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STUDY FINDS FAMILY HISTORY, HIGHER INCIDENCE OF SUNBURNS ASSOCIATED WITH ROSACEA

SAN FRANCISCO (March 5, 2009) – Rosacea is a chronic skin condition that causes redness, swelling and vascular abnormalities, most commonly on the face, with varying degrees of severity. While the exact cause of rosacea is unknown, dermatologists are examining several characteristics shared by rosacea patients. This research could improve the general understanding of this complex disease which affects an estimated 14 million Americans.

Speaking today at the 67th Annual Meeting of the American Academy of Dermatology (Academy), dermatologist Alexa Boer Kimball, MD, MPH, FAAD, associate professor of dermatology at Harvard Medical School in Boston, presented findings from a case-controlled study of rosacea subjects compared to control subjects and the implications of her research.

“This study was building on previous photo database work that we had done in which we looked at photos of 3,000 people with and without rosacea to try to determine the prevalence of rosacea in certain populations and some of the factors that seemed to be associated with it,” said Dr. Kimball. “We wanted to see whether we could validate some of these initial findings, as well as explore whether rosacea was predictive of other systemic conditions that might be related – similar to the link between severe cases of psoriasis and other medical conditions such as diabetes and heart disease.”

In this case-controlled study that built on the photo study conducted at Massachusetts General Hospital and Brigham and Women’s Hospital, both in Boston, 65 rosacea subjects (age 24 to 86) and 65 controls without rosacea (age 18 to 78) underwent a facial skin exam, completed a questionnaire and had their

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height, weight and blood pressure measured. Blood pressure measurements, body mass indexes and questionnaire results of the two groups were compared. In general, the rosacea subjects had a moderate to severe form of the skin condition.

Comparing the data for the two study groups, Dr. Kimball found that rosacea subjects were three times more likely to have a family member with rosacea compared to the control group. Specifically, 34 percent of rosacea subjects reported a family member with rosacea vs. 10.5 percent of control subjects. When answering questions about their dermatological and medical conditions, rosacea subjects had significantly higher rates of blistering sunburns than control subjects (44 percent vs. 5.2 percent, respectively).

“Even when we did a more sophisticated analysis of the data controlling for age and gender, we found these findings were statistically significant and confirmed our previous findings,” said Dr. Kimball. “Although these results are quite preliminary, they are important for future research as we start to explore these positive associations and their implications in controlling this condition.”

In families with a history of rosacea, Dr. Kimball advised parents to consistently protect children from sun exposure with a broad-spectrum sunscreen with a Sun Protection Factor (SPF) of 15 or higher and to practice other sun-safe behaviors in order to minimize the risk of sunburns. From her research, it could not be determined if sunburns were a contributing factor to rosacea or if patients with rosacea were more likely to sunburn due to the nature of their skin condition. In either case, she noted that these preventative measures could help lessen the severity of rosacea.

One potential association with rosacea that Dr. Kimball noticed in her previous photo database analysis that was not found to be significant in her case-controlled study was a higher body mass index (BMI) in rosacea patients. While a BMI in the range of 18.5 to 24.9 is considered normal, the rosacea subjects in the previous photo analysis had a mean BMI of 27.6 (which is considered overweight) vs. a 24.3 mean BMI in the subjects without rosacea.

However, in the case-controlled study, the rosacea subjects had a slightly lower mean BMI of 26.6 vs. a comparable 26.1 mean BMI in the control subjects – both of which were considered overweight.

“Future studies should explore the possible connection between a higher BMI and rosacea, as excess weight could be found to be a contributing factor to the condition,” said Dr. Kimball.

Dr. Kimball advised rosacea patients to see their dermatologist to discuss the most appropriate treatment options available and factors that may be contributing to the severity of their condition.

For more information on rosacea, go to the “RosaceaNet” section of www.skincarephysicians.com, a Web site developed by dermatologists that provides patients with up-to-date information on the treatment and management of disorders of the skin, hair and nails.

Headquartered in Schaumburg, Ill., the American Academy of Dermatology (Academy), founded in 1938, is the largest, most influential, and most representative of all dermatologic associations. With a membership of more than 15,000 physicians worldwide, the Academy is committed to: advancing the diagnosis and medical, surgical and cosmetic treatment of the skin, hair and nails; advocating high standards in clinical practice, education, and research in dermatology; and supporting and enhancing patient care for a lifetime of healthier skin, hair and nails. For more information, contact the Academy at 1-888-462-DERM (3376) or www.aad.org.

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Jennifer Allyn
(847) 240-1730
jallyn@aad.org

Allison Sit
(847) 240-1746
asit@aad.org