

Clinical practice

# Psychological burden of rosacea increasingly recognized

■ Variety of treatment options under study, including combination using a topical agent and laser

by LOUISE GAGNON,  
Correspondent, The Chronicle

Looking at the potential for using a combination of laser and topical treatment to manage rosacea, recognizing the symptoms of rosacea in darker-skinned individuals to confirm a diagnosis, gaining insights into the etiology of rosacea, and acknowledging the psychological burden of rosacea, are all top of mind considerations for Canadian dermatologists.

Currently, azelaic acid foam 15%, in combination with a vascular Nd:Yag laser, is being explored to treat rosacea, and that combined approach may yield effective results, according to Dr. Jennifer Beecker, assistant professor, University of Ottawa, research director, Division of Dermatology, the Ottawa Hospital, and national chair of the Canadian Dermatology Association Sun Awareness Working Group.

"It is an interesting approach," said Dr. Beecker. "The vascular laser will get rid of the redness, helping with the erythema, and will help with maintenance of the condition.

Azelaic acid will help with the papulopustular component. Azelaic acid is sometimes drying in the form of a gel, so as a foam, it may be more tolerable for patients. It makes a lot of sense to put them together, and I think they will get good results."

Dr. Mark Lupin, a dermatologist and clinical instructor in the Department of Dermatology and Skin Science in the Faculty of Medicine at the University of British Columbia, advocates the use of lasers to manage rosacea. In particular, the Excel V+ laser platform, which was released at this year's annual meeting of the American Academy of Dermatology, is offering increased efficacy in treating the chronic condition, in his experience.

"The Excel V+ laser is effective in treating vascular disorders," said Dr. Lupin. "There have been technical changes with this laser. For rosacea, it can be used more predictably than IPL [intense pulsed light]."

The technical changes include



Dr. Jennifer Beecker



Dr. Geeta Yadav



Dr. Mark Lupin

50% more power with the 532 nm wavelength and a tracing hand-piece to treat small, vascular and pigmented lesions on the face and body, explained Dr. Lupin.

A systemic therapy such as once daily, oral doxycycline (40 mg), treats the bumps and pimples associated with papulopustular rosacea, and another systemic option is isotretinoin, but gender is a consideration when selecting isotretinoin as a therapy, explained Dr. Geeta Yadav, a Toronto dermatologist at Skin Science Dermatology and lecturer at the University of Toronto. "There is a reality that these [female] patients can become pregnant," said Dr. Yadav, noting the possible teratogenic concerns around a female patient being on isotretinoin if a pregnancy occurs.

#### Ivermectin well-tolerated

Topical ivermectin is effective in treating rosacea, particularly papulopustular rosacea, said Dr. Beecker. "It is extremely well-tolerated," she said. "Patients really like it for maintenance."

Ivermectin has both anti-inflammatory and anti-parasitic modes of action. It has been demonstrated in a study of 20 Caucasian patients with

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## Rosacea: Specific role of Demodex mites not clear

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moderate-to-severe rosacea treated with topical ivermectin for at least 12 weeks, that the mean density of Demodex mites decreased at six weeks and 12 weeks, as measured by skin surface biopsies, improve clinical

signs of the condition (*J Eur Acad Dermatol Venereol* 2017; 31(11):1907–1911).

There is an evolution in the understanding of the pathogenesis of rosacea, but the specific role of Demodex mites in the pathogenesis

remains to be elucidated, said Dr. Beecker. “No one really knows [the significance of Demodex mites with respect to the pathogenesis],” she said.

Rosacea is regarded as a condition that mainly affects fair-skinned

individuals, but it can also affect darker-skinned people as well, noted Dr. Yadav.

“People do not often associate rosacea with type IV, V, and VI skin, but it does occur in people with darker skin,” said Dr. Yadav. “In my practice, I do see people with that type of skin who have rosacea.”

To arrive at the diagnosis in darker-skinned individuals, it is critical to look for symptoms such as acneiform lesions, as well as stinging and burning of the skin, and ocular symptoms, said Dr. Yadav.

### Assessing darker-skinned individuals

“Normally, we can diagnose [rosacea] without taking a complete history,” said Dr. Yadav. “We may have to delve into the history [in darker-skinned individuals] to arrive at a diagnosis.”

Indeed, listening to patients describe their experience is key, for patients may present in a clinician’s office reporting that they have rosacea, but the clinical history might not support such a diagnosis, said Dr. Beecker.

“Patients may say they have rosacea when they actually have actinic damage,” said Dr. Beecker. “All [Caucasian] patients with red faces are not patients with rosacea. You need to drill down and see if they have the classic signs like flushing or blushing.”

As with other skin conditions such as acne, rosacea takes a psychological toll on patients. “It is cosmetically distressing for patients,” said Dr. Beecker. “The extent of the [psychological] burden of rosacea is becoming recognized.”

Recent data indicate that hospital in-patients with acne or rosacea have elevated odds of comorbid mental health disorders (*Clin Exp Dermatol* 2019 Jan 31). A web-based survey found that feelings of unattractiveness and the adverse impact of rosacea on emotional quality of life increased with the severity of erythema (*J Drugs Dermatol* 2018; 17(2):150–158).

One of the issues that some patients with rosacea contend with is potentially being mistaken for having alcoholism because of features like a bulbous nose, said Dr. Yadav.

“Patients fear that if they have hypertrophic skin on the nose and phymatous changes that they can be mistaken for being alcoholics,” she said. “The condition can make people very self-conscious.”

**Non-proprietary and brand names of therapies:** azelaic acid foam 15% (Finacea, Bayer); oral doxycycline 40 mg (Aprilon, Galderma); isotretinoin (Accutane, Roche; Epuris, Ciphers); ivermectin (Rosiver, Galderma).

### Research

## Dermatology transformed: Preview of the 94th CDA conference in Calgary, June 27 to 30

By Dhiren Mahiban, Assistant Editor, The Chronicle

Billed as ‘Dermatology transformed’ the 94th annual Canadian Dermatology Association Conference will focus on innovation and the future.

The conference will highlight Dr. Zayna Khayat, a strategist with SE Health, Dr. Khayat focuses on creating, testing and scaling next practices. She will be one of four keynote speakers at this year’s CDA Conference, which runs June 27 to 30 at the Hyatt Regency in Calgary. Dr. Khayat will present on the future of health on Friday morning, June 28.

Following Thursday’s welcome address, Dr. Heidi Kong will deliver her keynote address on human skin microbes in health and eczema. One of two keynote speakers from the United States, Dr. Kong is a board-certified dermatologist and directs a research program that includes clinical and translational investigations on the human microbiome and inflammatory skin diseases at the National Institutes of Health in Bethesda, Md.

Calgary-based cosmetic surgeon Dr. Christiaan Schrag will follow Dr. Khayat on Friday morning and present on vascularized composite allotransplantation: rationale and limitations.

Rounding out the four keynote speakers with a presentation on microneedling with radiofrequency devices is Dr. Anna Bar. A Portland-based dermatologist, Dr. Bar is an assistant professor of dermatology and co-director of Mohs micrographic surgery at the Oregon Health and Science University.

“We have our usual crop of dynamic Canadian dermatologists attending and speaking as well,” said Olu Akinwumi, manager of professional education at the Canadian Dermatology Association. “Other areas we will have invited speakers for include our practice management sessions, which is the first event on each of the days.”

This year’s conference will feature speakers from Denmark, Germany and the U.S. presenting on a variety of topics.

Dr. Patrick Ott, the clinical director of both the Melanoma Disease Center and the Center for Immunology at the Dana-Farber Cancer Institute in Boston, will present to residents at a pre-conference event on Wednesday, June 26 discussing the basics of skin science.

He will also speak during the ‘skin sciences for all’

event on Thursday morning, June 27.

Dr. Swen Malte John, the head of the department of dermatology, environmental medicine and health sciences at the University of Osnabrück, will also present during the ‘skin sciences for all’ event. Additionally, Dr. John will speak Thursday evening at the academic and career mentorship and will be part of Saturday’s grant writing workshop.

### Practice management sessions planned

Each morning of the conference will start with a practice management session, which will include speakers such as Calgary-based lawyer Erin Runnalls presenting on the ‘Legal pitfalls in dermatology: how to handle a College complaint.’

Dr. A. Shadi Kourosh, director of community health in the department of dermatology at Massachusetts General Hospital, will take part in an interview with Dr. Julie Powell of Montreal as part of the practice management session led by the Women’s Dermatological Society.

There will be several returning features at this year’s conference including the first scheduled plenary—skin sciences for all—on Thursday morning. The *Journal of Cutaneous Medicine and Surgery* (JCMS) lecture on Thursday afternoon is another returning session.

The CDA has received an endowment to support an annual lecture from the World Congress of Dermatology, held in Vancouver in 2015. This year, as a result,

Dr. Lidia Rudnicka, a professor and chairman at the department of dermatology at Warsaw Medical University in Poland, will present on the value of trichoscopy in dermatological practice on Thursday afternoon, June 27.

Also returning for 2019 is the popular 60 tips in 60 minutes, the plenary on complex cases and the ‘what’s new?’ plenary.

To commemorate the 50th anniversary of the Canadian Dermatology Foundation (CDF), Dr. Harvey Lui and Dr. Régine Mydlarski will be speak on the impact the CDF has had on their careers on Thursday afternoon.

On Friday, the conference will introduce a new practical session for 2019: the surgical workshop. Led by dermatologists Irèn Kossintseva, Marie-Michèle Blouin, Mariusz Sapijaszko and David Zloty, the workshop will teach tips and techniques on small tumour or cosmetic mole removal and wound repair.

