

Product	Flushing and fixed erythema	Inflammatory papules and pustules	Ocular	Protocol and comments*
Ivermectin cream 1%		+++		Well tolerated, once daily, greater efficacy than metronidazole and no concerns with antibiotic resistance
Azelaic acid gel		++		Effective twice daily, may cause irritation and no concerns with antibiotic resistance
Metronidazole gel or cream 0.75%		+		Twice daily, less effective than ivermectin
Brimonidine gel 0.33%	++			Effective and fast-acting vasoconstrictor, patients should be warned about the possibility of rebound flush, which can limit usage
Eye lubricants			+++	Lid hygiene and warm eye compresses also important
Doxycycline MR 40 mg		+++		Once daily. Fewer side-effects and equivalent efficacy as full dose (100 mg). Sub-microbial dose reduces risk of antibiotic resistance compared with other antibiotics
Doxycycline 100 mg and Lymecycline 408 mg capules		++	++	Less expensive, more side-effects. Well tolerated, once daily



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Erythromycin, clarithromycin 250–500 mg				Twice daily, useful in pregnancy
Isotretinoin		++		Useful in secondary care for resistant cases
Intense pulsed light (IPL)	+++			Limited NHS availability
Pulsed dye laser (PDL)	++			Limited NHS availability and causes significant bruising
Clonidine 25–50 µg	++			Up to three times daily, improves flushing in some patients
Propranolol 10–40 mg	+			Up to three times daily
Carvedilol 3.125–6.25 mg	+			Up to three times daily

+++ = strong recommendation; ++ = moderate recommendation; + = low recommendation.

* These comments are the opinions of the contributors, reviewed by the PCDS Executive Committee and do not consider NHS costs and local prescribing restrictions, if any.