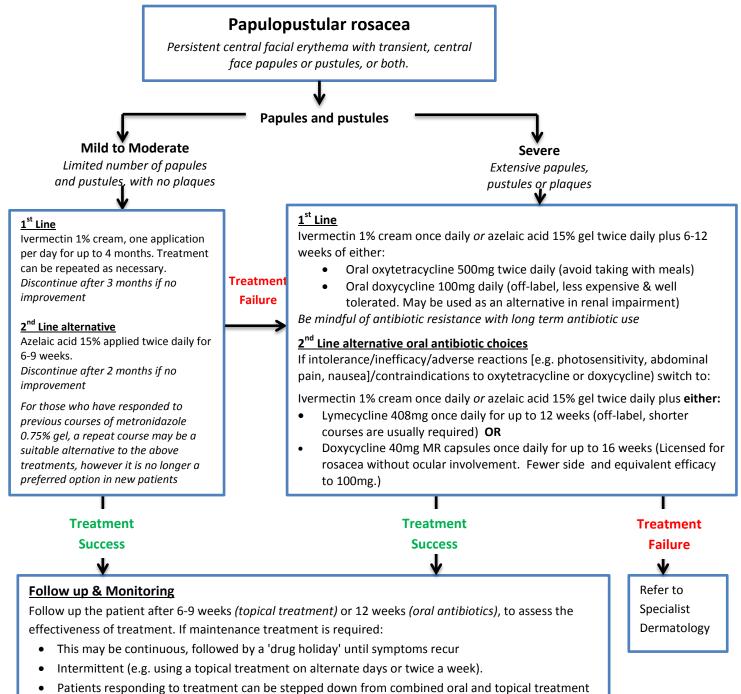


South East London Pathway for the Management of Papulopustular Rosacea



to topical only treatment alone, and then treatment cessation

- Recommend frequent application of high factor sun screen (minimum SPF30 and above to be bought OTC)
- If the skin is dry, advise the use of non-comedogenic, hypoallergenic emollients.
- If flushing is problematic, advise avoidance of trigger factors. Possible triggers include: extremes of temperature, sunlight, strenuous exercise, stressful situations, spicy food, alcohol and hot drinks.
- Treatment should be based on Rosacea symptoms and level of severity.

Key points, including self-care advice for all patients with Rosacea

- Provide sources of information and support, such as the British Association of Dermatologists (BAD) Patient Information Leaflet (PIL) for <u>Acne rosacea</u>.
- Patient review in 3-4 months by GP regarding maintenance treatment, if needed.

References [all last accessed: 8/12/2017]: (1) National Institute for Health and Care Excellence Evidence Summary for ivermectin (Jan 2016), available here. (2) Clinical Knowledge Summaries Rosacea topic, available here. (3) Primary Care Dermatology Society guidance on rosacea (May 2016), available here. (4) British National Formulary, available here. [Last accessed: 8/12/2017]