



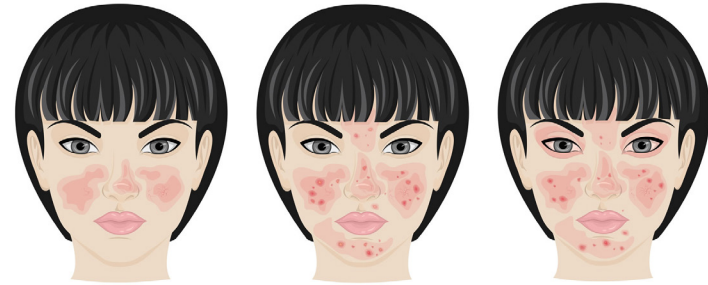
Rosacea

With maturity comes its own slew of responsibilities. Similarly, as we age, we inherit the responsibility of accepting new growths that we have only ever seen on our mothers and our mother's mothers. Although we are wary of the beauty marks we may soon inherit, we are thankful to leave one skin issue in our past: acne. The blackheads and pustules that haunted us through so many yearbook photos are finally gone as we move past our awkward high school years. Fast forward to our mid-forties, waking up with similar acne-like lesions, and we are curious as to what cruel joke the world has in store for us.

Many of our patients come into an Aspire office with the chief complaint of "adult acne." When these patients are finally seen in the office, many are actually suffering from what we diagnose as Rosacea. Rosacea is a fairly common skin disorder that affects approximately 5% of individuals worldwide. The clinical manifestations include facial flushing, acne-type papules and pustules, and thickened skin with irregular contours.

Women over the age of 30, with Fitzpatrick type I and II skin, are the most common patients with this disease. However, recent research has found that men are more prone than women to have phymatous skin changes, and patients with darker skin tones may be going underdiagnosed.

Types of Rosacea



Vascular

Inflammatory

Ocular

Many factors can exacerbate Rosacea.

- > Change of climate
- > Sun exposure
- > Hot beverages
- > Spicy foods
- > Alcohol
- > Exercise
- > Irritation from topical products
- > Emotional stressors

Treatments for the cutaneous (i.e., skin-related) symptoms of Rosacea include topical therapies and oral therapies. Here at Aspire Dermatology, we make each treatment specific to the individual being treated. Although the effects of Rosacea can extend well beyond just the skin, symptoms associated with the skin can be managed easily and appropriately with knowledge and a personalized skin routine.



S.T.O.P.

Signs and Symptoms
Triggers

Outcomes patients hope for
Plans for each individual

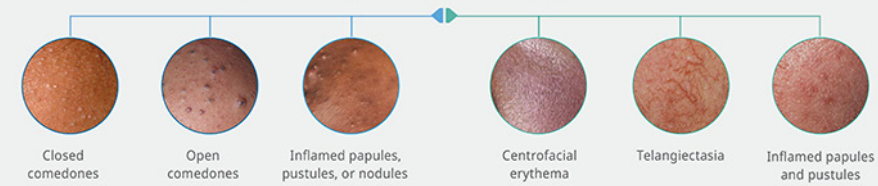
Acne Vulgaris vs. Rosacea

Updated 9/31/22



SKIN OF COLOR

Erythema and telangiectasias may be subtle in highly pigmented skin.



OTHER FEATURES: Acne Vulgaris

- Most prevalent in adolescents and young adults
- Variable distribution on face
- Frequent shoulder, chest, and/or back involvement
- Sequelae of postinflammatory hyperpigmentation, postinflammatory erythema, and scarring
- Association with hyperandrogenic disorders (eg, polycystic ovarian syndrome)

OTHER FEATURES: Rosacea

- Most prevalent in adults >30 years old
- Centrofacial distribution (cheeks, nose, chin)
- Ocular involvement (eg, symptoms of eye irritation, eyelid erythema, conjunctival injection, crusting, recurrent hordeolum or chalazion)
- Sensitive skin
- Flushing

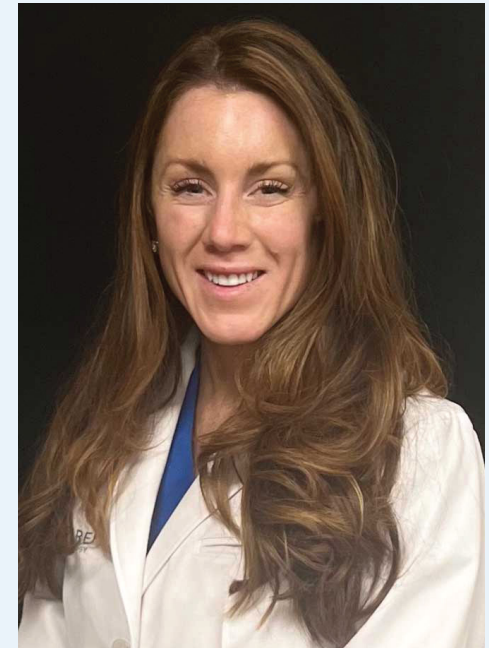
KEY CONCEPTS

Acne vulgaris and rosacea are common causes of inflamed papules or pustules on the face. Recognition of other characteristic features is helpful for distinguishing these conditions. Patients may exhibit some or all of the displayed features.

Distinguishing between acne vulgaris and rosacea is important because of differences in the approach to patient evaluation and treatment. For example, an assessment for signs of associated hyperandrogenism (eg, menstrual irregularity, hirsutism, virilization) is an important component of the initial evaluation of female patients with acne vulgaris, particularly in the presence of severe, sudden-onset, or recalcitrant acne. In patients with rosacea, an assessment for signs or symptoms of ocular involvement is important for identifying patients who may benefit from ophthalmologic examination.

Siobhan Brady, PA-C

Siobhan Brady received her Bachelor of Liberal Arts in Biology from Assumption College in Worcester, Massachusetts, where she also played for their women's soccer team. Following graduation from Assumption College, Siobhan worked as an Intraoperative Neurophysiologist and medical device representative at many of the hospitals in the Greater Boston area, as well as volunteered with the Arthur C. Luf Camp for Pediatric Burn Victims. This latter experience is what ultimately caused her to fall in love with the idea of directly helping patients and pursue her degree in Physician Assistant Studies. Siobhan graduated from Bethel University with a Master of Medical Science Degree in Physician Assistant Studies, where she also participated as the student representative for the American Academy of Physician Associates.



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We would like to thank all of our staff for their continued dedication to our patients and the communities in which we all live and work

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