Rosacea

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Definition

Rosacea (ICD 10: L 71, possibly F 54) is a chronic inflammatory disease that peaks in the middle and later years of life. Typically, papules and pustules occur in the central region of the face against an erythematous background with telangiectases. Later, diffuse hyperplasia of the connective tissue with enormously enlarged sebaceous glands may occur. The disease evolves in stages over a period of decades. In the worst case, disfiguring dermal hypertrophy, particularly of the nose (rhinophyma), may develop after many years. An extreme form of rosacea is rosacea fulminans.

Dermatological Diagnostics

Anamnesis of the course of the disease (persistent erythema before the occurrence of papulopustules? Increased exposition to light?). Ophthalmological examination (about every third patient suffers from some kind of eye involvement). Dermatological examination, histopathology, and examination for an infection with demodex mites, if necessary.

Psychosomatic Diagnostics

Onset

There are only vague indications of psychic factors being involved in onset and course of the disease. Because of the available results and the clinical impressions, rosacea can be considered a psychosomatic skin disease in the broader sense.

Coping

There is an increased incidence of anxiety and depression in patients with rosacea. Probably the psychic impairment is a

consequence rather than a trigger of the disease [Marks, 1968]. The influence of psychosomatic factors on rosacea has not been investigated yet. Furthermore, there is no systematic study on the effects of psychotherapeutic treatment. Because of the telangiectases, the red face, and the disfiguring dermal hypertrophy of the nose (rhinophyma), patients with rosacea are discriminated as alcoholics. These patients feel stigmatized [Whitlock, 1980], impairing the ability to cope with the disease.

Diagnostics

Required: It is useful to elicit psychosomatic aspects, such as a reactive depressive period, a pronounced negative reaction to stress, or special problems that make it difficult to cope with the disease.

Optional: If any pronounced symptoms point to psychosomatic factors, a consultant psychosomatic/psychiatric examination could provide the indication for psychotherapy.

Therapy

Dermatological Therapy

Treatment schedules are determined by the stage and severity of the disease:

Systemic: oral antibiotics like tetracyclines, isotretinoin as monotherapy, or oral corticosteroids for a short period of time.

Topical: antibiotics, metronidazole, bland sunscreens to protect vulnerable skin regions. Surgical correction of the rhinophyma, if necessary [Rex et al., 2002].

Psychosomatic Therapy

Indication for psychosomatic care: Psychosocial care and information about psychosomatic aspects of the disease [Shear and Levine, 1999].

Indication for psychotherapy: Problems to cope with the disease may be an indication for relaxation through self-hypnosis or to do progressive muscle relaxation by Jacobson.

Analogous to psoriasis [Lange et al., 1999; Schmid-Ott, 2000], experience of stigmatization or distinct social fear should be treated by behavior therapy or psychodynamic methods. The efficacy of these methods has not been verified yet, although this is to be expected.

Indication for psychopharmacological treatment: The benefit of adjuvant therapy with psychotropic drugs has not been investigated yet. However, depending on the severity of psychological symptoms, supportive psychopharmacological interventions may be indicated [Koblenzer, 2001].

References

- Koblenzer CS: The use of psychotropic drugs in dermatology. *Dermatol Psychosom* 2001;2:169–176.
- Lange S, Zschocke I, Langhardt S, Amon U, Augustin M: Effects of combined dermatological and behavioural medicine therapy in hospitalized patients with psoriasis and atopic dermatitis. *Hautarzt* 1999; 50:791–797.
- Marks R: Concepts in the pathogenesis of rosacea. *Br J Dermatol* 1968;80:170–177.
- Rex J, Ribera M, Bielsa I, Paradelo C, Ferrandiz C: Surgical management of rhinophyma: Report of eight patients treated with electrosection. *Dermatol Surg* 2002;28:347–349.
- Schmid-Ott G: Depth psychology-founded psychotherapy of psoriatic patients. Treatment of a patient with chronic recidivating psoriasis vulgaris. *Dermatol Psychosom* 2000;1:112–116.
- Shear NH, Levine C: Needs survey of Canadian rosacea patients. *J Cutan Med Surg* 1999;3:178–181.
- Whitlock FA: Verschiedenartige Erkrankungen; in Whitlock FA (Hrsg): *Psychophysiologische Aspekte bei Hautkrankheiten – Zum psychosomatischen Konzept in der Dermatologie*. Deutsche Ausgabe übersetzt und herausgegeben von Bosse K, Hünecke P. Erlangen, Perimed, 1980, pp 203–217.