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Acne and ROSACEA BRIEFS™

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INTENSE PULSED LIGHT TREATMENT FOR ROSACEA

This issue of* Acne and Rosacea Briefs *features the mother-daughter dermatologist team of Saida Baxt, MD, and Rebecca Baxt, MD, discussing the use of intense pulsed light (IPL) treatment for the flushing, blushing, and telangiectatic components of rosacea. These components are sometimes less responsive to the standard treatments currently available for rosacea. They also discuss topical and systemic therapy for rosacea's many presentations. Dr Rebecca Baxt is an instructor of clinical dermatology at New York University School of Medicine in New York, NY, on staff at Bellevue Hospital in New York, NY, and on staff at Valley Hospital in Ridgewood, NJ. Dr Saida Baxt is also on staff at Valley Hospital in Ridgewood, NJ. They maintain a joint practice, Baxt Cosmedical NJ, in Paramus, NJ.

Q: *Which populations are most likely to experience rosacea?*

Dr Saida Baxt: Rosacea is most commonly seen in women, especially middle-aged women. Of course, men are also affected. They often do not seek early care and can present with later-stage rosacea and rhinophyma. While rosacea often begins in mid-life, it can also begin, although much more rarely, at a very early age, including the preteen years.

People with skin types 1 and 2 are much more at risk for rosacea than those with darker skin types. People with family histories of rosacea are also at higher risk, particularly if both mother and father have had rosacea.

Q: *What are the various presentations of rosacea in its standard early, middle, and late stages?*

Dr Saida Baxt: Early-stage rosacea may present as erythema or blushing, or as perioral dermatitis. It may then progress to include more extensive papules and pustules. Late-stage rosacea sometimes presents as rhinophyma.

But it is important to note that in rosacea, one stage does not necessarily lead to another. In other words, not all rosacea progresses. However, patients should be aware of the subtle changes that can occur in their skin and seek treatment, because it is impossible to tell who will have a mild case of erythema that never changes and who will progress to more advanced forms of the condition.

Dr Saida Baxt and Dr Rebecca Baxt

Dr Rebecca Baxt: For those whose condition does progress, however, what tends to happen is that their erythema—which used to come and go in an episodic manner—then starts to be persistent.

For those whose condition does progress, however, what tends to happen is that their erythema—which used to come and go in an episodic manner—then starts to be persistent. Along with this persistent or permanent erythema come telangiectasias.

Along with this persistent or permanent erythema come telangiectasias. These do not go away. They stay permanently red. These patients always have rosy cheeks and a ruddy complexion.

Q: *What are some of the more unusual presentations?*

Dr Rebecca Baxt: The forms that are unusual include rosacea in children, rosacea in patients with darker skin types, ocular rosacea, granulomatous rosacea, and rosacea that appears on the neck and/or chest. In our practice, we have seen all of these presentations of rosacea.

Dr Saida Baxt: When a patient comes in with what appears to be one of these unusual presentations, a dermatologist should consider the possibility that the patient has a condition other than rosacea. Metabolic diseases, hormonal abnormalities, hypertension, and collagen-vascular disease should be considered. We had a preteen patient who appeared to have rosacea but turned out to have an early stage of lupus.

Q: *Does rosacea tend to be a lifelong condition?*

Dr Rebecca Baxt: Yes, it does tend to be a lifelong condition. It doesn't always progress, as we already mentioned. But if a person develops it, at least it usually remains at the same stage. It doesn't often go away. But we have seen some unusual cases where it is episodic.

Dr Saida Baxt: One example of episodic rosacea is rosacea in pregnant women. A woman may never have had rosacea before the pregnancy and she may never have it again, even if she has a second pregnancy. These episodic cases of rosacea are rare.

Q: *How does this condition tend to affect people psychologically?*

Dr Rebecca Baxt: It has a very big impact, particularly on patients who tend to get very flushed from their rosacea. Anytime they are in a stressful situation, they turn bright red, so everybody around them knows they are nervous about something. This can be very disconcerting to patients. Their emotions are right there—literally on their faces.

In terms of papules and pustules, patients who are older may feel embarrassed by what appears to them to be teenage acne. They feel they were supposed to outgrow it.

Q: *What are some of the ways patients can help control their rosacea in terms of lifestyle changes?*

Dr Saida Baxt: There are a number of things patients can do to control flushing—which is, incidentally, the component of rosacea that is hardest to improve with topical and/or systemic treatments. Some of the lifestyle changes we encourage include limiting sun exposure, not bathing or showering in very hot water, avoiding steam baths, and avoiding aggressive cleansing so that the surface of the skin does not over respond and become more erythematous. Patients need to approach their skin very gently. And of course, there are many dietary restrictions that can help.

Q: *What kind of dietary changes do you usually ask patients to make?*

Dr Saida Baxt: I ask them to reduce the vascular stimulants in their diet—alcohol, caffeine, chocolate, shellfish, aged cheeses, excessive sweets, excessive spices, and anything that is very hot in temperature. It is best not to drink hot liquids, as a rule.

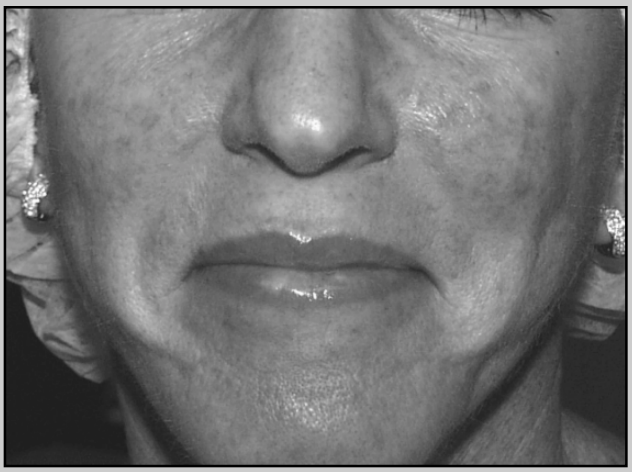
Q: *What are the standard topical treatments for rosacea?*

Dr Rebecca Baxt: We start almost all of our patients on topical metronidazole, either MetroGel®, MetroLotion®, or MetroCream®,

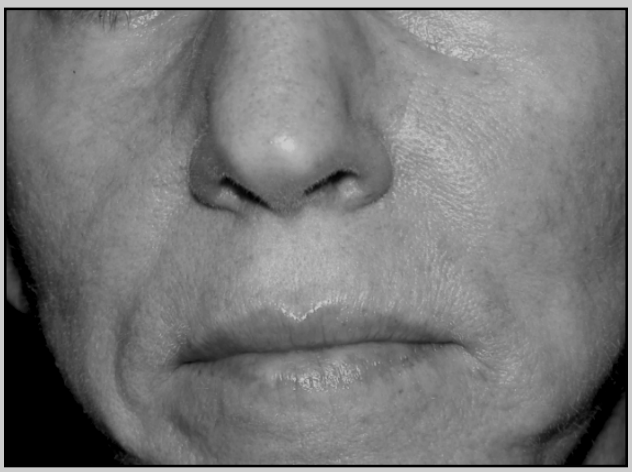
CASE STUDIES OF ROSACEA PATIENTS

Case 1

Below is a pretreatment photo of a 48-year-old woman with an 8-year history of rosacea. She presented with persistent redness and telangiectasias, as well as papular lesions. She also had severe dermatoheliosis. She had prior treatments with the 595-nm pulsed dye laser.



Below shows the patient after treatment with MetroCream and minocycline until her condition improved. She then began IPL therapy, receiving three treatments initially and having touch-up treatments over the course of 2 years, with a total of 10 treatments. The various cutoff filters were 550, 570, 590, and 640 nm, with from 30 up to 45 joules. Today, she continues maintenance therapy with MetroGel and no longer requires oral antibiotics



For patients with dry and sensitive skin, I like MetroLotion best. It is an excellent preparation and is not irritating. For patients who have oily skin, I tend to prescribe MetroGel. I find that older patients often feel more comfortable using MetroCream. They seem to prefer that vehicle.

depending on their skin type. We also sometimes prescribe some of the sulfur-based preparations, such as Klaron®.

Dr Saida Baxt: We never use fluorinated topical steroids on the face, because they can actually cause rosacea or make it worse.

Q: *Can you explain more about why you choose a specific vehicle of topical metronidazole for a specific patient?*

Dr Rebecca Baxt: For patients with dry and sensitive skin, I like MetroLotion best. It is an excellent preparation and is not irritating. For patients who have oily skin, I tend to prescribe MetroGel. I find that older patients often feel more comfortable using MetroCream. They seem to prefer that vehicle.

Dr Saida Baxt: In addition, sometimes the "slip factor" is very important in choosing vehicle—or, for that matter, any skin care product. For rosacea patients, rubbing the skin encourages erythema. The reason the lotion tends to work very well for patients is that there is an excellent slip factor. The lotion goes on easily so the patient does not tend to pull on the skin, which causes redness.

Q: *What presentations are most responsive to treatment with a topical medication alone?*

Dr Saida Baxt: I would say that the papules and pustules respond best to surface care. Often, it is harder to get the flushing component to respond to treatments—either topical or oral.

Q: *How long do topical medications tend to take in order to cause improvement in general?*

Dr Saida Baxt: Topical medications take longer than oral ones. You have to use them for at least 6 to 8 weeks for them to be effective. And that is why, very often, we start patients on oral as well as topical treatments—at the same time. In that way, the patient sees rapid improvement due to the oral treatment but then can taper off the systemic and maintain improvement with the topical treatment alone.

Q: *How long should patients use these topical medications once a remission has been achieved?*

Dr Rebecca Baxt: We feel that patients should really use metronidazole continually to prevent another outbreak. These topical medicines are very well tolerated, and so it is possible to stay on them indefinitely. This prevents new outbreaks of rosacea.

Q: *Are there ever any adverse reactions to topical medications?*

Dr Rebecca Baxt: Very rarely, a patient may experience an allergy or an irritation.

Q: *Can you discuss systemic treatments and who should receive them?*

Dr Rebecca Baxt: Our favorite systemic antibiotic is minocycline. We also prescribe doxycycline or tetracycline. Once in a while, we will prescribe erythromycin. This may be necessary if the patient can't tolerate an antibiotic in the tetracycline family. In addition, we prescribe Accutane® for rosacea, but not very often.

The patients whom we start on oral antibiotic medications are the ones who have extensive papules and pustules. There are also some patients who have only a few papules and pustules, but they want to see a very quick improvement.

When we prescribe systemic antibiotics for patients, we always prescribe topical antibiotics as well. After a few weeks, as soon as their skin is clear, we start to taper them off the oral antibiotic. We try to maintain them on the topical treatment alone. Some patients may need to go back on the systemic treatment from time to time, but most can be maintained on the topical metronidazole.

Q: *Why is minocycline your preferred systemic treatment?*

Dr Rebecca Baxt: It's easy to use. Patients can take it just once per day. It's well tolerated and doesn't irritate the esophagus as much as doxycycline. It doesn't cause as much sun sensitivity as doxycycline or tetracycline. And there are no necessary dietary restrictions, as there are with tetracycline. Minocycline is simply more convenient for patients to use.

Dr Saida Baxt: I would add that, clinically, minocycline seems to have more of an anti-inflammatory effect than some of the other oral antibiotics.

Q: *How long should patients remain on the systemic portion of a combination treatment?*

Dr Saida Baxt: We often begin to titrate down the dosage during the first 3 months of treatment if the patient is doing well clinically. They are often completely finished with the oral portion of treatment by the end of 3 months, but some patients with severe papules and pustules may need to be on oral treatment for a prolonged period of time.

Q: *How long do these combinations of systemic and topical therapies tend to take in order to cause improvement?*

Dr Saida Baxt: With both oral and topical medications, we expect to see improvement within the first month. But it is also important to make sure that the improvement is sustained. And because many rosacea patients are women, you have to monitor their improvement through at least one menstrual cycle, and preferably two, since hormonal factors very often play a role with how the patient is doing. Rosacea also classically presents around menopause. Given all of these factors, I would say a 3-month period is a reasonable trial time to be sure that a particular course of treatment is working appropriately.

Q: *Do you ever prescribe the oral treatments alone, without the topical therapies?*

Dr Rebecca Baxt: Not usually. Patients need to get used to using their topical regimens so that they are comfortable with their skin care program and can come off the orals.

Dr Saida Baxt: The goal with chronic disease is to control people with as little medication as possible. In most cases, we can clear the

When we have a patient whose skin is very reactive, with flushing as the main component, IPL therapy becomes the primary treatment. After using IPL, we usually see patients gain much better control of their rosacea symptoms.

skin completely if we use a lot of medication. This is not a good strategy for a chronic condition, however. Using too much medication can harm the patient. Creating an acceptable long-term therapy for rosacea patients requires the use of surface agents.

Q: *Are there adverse reactions to oral medications that can harm rosacea patients?*

Dr Rebecca Baxt: The side effects of the oral antibiotics vary from agent to agent, but they include sun sensitivity, esophageal irritation, gastrointestinal symptoms, diarrhea, vaginitis, and, with minocycline, hyperpigmentation of the skin. Minocycline may also sometimes cause a lupuslike syndrome or pseudotumor cerebri, although they are very rare. We monitor our patients on oral antibiotics for all of these adverse reactions. Accutane, of course, has another list of side effects.

Q: *How often do side effects tend to occur in patients on oral antibiotics?*

Dr Rebecca Baxt: Most of the side effects are uncommon, except gastrointestinal upset, which affects a larger number of patients than the other adverse reactions.

Dr Saida Baxt: Vaginitis is also a common side effect.

Q: *What do you do if topical therapies and combination therapies are not effective?*

Dr Saida Baxt: If the patient is not improving sufficiently, then you have to move on to a different kind of program. And that is part of the reason why we began treating our patients with IPL. The other reason for using IPL is that it is a very effective way to treat chronic redness, flushing, and telangiectasias. When we have a patient whose skin is very reactive, with flushing as the main component, IPL therapy becomes the primary treatment. After using IPL, we usually see patients gain much better control of their rosacea symptoms. Their flushing is much less severe and occurs much less often.

While papules, pustules, and reactive skin respond well to the topical and oral treatments we have already discussed, these other components of rosacea are often more resistant to standard therapies. We have seen many rosacea patients who have been treated by other dermatologists who do not have IPL technology. The other doctor may improve their skin, but the redness, flushing, and telangiectasias may remain. These patients come to us specifically for this therapy in order to reduce flushing and redness.

Q: *What is IPL therapy?*

Dr Rebecca Baxt: With IPL, multiple wavelengths of very bright light are shined at the skin in succession; cutoff filters are set to specific wavelengths and time frames. Treatment might include wavelengths from 560 nanometers up to 1200 nanometers, for instance.

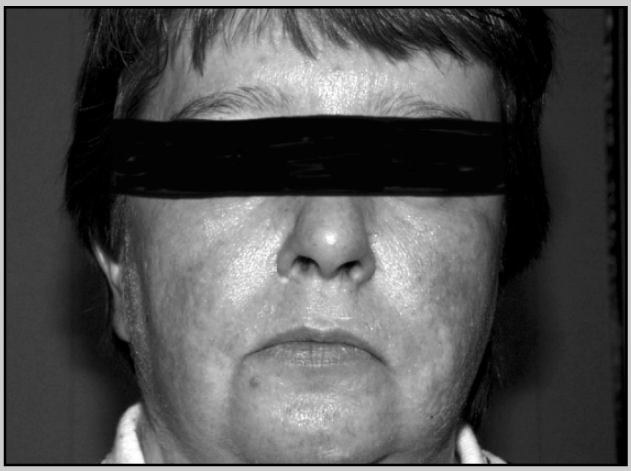
Q: *What does a course of IPL treatment consist of?*

Dr Rebecca Baxt: IPL requires multiple treatments. Patients come

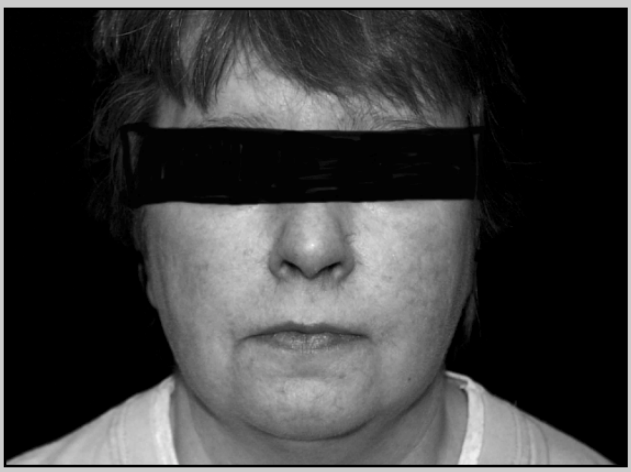
CASE STUDIES OF ROSACEA PATIENTS

Case 2

This patient is a 45-year-old woman who had rosacea for many years but did not see any improvement with topical therapies, hydrocortisone 2.5% cream, and daily minocycline. She presented with telangiectasias, erythema, and papules and pustules. She had 3 treatments with the 595-nm pulsed dye laser in the past, as well as saline injections to her nasal vessels.



The photo below shows the patient 2 years after she started IPL treatments. She has had six treatments so far. The cutoff filters used started at 550 nm and went up to 640. The patient states that this is the only therapy that has helped control her rosacea, giving her 6 to 8 months of clearing until another treatment is needed. Now she is maintained on MetroCream and hydrocortisone cream, and only occasionally has to use minocycline.



Patients who have severe sun damage will see real improvements in that condition with IPL. A lot of the sun damage can be reversed. In fact, another term for IPL is "photorejuvenation."

in for three to five treatments or, in severe cases, more. Treatments should be given approximately every 3 weeks. After they have finished the course of treatment over 9 to 15 or more weeks, we recommend that they come back once or twice a year for touch-up procedures. This is necessary because we are not treating the cause of rosacea, which is still unknown; we are treating the symptoms. Because rosacea is a disease that tends to persist, they need to be treated on an ongoing basis to maintain results.

Q: *What type of equipment do you use for IPL treatments?*

Dr Rebecca Baxt: There are many different IPL systems. We use the IPL system made by Lumenis.

Q: *Is IPL similar to other laser treatments?*

Dr Rebecca Baxt: IPL is different from laser therapy, which typically uses only one wavelength per treatment session.

Q: *How do results with IPL compare with those achieved with other types of laser treatments?*

Dr Saida Baxt: We first started to treat telangiectasias in rosacea patients with lasers about 10 years ago. At that time, we used a pulsed dye laser. The main problem with this technology was that patients looked bruised for at least 2 or 3 weeks after a treatment. It was bad enough that their faces were red, but now they were also bruised. Patients actually walked around with little black-and-blue circles on their face for a few weeks.

However, we observed a diminution not only of the large vessels but also of some of the redness of the skin. The skin also appeared tighter and smoother. Because of the bruising, though, we began looking for another system to try to accomplish the same results. That's when we switched to IPL. It does not cause bruising if used correctly.

Dr Rebecca Baxt: There are also other lasers that some dermatologists use to treat telangiectasias in rosacea patients. These include the Candela V-beam laser, which is a type of pulsed dye laser that is supposed to cause less bruising than other pulsed dye lasers. Diode lasers and other lasers also target telangiectasias.

Q: *Are there ever any side effects with IPL?*

Dr Saida Baxt: On rare occasions, or if the treatment is not performed correctly, side effects may include bruising, redness, crusting, or swelling. But if you are skilled in giving treatment, there is rarely a problem. We have been giving IPL treatments for rosacea for at least 2½ years. We have done hundreds of treatments. And we have had maybe four or five patients who have had some bruising, intense redness, or swelling. These reactions took a day or two to go away.

Dr Rebecca Baxt: As for crusting, I can't even remember the last time I saw it happen. It is very rare. Perhaps we have seen it in just one patient treated with IPL on the neck in the past 2½ years. But when it does occur, it lasts for a few days, until the crust lifts off and the skin peels underneath. These patients then become vulnerable to hyper- or hypopigmentation. These are reversible in most cases. Depending on the severity, reversal can take a few weeks or even a few months. It is very rare to have a permanent side effect.

Q: *How do you respond when a patient experiences side effects? Do you stop treatments?*

Dr Saida Baxt: No, we continue the course of therapy but we change the parameters and wavelengths of light that we allow to pass through the filters.

Q: *Can you describe the types of improvements you've seen using IPL?*

Dr Rebecca Baxt: The biggest improvement that we see is in the patients who have severe redness, blushing, and/or telangiectasias. If they receive multiple treatments, they get significant improvement, usually a 50% to 75% improvement, but some patients experience improvements of up to 80% or 90%. Their faces will be less red, and they will see a reduction in their blushing symptoms.

Q: *Are the improvements with IPL permanent?*

Dr Saida Baxt: Patients do require touch-up treatments once or twice per year, as we mentioned. The problem is that the blood vessels regrow. That's why ongoing commitment to this kind of care is necessary.

Q: *Does IPL have a beneficial effect on the other symptoms of rosacea, such as papules and pustules, or should papules and pustules be treated with standard topical and systemic treatments?*

Dr Saida Baxt: We try to use topical or systemic therapy first for papules and pustules, but IPL can help this type of rosacea as well.

Q: *Are there co-benefits with IPL treatment, that is, improvements in other skin conditions?*

Dr Rebecca Baxt: Yes. Patients who have severe sun damage will see real improvements in that condition with IPL. A lot of the sun damage can be reversed. In fact, another term for IPL is "photorejuvenation." In addition, patients find that their skin becomes tighter and smoother. Sometimes, patients find their pores tend to become a little bit tighter. Their fine lines may be reduced.

Dr Saida Baxt: These co-benefits occur in our practice, but they are unpredictable—it is unclear which patients will see these effects. However, the improvement of erythema *is* predictable.

Q: *What is the effect of IPL on hyperpigmentation—skin conditions like age spots or liver spots?*

Dr Rebecca Baxt: They can go away, depending on the settings of the IPL equipment. They don't always go away with the settings that we use for rosacea, although it may occur in some patients whom we are treating for rosacea.

Q: *Should topical and/or systemic treatments be used with patients undergoing IPL therapies?*

Dr Saida Baxt: It's very important to control the patient's condition

as best as possible with topical and/or systemic treatments before beginning IPL therapy. IPL can then bring the patient to a higher level of control. In between treatments with IPL, the patient should remain on the regimen of topical and/or systemic therapies, with the goal of tapering them off as much as possible.

However, for the 24 to 48 hours before patients are going to receive IPL treatment, they should not use any photoactive substances, because they are going to receive light on the surface of their skin.

Dr Rebecca Baxt: When patients first come to us, we usually start them on either a topical regimen or a combination regimen, let them clear for a few weeks, make an assessment, and then, if needed, would recommend IPL treatment. If the patient has been seeing another dermatologist and has been following a standard regimen, we might recommend IPL more quickly.

Q: *How should patients prepare for IPL treatment?*

Dr Rebecca Baxt: Patients should prepare themselves by stopping taking their oral antibiotics 48 hours in advance. They should stop using any topical retinoids 48 hours in advance as well. About an hour before coming into our office for IPL, they should use a topical numbing cream, such as Elamax®.

Dr Saida Baxt: We do not recommend other numbing creams, because they prevent the skin from maintaining its red color—we need to see the red color in order to direct the IPL equipment to those vessels.

Q: *Are there special preparations for a specific subset of patients with special conditions?*

Dr Rebecca Baxt: Patients who tend to get cold sores are pretreated with an antiviral agent to prevent any cold sores from appearing. The intense light that is shined on the skin can activate dormant herpes simplex virus.

Q: *What occurs in the office during IPL treatment?*

Dr Rebecca Baxt: We remove any makeup they may be wearing as well as the numbing cream. A cold gel is placed on the areas that are going to be treated. The patient wears goggles so that the light does not shine anywhere near the eyes.

Q: *Are these procedures ever painful either during or after treatment?*

Dr Saida Baxt: Patients may be somewhat uncomfortable, especially during the first procedure, mainly because they are nervous. Because it's a new experience, IPL can be a little anxiety producing. It's not exactly painful, but it's an unfamiliar sensation. Even though patients' eyes are closed and covered with goggles, they can still sense the flashing of a very strong light. They can feel a kind of snapping or burning sensation in their skin.

But most people don't complain about discomfort at all. And by the time they leave, their face actually feels cool and tighter than when they came in.

Q: *How long does a single treatment take?*

Dr Saida Baxt: The patient is usually in the office for half an hour to an hour, including prep time, the time needed to give the treatment, and the time needed to discuss postprocedure care.

Q: *What kind of postprocedure care is required?*

Dr Rebecca Baxt: Patients should use a broad-spectrum sunscreen of SP 30 both before and after treatment. This is critical to protect the skin. In addition, they should use a very mild cleanser.

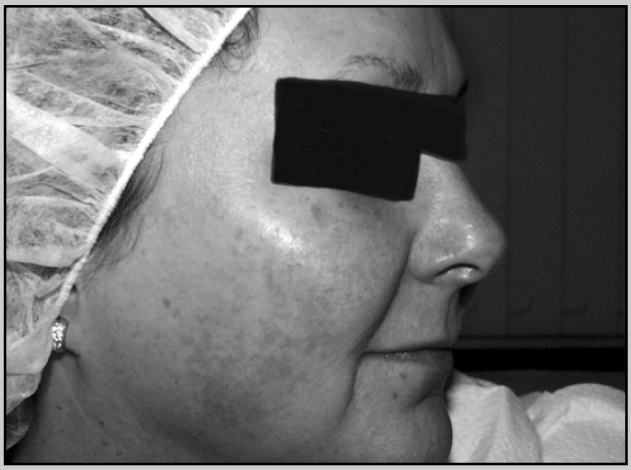
Q: *How does a patient's skin feel after treatment?*

Dr Saida Baxt: Within a few days of treatment, some patients will notice

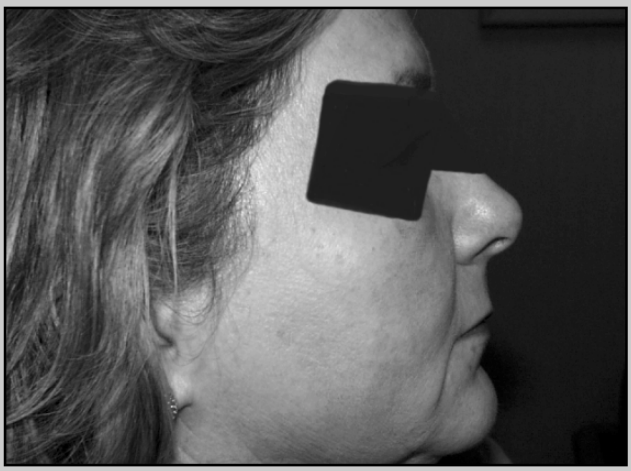
CASE STUDIES OF ROSACEA PATIENTS

Case 3

This 53-year-old woman had rosacea characterized for many years by persistent redness and telangiectasias without achieving control. She also had melasma.



Below the woman is pictured after treatment with topical retinoids, 1% hydrocortisone lotion, and MetroCream. She then had five IPL treatments over a 3-month period starting 2 years ago. A year ago, she had two more treatments. Multiple cutoff filters from 550 to 640 nm, up to 42 joules, were used. She is maintained on topical retinoids for her hyperpigmentation, and her rosacea is controlled with periodic IPL treatments.



The challenge of the technology is creating the proper settings of the machine for each patient. The elements involved are the amount of time the light stays on the skin, the delay in between pulses, how many pulses to use, and the use of cutoff filters.

a slight drying of the skin. Also, because of the tightening of the skin, if they do have some pustules, these may come up to the surface of the skin. So they make look a little worse for the first week after therapy.

Q: *Do you ever use IPL for some of the less common forms of rosacea?*

Dr Saida Baxt: Yes, we use IPL for rosacea of the neck and chest when it is not responsive to other therapies. We also use it for episodic rosacea and rosacea in children, if necessary. It can be useful for other conditions as well, including poikiloderma of Civatte that presents on the neck. As a matter of fact, IPL is one of the only treatments that I think works consistently for this condition.

Q: *What are some of the responses of patients to the change in their looks after IPL treatment?*

Dr Saida Baxt: Most of them are extremely satisfied. Many have been looking for a way to get rid of their flushing for so many years—and all of a sudden, they see a significant difference. The thing we try to stress is that this is not a permanent cure. People look at themselves in the mirror after a treatment and think, "That's it, this is the end of my flushing." But this isn't the case, because only the symptoms have been treated. The cause of the rosacea continues.

Q: *Should patients use a topical treatment for maintenance therapy after laser therapy?*

Dr Rebecca Baxt: Yes, patients with papules and pustules are usually going to need a topical antibiotic. And all patients should use a sunscreen daily.

Q: *How difficult is it to learn to give IPL therapy?*

Dr Rebecca Baxt: I would say that IPL is moderately complicated to learn. The challenge of the technology is creating the proper settings of the machine for each patient. The elements involved are the amount of time the light stays on the skin, the delay in between pulses, how many pulses to use, and the use of cutoff filters. The use of the gel that is involved can also add a complication. But any dermatologist can learn how to give treatments with IPL.

Dermatologists who want to become experienced with this type of treatment should probably learn from another dermatologist.

Q: *How important is past experience with IPL in terms of achieving the best results?*

Dr Rebecca Baxt: I think experience is important for almost anything a person does. The more you do it, the better you get at it.

Q: *What do you see as the future of laser and light therapy for the treatment of rosacea?*

Dr Saida Baxt: I think we're going to continue to go forward and see more ability to change vascular and collagen development in the skin with the use of laser and light technologies. We have already seen the development of laser and light therapies for the treatment of acne vulgaris.

Q: *Can you discuss the cost of IPL therapy?*

Dr Rebecca Baxt: It varies depending on location, but in general, it costs a few hundred dollars for a treatment. It is almost never covered by insurance in our geographic area.

Q: *What is the cost to the dermatologist in terms of outfitting the office with IPL equipment, either by buying it or by renting it?*

Dr Rebecca Baxt: The equipment is very expensive to acquire, and maintaining it is expensive as well.

Dr Saida Baxt: However, I've never been much of a believer in rental equipment, because you have to schedule your whole office around when the equipment is going to arrive. That usually does not work well in terms of convenience for patients. But renting is a great way dermatologists could start in order to see if they like the technology or have a need for it in their practice.

What drove us to become involved with IPL is that our practice includes a very high number of patients with rosacea. We wanted to be able to offer them something for the redness with little to no downtime. But some dermatologists don't have the percentage of rosacea patients that we have. They might not have as much need for this type of equipment.

Q: *Are there concurrent costs besides the equipment when a dermatologist adds IPL to his or her practice?*

Dr Rebecca Baxt: Costs include training the doctors and staff, and buying gels and goggles.

Dr Saida Baxt: There are also costs for promoting a new service. We do mainly in-office promotion, although we also do some out-of-the-office advertising for rosacea treatment.

Q: *How would you sum up IPL treatment for rosacea?*

Dr Rebecca Baxt: The message I'd like to get across is that for patients who have redness, blushing, and/or telangiectasias, this is a great procedure with little to no downtime. Patients are very happy with it, and we hope that more dermatologists offer it because it's a great option for patients.

Acne and Rosacea Briefs™

Editorial Director ..... Leo Orris, MD
Editor ..... Margot Becker R.
Graphic Design ..... Candy Hayes
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12 West 31st Street
New York, NY 10001

ACNE AND ROSACEA BRIEFS *REVIEW:* *INTENSE PULSED LIGHT TREATMENT FOR ROSACEA*

This summary highlights the points made by the mother-daughter dermatologist team of Dr Saida Baxt and Dr Rebecca Baxt in their discussion of one of the newest therapies for rosacea currently available—intense pulsed light (IPL) treatment.

Patient Populations
- Middle-aged women make up a disproportionately large number of rosacea patients.
- Men who have rosacea are more likely than women to develop more severe forms, such as rhinophyma.
- People with lighter skin types are at higher risk for rosacea.
- Family history is a risk factor for rosacea.

Presentations
- Erythema, blushing, telangiectasias, and perioral dermatitis are the presentations of early-stage rosacea. Papules and pustules appear in middle-stage rosacea. Rhinophyma is one form of late-stage rosacea.
- Rosacea may or may not progress from one stage to another, but the condition can cause subtle, ongoing changes in the skin.
- Unusual presentations of rosacea include rosacea in children, rosacea in patients with darker skin types, ocular rosacea, granulomatous rosacea, and rosacea that appears on the neck and/or chest.
- Patients who appear to have an unusual form of rosacea may actually have other conditions, such as internal diseases, hormonal abnormalities, or collagen-vascular disease.
- Rosacea tends to be a lifelong condition.
- Rosacea in pregnant women is one of the few forms of the disease that is episodic—it may never return, even with subsequent pregnancies.

Lifestyle Changes and Topical Therapies
- Lifestyle changes that reduce rosacea symptoms include limiting sun exposure, not bathing or showering in very hot water, avoiding steam baths, avoiding aggressive cleansing so that the surface of the skin does not become more erythematous, and making dietary changes.
- Lifestyle changes can help with the flushing component of rosacea.
- Effective topical treatments for rosacea include MetroGel®, MetroLotion®, MetroCream®, and Klaron®.
- MetroLotion is best for patients with dry, sensitive skin, because it is not irritating and it has an excellent "slip" factor; that is, it goes on smoothly without excessive rubbing.
- MetroGel is best for patients with more oily skin.
- Some patients prefer the vehicle of MetroCream.
- The papular, pustular component of rosacea responds best to topical treatments or oral antibiotics.
- Patients should use topical metronidazole indefinitely to prevent new outbreaks of rosacea.
- Topical treatments almost never cause adverse reactions.

Systemic Treatments
- Systemic antibiotics include minocycline, doxycycline, tetracycline, and erythromycin.
- Systemic antibiotics should be used in conjunction with topical treatments to accelerate the pace of improvement in patients with extensive papules and pustules.
- Patients should be tapered off systemic treatments as soon as possible and maintained on topical metronidazole.
- Adverse reactions to systemic antibiotics include sun sensitivity, esophageal irritation, gastrointestinal symptoms, diarrhea, vaginitis, and, with minocycline, hyperpigmentation of the skin or, on rare occasions, a lupuslike syndrome or pseudotumor cerebri.

Intense Pulsed Light (IPL)
- IPL is an effective way to treat chronic redness, flushing, and telangiectasias. Patients usually see a 50% to 90% improvement in these symptoms.
- The IPL technology shines multiple wavelengths of very bright light on the skin in succession.
- From three to five treatments are needed, or more for severe cases. Treatments are given at 3-week intervals. One or two touch-up treatments are required each year.
- Side effects are rare with IPL. When they occur, they tend to go away within a day or two. Side effects can be avoided or modified by changing the parameter settings.
- Patients' symptoms should be controlled as much as possible with topical and systemic therapies before IPL is given.
- In addition to seeing improvement in their rosacea symptoms, a selected group of patients may experience co-benefits such as reversal of sun damage, a tightening and smoothing of the skin, a tightening of the pores, a disappearance of some of the fine lines in the face, and/or erasure of aging spots.
- IPL treatments are not painful, but the unfamiliar sensations of IPL may cause minor anxiety in patients, particularly during the initial treatments.
- IPL results are not permanent for rosacea. Touch-up treatments once or twice per year are required to maintain results.
- IPL treatments usually are not covered by insurance.

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