Procedures	Pulsed-Dye Laser		●						
Procedures	Physical Modalities								●

[a]There is no high-quality evidence for flushing treatments; consensus on this statement is based on case reports and clinical evidence. [b]Persistent centrofacial erythema associated with periodic intensification by potential trigger factors. [c]Doxycycline 40 mg superior to placebo; Doxycycline 40 mg noninferior to Doxycycline 100 mg. No inference possible from indirect comparison.

References: 1. Taieb A, Ortonne JP, Ruzicka T, et al. Superiority of ivermectin 1% cream over metronidazole 0.75% cream in treating inflammatory lesions of rosacea: a randomized, investigator-blinded trial. *Br J Dermatol.* 2015;172:1103-1110. 2. J. Tan, L.M.C Akmeida, A. Bewley et al. Updating the diagnosis, classification and assessment of rosacea: Recommendations from the global ROSacea COnsensus (ROSCO) panel. *Br J Dermatol.* 2017; 176: 431-438. 3. Schaller M, Almeida LM, Bewley A et al. Rosacea treatment update: Recommendations from the global ROSacea COnsensus (ROSCO) panel. *Br J Dermatol.* 2017; 176(2): 465-471.

This material is intended for healthcare professionals only

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