

Rosacea Screening Tool

Mirvaso is a topical treatment indicated for the treatment of facial erythema of rosacea in adult patients.

<insert CCG> recommends the use of Mirvaso for patients who suffer a severe level of psychosocial distress due to erythema associated with rosacea.

In order to assess the impact of the erythema of rosacea on the patient we have provided a screening tool. This includes:

For Clinicians

- The **Clinician's Erythema Assessment (CEA)** – A 5 grade assessment specifically focused on the assessment of erythema. The CEA has been independently validated and is considered a reliable instrument for the measurement of facial erythema.

For Patients:

- **Patients Self-Assessment (PSA)** - A simple questionnaire specifically focused on the patients assessment of erythema. The PSA have been independently validated and is considered a reliable instrument for the measurement of facial erythema.
- **The Dermatology Life Quality Index (DLQI)** – A simple 10-question validated questionnaire and the first dermatology specific Quality of Life instrument.
- **Generalized Anxiety Disorder scale (GAD-2)** - A brief screening tool using this scale to screen for generalised anxiety.

Instructions for use

Clinicians Erythema Assessment (CEA) – Select the appropriate description of patients facial redness.

Scoring:

Clinicians Erythema Assessment		Score
Mild	Mild erythema; definite redness	2
Moderate	Moderate erythema; marked redness	3
Severe	Severe erythema; fiery redness	4

Patients Self-Assessment (PSA) – Please ask the patient to circle the description they feel corresponds to the severity of their rosacea.

Scoring:

Patients Self-Assessment Scoring		Score
Mild	Somewhat more redness than I prefer	2
Moderate	More redness than I prefer	3
Severe	Completely unacceptable redness	4

Generalized Anxiety Disorder scale (GAD-2) - This is a patient self-assessment. Patients are asked to select the most appropriate answer to both questions *in relation to their facial redness.*

Scoring:

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all	Several Days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3

Dermatology Life Quality Index (DLQI)

The Dermatology Life Quality Index questionnaire is designed for use in adults, i.e. patients over the age of 16. It is self explanatory and can be simply handed to the patient who is asked to fill it in without the need for detailed explanation. It is usually completed in one to two minutes.

Scoring

The scoring of each question is as follows:

Very much	scored 3
A lot	scored 2
A little	scored 1
Not at all	scored 0
Not relevant	scored 0
Question unanswered	scored 0
Question 7: "prevented work or studying"	scored 3

The DLQI is calculated by summing the score of each question resulting in a maximum of 30 and a minimum of 0. The higher the score, the more quality of life is impaired. The DLQI can also be expressed as a percentage of the maximum possible score of 30.

****Please Note:** That the scores associated with the different answers should not be printed on the DLQI itself, as this might cause bias**

Meaning of DLQI Scores

0-1 = no effect at all on patient's life

2-5 = small effect on patient's life

6-10 = moderate effect on patient's life

11-20 = very large effect on patient's life

21-30 = extremely large effect on patient's life

[TEAR OFF PAD FOR GP TO SCORE PATIENT]

Part 1: Clinician's Erythema Assessment (CEA)

Please circle the description of your patient's facial redness

A Mild

Mild erythema; definite redness



B Moderate

Moderate erythema; marked redness



C Severe

Severe erythema; fiery redness



Total Patient Score

CEA =

PSA =

DLQI =

GAD =

Overall Patient Score =

Impact of facial erythema (of rosacea)

This short questionnaire is designed to investigate the impact that the redness (erythema) associated with rosacea has upon your life.

Instructions: *Please answer all 3 parts of this survey and return it to your GP.*

Part 1: Patient Self-Assessment (PSA)

Please circle the description of your **facial redness** which seems to most accurately describe your experience over the past week.

- | | | |
|----------|-----------------|-------------------------------------|
| A | Mild | A little more redness than I prefer |
| B | Moderate | More redness than I prefer |
| C | Severe | Completely unacceptable redness |

Part 2: Dermatology Life Quality Index

The aim of this questionnaire is to measure how much your skin problem has affected your life **OVER THE LAST WEEK**. Please tick **one box for each question.**

- | | | | |
|----|---|--------------|--------------------------|
| 1. | Over the last week, how itchy, sore, painful or stinging has your skin been? | Very much | <input type="checkbox"/> |
| | | A lot | <input type="checkbox"/> |
| | | A little | <input type="checkbox"/> |
| | | Not at all | <input type="checkbox"/> |
| 2. | Over the last week, how embarrassed or self-conscious have you been because of your skin? | Very much | <input type="checkbox"/> |
| | | A lot | <input type="checkbox"/> |
| | | A little | <input type="checkbox"/> |
| | | Not at all | <input type="checkbox"/> |
| 3. | Over the last week, how much has your skin interfered with you going shopping or looking after your home or garden ? | Very much | <input type="checkbox"/> |
| | | A lot | <input type="checkbox"/> |
| | | A little | <input type="checkbox"/> |
| | | Not at all | <input type="checkbox"/> |
| | | Not relevant | <input type="checkbox"/> |
| 4. | Over the last week, how much has your skin influenced the clothes you wear? | Very much | <input type="checkbox"/> |
| | | A lot | <input type="checkbox"/> |
| | | A little | <input type="checkbox"/> |
| | | Not at all | <input type="checkbox"/> |
| | | Not relevant | <input type="checkbox"/> |
| 5. | Over the last week, how much has your skin affected any social or leisure activities? | Very much | <input type="checkbox"/> |
| | | A lot | <input type="checkbox"/> |
| | | A little | <input type="checkbox"/> |
| | | Not at all | <input type="checkbox"/> |
| | | Not relevant | <input type="checkbox"/> |

Cont...

6. Over the last week, how much has your skin made it difficult for you to do any **sport**?
 Very much
 A lot
 A little
 Not at all
 Not relevant
7. Over the last week, has your skin prevented you from **working** or **studying**?
 Yes
 No
 Not relevant
- If "No", over the last week how much has your skin been a problem at **work** or **studying**?
 A lot
 A little
 Not at all
8. Over the last week, how much has your skin created problems with your **partner** or any of your **close friends** or **relatives**?
 Very much
 A lot
 A little
 Not at all
 Not relevant
9. Over the last week, how much has your skin caused any **sexual difficulties**?
 Very much
 A lot
 A little
 Not at all
 Not relevant
10. Over the last week, how much of a problem has the **treatment** for your skin been, for example by making your home messy, or by taking up time?
 Very much
 A lot
 A little
 Not at all
 Not relevant

Please check you have answered EVERY question. Thank you.

©AY Finlay, GK Khan, April 1992 www.dermatology.org.uk, this must not be copied without the permission of the authors.

Part 3:

Please circle the most appropriate answer to both questions in relation to your facial redness.

	Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all	Several Days	More than half the days	Nearly every day
1	Feeling nervous, anxious or on edge				
2	Not being able to stop or control worrying				

