

It stems from your genes: 52 percent of people with rosacea have relatives with the condition.

# The Skin Problem You Won't Have This Summer

Red alert! The flush and bumps on your face could be signs of a sneaky complexion condition. Learn how to keep it under control for good.

By ELLEN SEIDMAN

➔ **DURING MY 20s, I SAVED A** lot of money on makeup: I never needed blush, because I had a perma-rosy flush. But a few weeks after I turned 30, I noticed a squiggle on my left cheek that looked like a red pen mark yet turned out, upon closer inspection, to be a capillary. Soon,

more joined it. I visited a dermatologist. That flushing wasn't a gift from nature; it was rosacea.

An estimated 16 million Americans have this condition, though they may not know it. "Rosacea is one of the most undiagnosed medical disorders—people mistake it for acne, eczema

or sensitive skin," notes Whitney Bowe, MD, clinical assistant professor of dermatology at the Icahn School of Medicine at Mount Sinai in New York City. It typically starts in your 30s, is more common among women and is peskiest now; in a poll of 852 rosacea patients by the National Rosacea Society, 58 percent said their symptoms are at their worst during the summer. Here's the scoop on those flare-ups.

## WHAT ROSACEA LOOKS LIKE

▶ **REDNESS THAT WON'T GO AWAY** It usually appears on your cheeks, nose, chin and

forehead. Sometimes rosy patches also show up on the neck, chest, scalp and ears.

### ▶ **VISIBLE BLOOD VESSELS**

They tend to crop up on the cheeks, chin and nose.

▶ **DRY SKIN** "One of the main issues with rosacea is a breakdown in skin barrier function," Dr. Bowe says. "Skin may no longer be able to trap moisture, leading to dryness and itchiness."

▶ **BUMPS** Along with redness, pus-filled pimples and little red bumps are an issue for folks with papulopustular rosacea—the second most common kind. "With acne, breakouts occur on the jaw and hairline, but rosacea occurs in the middle third of the face," says Anne Chapas, MD, a dermatological surgeon in New York City. Plus, there are usually no accompanying blackheads or whiteheads.

## WHY YOU'RE CAUGHT RED-FACED

Light-skinned ladies, like me, of Eastern or Northern European descent are most at risk of rosacea. There's also a genetic link, concludes a new study published in the *Journal of Investigative Dermatology*.

Sufferers tend to have blood vessels that dilate easily, increasing the rush of blood to the skin's surface—particularly when spicy foods, red wine, exercise, stress, warm temperatures and sun are involved. The one-two whammy: You're more prone to rosacea if you blush easily—and having the condition can make you even redder.

Not only can sun exposure trigger redness, but sunburns from your

teens and early 20s (before you knew better, of course) can haunt you, making capillaries rear their heads. “Over time, sun damage breaks down healthy tissue that acts as a barrier between your blood vessels and the surface of the skin, and they become more visible,” Dr. Bowe says.

Scientists have pinpointed one icky culprit for papulopustular rosacea: Demodex, a microscopic mite that lives on all our faces but can be found in 10 times greater number on those with rosacea. “When they die, they release bacteria, leading to skin inflammation and pustules,” says Kevin Kavanagh, PhD, a microbiologist at Maynooth University in Ireland, who researches Demodex. The little buggers proliferate on weathered skin, according to a review of studies published in the *Journal of Medical Microbiology*—thanks again, sun!

### YOUR BEST TREATMENT PLAN

While none of these solutions can erase the mental image of critters crawling over your face, they are proven to fight rosacea.

#### ► Rx GELS AND CREAMS

In 2013, Mirvaso became the first prescription medication approved by the FDA to ease redness from rosacea. Brand new: Soolantra (ivermectin), used to reduce bumps, has both anti-inflammatory and antiparasitic properties, so it’s a Demodex foe. Finacea (azelaic acid) is another common prescription for papulopustular rosacea. A dermatologist might recommend a combination

of meds to address different symptoms; insurance typically pays. People with severe rosacea could additionally need an antibacterial and antimicrobial antibiotic, such as doxycycline.

► **LASERS** Derms zap visible blood vessels with Intense Pulsed Light and KTP lasers, heating and disintegrating them, Dr. Chapas explains. No worries; the procedure feels like the snap of a rubber band, and swelling and redness should resolve in a day. Patients typically need one to three sessions, with more as other squiggly

lines appear. Most painful of all: Sessions can run \$250-plus a pop, and insurance won’t cover them.

► **PROBIOTICS** Growing evidence suggests that creams with probiotics can keep out “bad” bacteria and help contain inflammation. Pill versions may come in handy, too. A study in the journal *Beneficial Microbes* found that oral probiotic supplements can strengthen the skin barrier. And ingesting more kefir, miso soup, kombucha tea, sauerkraut and yogurt with active cultures—all high in probiotics—could help.

► **CONTROL TRIGGERS** Sure, you can avoid red wine, exercise, sun and stress—if you’re a hermit or a monk. As Dr. Bowe says, “You can’t stop living!” I spritz my face with water during workouts and at the beach to tamp down flushing. Some swear by rubbing on ice cubes made of green tea (which has anti-inflammatory properties) to reduce redness. “Work with a doctor to come up with a regimen that keeps symptoms under control,” Dr. Bowe urges. “And if you have a big event, lay off triggers the day before.” ■

## YOUR REDNESS-REDUCING SKIN-CARE KIT

**GENTLE WASH** Consider one like Aveeno Ultra-Calming Foaming Cleanser (\$8; walgreens.com), which has feverfew—an antioxidant that reduces inflammation. “In general, avoid products with fragrance, which can be irritating,” cautions Anne Chapas, MD.

**PROBIOTIC CREAM** Whitney Bowe, MD, is a fan of the Tula skin-care line (created by *Health*’s own contributing medical editor, Roshini Rajapaksa, MD), made with a probiotic complex. Try Tula Hydrating Day & Night Cream (\$49; tulaforlife.com).

**TONE-CORRECTING COVER-UP** One like La Roche-Posay Rosaliac CC Cream (\$39; laroche-posay.us) hides redness and packs SPF 30.

**PHYSICAL SUNBLOCK** Look for ones with zinc oxide or titanium dioxide. Avoid chemical sunscreens, which penetrate skin and can further irritate it. Try MDSolarSciences Mineral Crème Broad Spectrum SPF 50 UVA-UVB Sunscreen (\$30; sephora.com).

**YOGURT MASK** Dr. Bowe’s recipe: Once a week, combine 1 cup Greek yogurt and 2 tablespoons honey, spread onto skin, leave on for 10 minutes and rinse off. The yogurt packs probiotics; honey has healing and antibacterial properties.



**SCAN TO SHOP!** SCAN THIS PHOTO TO PURCHASE THESE PRODUCTS. (LEARN HOW ON PAGE 4).

The right products don't just cover the flush—they can actually help with healing.