

Rosacea Management Pathway

General Management

Patients

- avoid known aggravating factors
- wash with emollients and moisturise regularly; avoid soaps & other irritants
- use appropriate sun protection

Clinicians

- provide [PIL](#)
- Characterise clinical subtypes & symptoms; classify according to phenotypes identified
- consider skin camouflage
- consider referral for psychological support

Erythematotelangiectatic

Primary care consider:

- oral propranolol* or clonidine for flushing [off-label]
- oral carvedilol* [off-label] or topical brimonidine for persistent erythema
- referral for pulsed dye laser, Nd:YAG laser or intense pulse light for persistent facial erythema

*exclude bradycardia before commencing beta-blocker

Papulopustular

Primary care offer:

- Mild
 - 1st line: topical azelaic acid
 - 2nd line: topical metronidazole
- Moderate to severe
 - 1st line: topical azelaic acid
 - 2nd line: topical ivermectin
- systemic antibiotic if topical treatment fails or for more severe disease

Primary Care consider:

- referral for oral isotretinoin [off-label] for persistent and severe cases

Phymatous

Primary care consider:

- referral for nasal debulking by laser ablation or surgical intervention

Ocular

Primary care advise:

- modify local environment
- review oral medications that could trigger dryness
- twice daily lid hygiene
- massage ocular lid
- use warm compresses with proprietary lid-warming devices

Primary care offer:

- ocular lubricants

Primary care consider:

- referral to optometry for dry eye and lid hygiene advice
- oral azithromycin for 3-5 days as per [Ophthalmology Infection Guidance](#)

Pathway based on [BAD guidelines for the management of people with rosacea 2021, British Journal of Dermatology \(2021\)185,pp725-735](#)

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