

# Rosacea

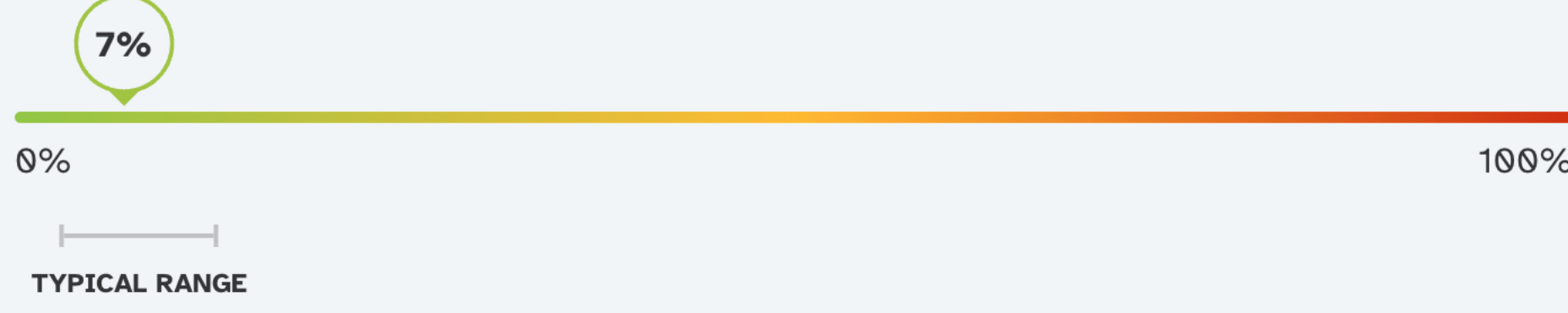
POWERED BY 23ANDME RESEARCH

Rosacea is a chronic skin condition that often causes redness or visible blood vessels around the nose and cheeks. For some people, rosacea may also cause eye problems or thickened skin on the nose. Symptoms may come and go over time and flare up in response to environmental triggers.



Jamie, your genetic result is associated with a **typical likelihood** of developing rosacea.

An estimated **7%** of people with genetics and other factors like yours develop rosacea **by their 70s**. This is based on data from male 23andMe research participants of European descent.



This estimate is based on currently available data and may be updated over time.

## Ways to take action

For people with rosacea, experts agree that healthy lifestyle habits can help reduce the frequency and severity of rosacea flare-ups.

- Identify and avoid symptom triggers
- Protect your face from UV light by using sunscreen daily and wearing a hat when outdoors
- Use gentle skin cleansers and moisturize regularly

Triggers can vary from person to person but commonly include sunlight, stress, and extremes in weather. To help identify triggers and become aware of any patterns, experts recommend tracking lifestyle, environmental factors, and symptoms. Talking to a healthcare professional like a dermatologist may also help. People with eye problems associated with rosacea may be referred to an eye specialist, such as an ophthalmologist, for additional care.

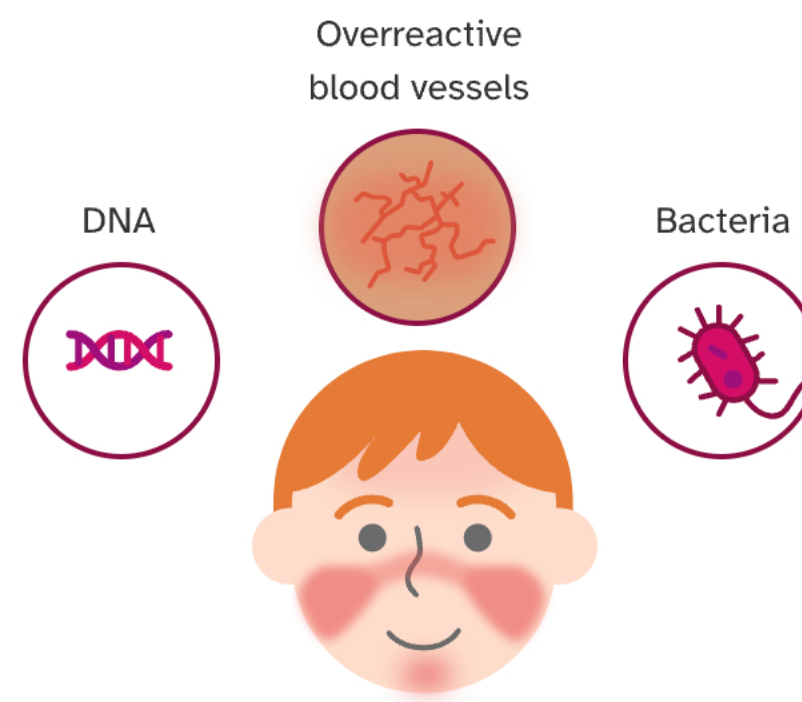
[Learn more from the American Academy of Dermatology Association\\*](#)



## About rosacea

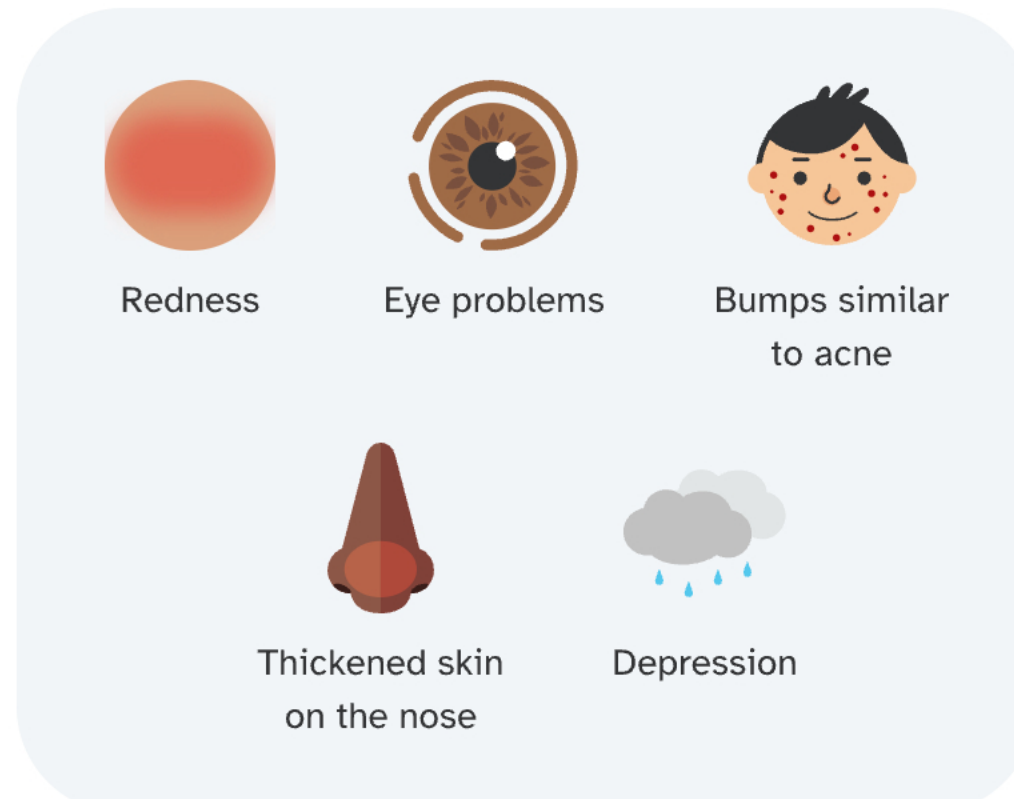
### What is rosacea?

Rosacea is a chronic skin condition that typically affects the central parts of the face, most commonly the cheeks and nose. Rosacea is often characterized by persistent redness or visible blood vessels near the surface of the skin, but symptoms vary from person to person. Scientists are still working to understand what causes rosacea, and many different theories have been proposed. Evidence suggests that it is likely due to a combination of factors, including genetics and inflammation caused by an overactive immune system. Other contributing factors may include overreactive blood vessels in the face that dilate too easily, extra sensitivity to certain microorganisms that naturally live on the skin, and an imbalance of natural bacteria that live in the gut.



### How can rosacea impact your health?

Symptoms of rosacea can vary from person to person, may come and go over time, and can flare up in response to environmental triggers. One of the most common symptoms is persistent redness or flushing that may cause a burning or stinging sensation. Flushing tends to be less noticeable in people with darker skin, which may make it more difficult to determine a rosacea diagnosis. Some people with rosacea may also experience irritation or inflammation of the eyes or eyelids, or the formation of small bumps that may be mistaken for acne. In more severe cases of rosacea, the skin may thicken, especially on the nose, causing the tip of the nose to look bumpy and round. Rosacea may also cause feelings of embarrassment, low self-esteem, anxiety, or depression.

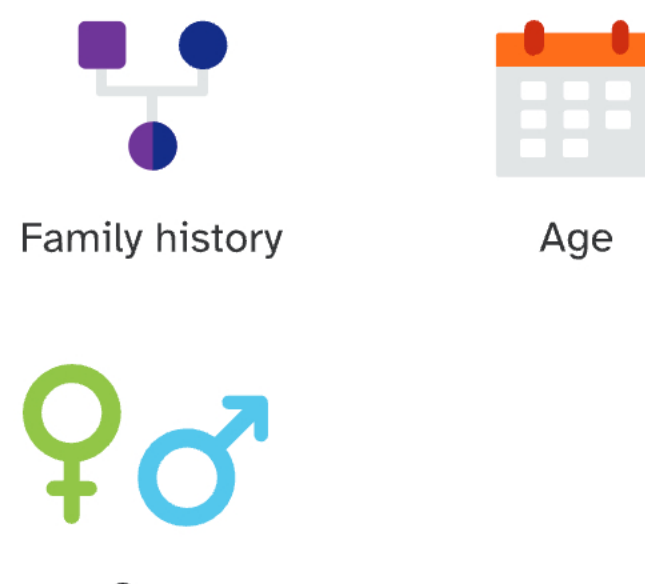


For people with rosacea, lifestyle modifications and other treatments, including medications and light-based therapies, can help ease symptoms. Counseling and/or support groups can also help individuals cope with rosacea.

### Other factors that can impact your chances of developing rosacea

It is estimated that around 5% of adults have rosacea. Besides genetics and environment, some factors that can increase a person's chances of developing rosacea include:

- Family history
- Age (rosacea is more common as people get older)
- Sex (rosacea is more common in females but males tend to develop more severe symptoms, specifically thickened skin on the nose)



## Keep in mind

This report **does not diagnose** rosacea. **Consult with a healthcare professional** if you are concerned about your likelihood of developing rosacea, have a personal or family history of rosacea, or before making any major lifestyle changes.



If you have already been diagnosed with rosacea by a healthcare professional, it is important to **continue any treatment plans** that they prescribe, including medications and lifestyle modifications.



The likelihood of developing rosacea also depends on **other factors**, including environment, age, and family history.



This report **does not account for every possible genetic variant** that could affect your likelihood of developing rosacea.



This report is based on a genetic model **created using data from 23andMe research participants**. It has not been clinically validated and should not be used to make medical decisions.

[How we got your result](#) ▾

### Methods

This report is based on a statistical model that takes into account your genetic results at 14,154 genetic markers, along with the ethnicity and sex you reported in your account settings, to estimate the likelihood of developing rosacea. We used data from 23andMe research participants to calculate this estimate. Results and estimates may be updated over time as the model or scientific understanding about this condition improves.

### About the result

People whose result is associated with odds of developing rosacea that are at least 1.5 times higher than average are considered to have an increased likelihood. Between 2% and 18% of individuals receive an "increased likelihood" result, depending on ethnicity. These results are based on many genetic markers, and random test error at one or more of these markers can lead to a small margin of error in your estimated likelihood of developing rosacea. For people whose estimate is near the boundary between typical and increased likelihood, this margin of error may introduce some uncertainty about whether their estimated likelihood is considered "typical" or "increased." Your genetic result is associated with a typical likelihood. Based on the available genetic markers used to calculate your result, there is a less than 1% chance your genetic likelihood estimate could fall on the other side of the boundary and be in the range that is considered increased.

### Scientific validity across ethnicities

We verified that the model meets our scientific standards for individuals of European, Hispanic/Latino, East/Southeast Asian, South Asian, Sub-Saharan African/African American, and Northern African/Central & Western Asian descent.

### How we may use ethnicity and sex to customize this result

- If you indicated in your account settings that you are of European, Hispanic/Latino, East/Southeast Asian, South Asian, Sub-Saharan African/African American, or Northern African/Central & Western Asian (Middle Eastern) descent, your result is tailored based on data from individuals of that ancestry.
- If you indicated in your account settings that you are predominantly of both Hispanic/Latino and another ancestry, your result will be based on data from individuals of Hispanic/Latino descent.
- If you indicated in your account settings that you are predominantly of both Sub-Saharan African/African American and European descent, your result will be based on data from individuals of Sub-Saharan African/African American descent.
- If there is not enough data from individuals of your ethnicity or combination of ethnicities at this time, your result may be based on data from individuals of European descent because the most data is available for this population.
- Your Rosacea result also takes into account the birth sex you indicated in your account settings.

See our [white paper](#) to learn more about the science behind this report.

### Read More:

[Alexis AF et al. \(2019\). "Global epidemiology and clinical spectrum of rosacea, highlighting skin of color: Review and clinical practice experience." J Am Acad Dermatol. 80\(6\):1722-1729.e7.'](#)

[American Academy of Dermatology Association. "People with skin of color can get rosacea." Retrieved April 22, 2022 from https://www.aad.org/public/diseases/rosacea/what-is/skin-color.'](#)

[American Academy of Dermatology Association. "Rosacea: Who gets and causes." Retrieved April 22, 2022 from https://www.aad.org/public/diseases/rosacea/what-is/causes.'](#)

[Gether L et al. \(2018\). "Incidence and prevalence of rosacea: a systematic review and meta-analysis." Br J Dermatol. 179\(2\):282-289.'](#)

[Mayo Clinic. "Rosacea." Retrieved April 22, 2022, from https://www.mayoclinic.org/diseases-conditions/rosacea/symptoms-causes/syc-20353815.'](#)

[National Institute of Arthritis and Musculoskeletal and Skin Diseases. "Rosacea." Retrieved April 22, 2022, from https://www.niams.nih.gov/health-topics/rosacea.'](#)

[Schaller M et al. \(2020\). "Recommendations for rosacea diagnosis, classification and management: update from the global ROSacea Consensus 2019 panel." Br J Dermatol. 182\(5\):1269-1276.'](#)

[Woo YR et al. \(2020\). "Updates on the Risk of Neuropsychiatric and Gastrointestinal Comorbidities in Rosacea and Its Possible Relationship with the Gut-Brain-Skin Axis." Int J Mol Sci. 21\(22\).'](#)

[Yamasaki K et al. \(2009\). "The molecular pathology of rosacea." J Dermatol Sci. 55\(2\):77-81.'](#)



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