

# The psychological impact of rosacea and the influence of current management options

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**Background:** Rosacea is a common problem that is underdiagnosed; if left untreated can result in physical disfigurement and emotional distress.

**Objective:** We reviewed the current literature to determine the degree of psychosocial impact of rosacea and the importance of treatment. We also reviewed the current treatment options.

**Methods:** A search of the MEDLINE, EMBASE, and psycINFO databases from 1946 to present was performed to identify previous articles regarding the psychosocial and quality-of-life (QoL) impact of rosacea.

**Results:** A total of 17 studies were found that focused on the following areas: impact of disease on QoL, improvement of QoL with treatment, and willingness to pay.

**Limitations:** Reviewed articles used different measurement systems to quantify impact on QoL making comparisons between studies difficult to interpret.

**Conclusion:** Patients with rosacea have higher incidences of embarrassment, social anxiety, depression, and decreased QoL compared with the rest of the population. Adequate treatment of symptoms results in improvement of QoL in patients with rosacea. New options that target the facial erythema of rosacea may help mitigate the negative psychological impact of rosacea. (J Am Acad Dermatol 2014;71:973-80.)

**Key words:** depression; dermatology; mental health; psychosocial; quality of life; rosacea; self-esteem; self-image.

Historically, psychiatric illness and alcoholism were thought to have caused rosacea and the facial erythema resulted in social stigma.<sup>1-3</sup> This common condition is often underdiagnosed and if left untreated can have serious psychosocial consequences and physical disfigurement.<sup>4</sup>

There are 4 subtypes recognized by the National Rosacea Society: erythematotelangiectatic, papulopustular, phymatous, and ocular.<sup>5</sup> Although there

*Abbreviations used:*

DLQI: Dermatology Life Quality Index  
 QoL: quality of life  
 SF: Short Form  
 WTP: willingness to pay

have been several advances in treatment for this chronic skin condition, characterized by inflammatory papules, pustules, telangiectasias, and facial

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erythema, there are relatively few treatments with proven safety and effectiveness.<sup>6</sup> In this article, we review the literature on the effect of rosacea on quality of life (QoL) and how treatment can improve QoL scores.

## METHODS

A search of the MEDLINE, EMBASE, and psycINFO databases from 1946 to the present using search terms including “rosacea,” “depression,” “quality of life,” “anxiety,” and “self-esteem” was performed to find studies on QoL and psychosocial impact of disease in patients with rosacea. Manual searches of the references were also completed to find additional studies that may have been missed by the computer search terms.

## RESULTS

A total of 17 studies were found that focused on the following areas: impact of disease on QoL, improvement of QoL with treatment, and willingness to pay (WTP) (Table I).

### Background on QoL measurement systems

Rosacea negatively impacts QoL. Several tools have been created to measure the impact of rosacea on patient's QoL and are commonly used in studies as a standardized way to compare between patient variability and to assess outcomes before and after treatment. The Dermatology Life Quality Index (DLQI) is a 10-item validated questionnaire used in over 40 dermatologic conditions to assess the impact of these conditions on overall QoL. The individual responds to each question with not at all (0) to very much (3); a higher score correlates with a more impaired QoL. Similarly, the RosaQoL is a validated 21-item questionnaire with rosacea-specific items that fall under 3 categories: symptomatic, emotional, and functional. The answer choices range on a scale from 1 (never) to 5 (all the time). These clinical and research tools vary from the Short Form (SF)-36 and SF-12 health survey forms that generically measure health status and disease burden as opposed to targeting a specific disease. Variables are reported on a scale of 0 to 100; a lower score on the SF-36 correlates with more disability. The Ocular Surface Disease Index assesses disability from ocular disease. The scale is

0 to 100 and a higher score correlates with greater disability. Few clinical trials report an “appropriately assessed” patient-reported outcome such as the validated QoL measures mentioned (DLQI, RosaQoL, SF-36).<sup>7</sup> Because of this, few articles can be reliably compared to assess the response of a patient to treatment.

## CAPSULE SUMMARY

- Rosacea significantly impacts quality of life and is associated with higher rates of psychiatric illnesses.
- Treatment of rosacea results in improvement of quality of life.
- New treatment options for the pathological erythema of rosacea may provide additional benefits.

### Impact of rosacea on QoL

There were 5 studies that focused on the impact of rosacea on QoL (Table I).

One study performed a cross-sectional analysis of 135 patients who completed the RosaQoL.<sup>8</sup> QoL was reduced in patients with rosacea and similar reductions were seen in vitiligo, occupational dermatitis, and leg ulcers. Among rosacea

subtypes, phymatous rosacea had lower reported QoL when compared with erythematotelangiectatic or papulopustular rosacea in the symptom and emotion sections of the RosaQoL. There was no significant difference in symptom, emotion, or functional scores between erythematotelangiectatic and papulopustular rosacea. Another study compared individuals with rosacea to healthy control subjects using the SF-36; the patients with rosacea had reduced QoL in the following subgroups: general health, vitality, emotional sphere, physical functioning, mental health, and bodily pain.<sup>9</sup>

Three studies used the DLQI to assess the effect of rosacea on QoL. The study of Langenbruch et al<sup>10</sup> reported a mean overall DLQI score of  $4.3 \pm 4.6$ . This correlated with better QoL compared with atopic dermatitis ( $8.5 \pm 6.0$ ) and psoriasis ( $6.7 \pm 6.2$ ).<sup>10</sup> The second study compared DLQI scores based on rosacea subtype. The mean overall DLQI scores were  $4 \pm 2.8$  for patients with erythematotelangiectatic rosacea,  $7 \pm 4.9$  for patients with papulopustular rosacea, and  $5.6 \pm 3.6$  for phymatous rosacea.<sup>11</sup> A final study examined DLQI scores and association of anxiety with rosacea. Patients reported more anxiety and mean overall DLQI score of  $4.05 \pm 4.67$ .<sup>12</sup>

### QoL improvement with treatment

A total of 11 studies focused on QoL improvement in patients with rosacea after treatment (Table I).

Three studies assessed the QoL of patients using the DLQI before and after treatment with pulsed dye

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