

Managing Red Faces in Primary Care

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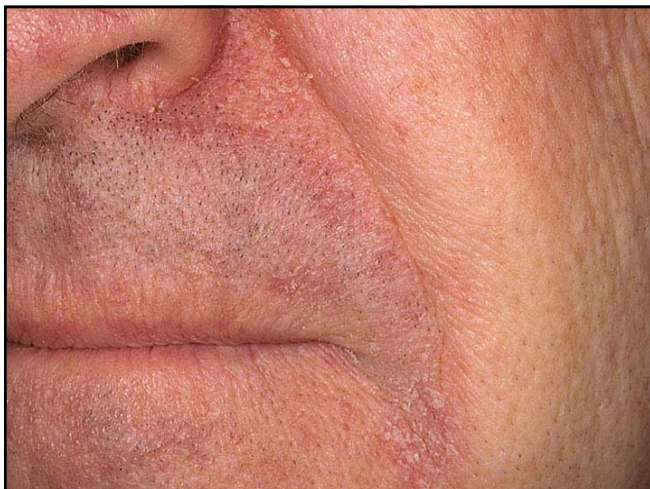
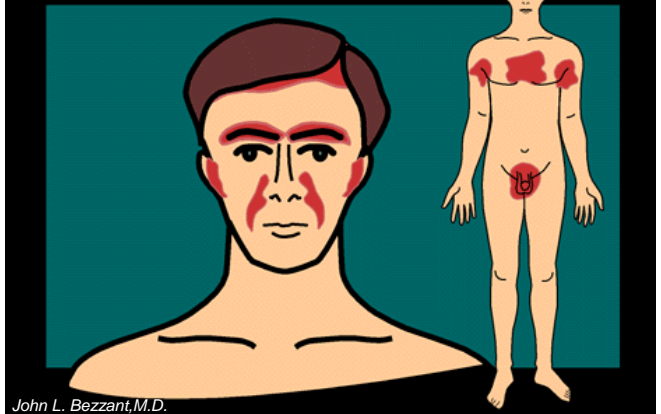
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Common Facial Rashes (and who gets them)

- Acne Vulgaris
 - Mainly adolescents, sometimes adults
 - Male=Female
- Acne Rosacea
 - Usually 30-60. Females>Males
- Seborrheic Dermatitis
 - Any age. Male = Female
- Perioral dermatitis
 - Adult females, rarely men



Seborrheic Dermatitis



Seborrheic Dermatitis -Management-

- Soap substitutes (Aqueous Cream)
- Irritant avoidance including cosmetic skin creams
- Plain emollient
- Daktacort or Canesten HC for face or body

Seborrheic Dermatitis Management (continued)

■ Scalp

- Ketoconazole shampoo
- Tar-based shampoos eg Capasal, T-Gel
- Scalp moisturiser eg Coconut Oil
- Betnovate scalp application in short bursts

■ Referral

- Failure to respond to any of these treatments (rare – usually indicates wrong diagnosis)

Acne Vulgaris -Grading-

MILD	Comedones only Minimal inflammatory lesions Not widespread
MODERATE	More inflammatory lesions May be more widespread
SEVERE	Nodules and Cysts Scarring +/- Extensive

Don't forget psychological morbidity when grading. May move you up 1 or 2 grades

Mild Acne



Open comedones (Blackheads)



Closed comedones (Whiteheads)
Commonest lesion in all grades of acne

Moderate Acne



Inflammatory papules and pustules

Severe Acne



Nodules and Cysts

General Management

- Assess severity and extent
- Assess psychological impact
- Dispel myths – hygiene, diet etc
- Wash with mild soap and water
- **Apply creams all over, not just to spots**
- Don't expect much improvement for 2 months and maximal benefit after 4-6 months

Medications -Mild-

- Topical Benzoyl Peroxide (BP) 2.5-5%
 - No added benefit from higher strengths, but more skin irritation
 - Use aqueous base eg Panoxyl Gel
 - Apply once or twice a day, usually at night initially
 - Advise re potential bleaching effect on clothes and bed-linen
- Topical Retinoid (TR) eg Adapalene (*Differin*)
 - Similar efficacy to BP, but more expensive
 - Can cause irritation, if so, apply less frequently
 - Apply once a day at night
 - Contra-indicated in pregnancy

Medications -Moderate-

- BP + Topical antibiotic
 - Clindamycin with Benzoyl Peroxide (*Duac*)
- TR + Topical Antibiotic
 - Clindamycin/Zinc (*Zindaclin*) with Adapalene (*Differin*)
 - Erythromycin with Isotretinoin (*Isotrexin*)
- BP/TR + Oral antibiotic
 - Oxtetracycline 500mg bd on an empty stomach
 - Lymecycline (*Tetralysal*) 408mg od
- BP + Combined Oral Contraceptive
 - Co-Cyprindiol (discontinue 3-4 menstrual cycles after resolution, but courses can be repeated)
 - Any oestrogenic COC
- BP + TR – surprisingly no more irritation with this combination

Alternatives

- Light therapy
 - Most light sources (N-Lite, laser, photodynamic therapy) probably help a bit, but poor quality evidence. Not for routine use
- Tea tree oil 5% – some evidence
- Diet – possibly low-GI better but poor quality trial

Referral Guidelines

- Severe (nodulocystic) disease
- Moderate acne but failure to respond to maximal topical and oral therapy for at least 6 months
- Significant psychosocial problems from the acne
- Scarring
- Check FBC, LFTs and fasting Lipids and sort out contraception (female) prior to referral

Resources

- www.patient.co.uk
 - Clinical guidelines and patient information
 - <http://www.patient.co.uk/pdf/pilsL2.pdf>
- www.bad.org.uk
 - Patient information leaflet
 - <http://bad.org.uk/site/793/default.aspx>

Rosacea

- Most common in women aged 30-60
- Often affects “Celtic” skin type
- Cheeks, forehead, nose and chin
- Flushing, redness and telangiectasia are common
- Eye symptoms common - blepharitis
- No comedones



Management -General-

- Good basic skincare as per seb derm
- Avoid topical steroids
- Worse in the sun, wear a sunscreen
- Avoid medications and foods/drinks that may cause flushing eg, Amlodipine, alcohol, spicy food

Management -Specific-

- Topical Metronidazole 0.75% cream or gel
- Topical Azelaic Acid 15% gel
- Oral tetracycline
 - Oxytetracycline 500mg bd (empty stomach)
 - Lymecycline 408mg od (any stomach)
- Oral Isotretinoin (secondary care)
- Flushing – Clonidine may be tried in secondary care
- Persistent redness – Laser treatment (private only)

Perioral Dermatitis

- Usually young women, rarely men
- Can be precipitated by irritants or topical steroids
- May be around the eyes too
- Tail off the topical steroids
- General skin care as per Seb Derm
- Oral Oxytetracycline 500mg bd or Lymecycline 406mg od
- Can try topical Azelaic Acid



Questions?