

Successful experience in nursing consultation with patients with acne rosacea: an integrative approach to care

Experiencia exitosa en consulta de enfermería con pacientes con acné rosácea: un enfoque integrador del cuidado

Experiência exitosa na consulta de enfermagem ao paciente com acne rosácea: abordagem integrativa no cuidado

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Introduction: The objective of this study is to evaluate nursing care for patients with acne and rosacea and its socioeconomic aspects. Acne is an inflammatory disease of the pilosebaceous unit of the skin, initially characterized by the presence of a comedone. It occurs due to obstruction of the pilosebaceous unit's exit orifice, with accumulation of secretions, cellular debris, and, sometimes, the mite *Demodex folliculorum*. The therapeutic option depends on the clinical form of acne, its severity, and some individual characteristics¹. Acne is an extremely common dermatosis in medical practice. In an epidemiological survey conducted by the Brazilian Society of Dermatology, acne was the most common reason for consultations, accounting for 14% of all visits. Additional epidemiological studies indicate that approximately 80% of adolescents and young adults between the ages of 11 and 30 have developed acne at some point in their lives, highlighting the relevance of this topic to healthcare practice². Rosacea is a chronic inflammatory skin disease that primarily affects the central region of the face, such as the cheeks, nose, chin, and forehead. This condition, particularly prevalent in individuals with lighter skin, is characterized by periodic flare-ups of signs and symptoms, followed by periods of remission³. The most common symptoms include persistent redness, papules, pustules, and, in severe cases, skin thickening. The disease significantly impacts patients' quality of life due to physical discomfort and psychosocial implications. According to the Brazilian Dermatology Guidelines, approximately 1.5% of the Brazilian population is affected by rosacea¹. In recent years, between 2015 and 2020, treatment options have evolved, encompassing topical and oral therapies, light-based technologies (such as laser and pulsed light), as well as recommendations for skin care and lifestyle changes². The therapeutic approach is tailored to each patient's clinical characteristics, emphasizing the importance of avoiding triggers such as excessive sun exposure, consumption of very hot or spicy foods, and emotional stress. Therefore, the objective of this study is to evaluate nursing care for patients with acne and rosacea and the socioeconomic difficulties they face during treatment.

Methodology: This research is a case study with a qualitative approach. The method used aims to describe the patient's clinical situation and socioeconomic aspects in detail. Field research is a methodology that encompasses this study. Data collection took place at the Family Clinic, located in the North Zone of Rio de Janeiro, from September to November 2024. Analysis was conducted by categorizing the collected information, aiming to understand the challenges faced by the patient and identify the main strategies for nursing care. Case Report: Female patient, 19 years old, single, student, living in a community located in the North Zone of Rio de Janeiro. She presents to the Health Unit at A.P. 3.3, in Rio de Janeiro, for nursing care, complaining of exacerbated acne and rosacea on her face. During the appointment, she verbally mentioned that the condition negatively impacts her social interactions at school due to feelings of shame related to her appearance. She also reports performing "home treatments" with products such as coffee grounds, exfoliants, and facial masks on her own, in addition to a diet below the recommended level for human health. Nursing care at the Family Clinic was requested due to worsening acne rosacea symptoms, including redness, papules, and a burning sensation on the face. Her medical history revealed several potential triggers, including a previous medical diagnosis of Polycystic Ovary Syndrome (PCOS), adult stress levels, prolonged sun exposure without adequate



protection, and the habit of consuming foods with ultra-processed seasonings. These conditions, taken together, can contribute to the worsening of her clinical condition. The consultation was conducted using an integrative approach, which involved the Nursing Process, as follows: Nursing Assessment: The patient presents with fair general condition. She presents for the nursing consultation complaining of an extremely sensitive face, with erythema and acne-prone skin. She presents with low self-esteem and difficulty integrating with her schoolmates. On physical examination, she presents with a sensitive face, erythema, and acne. The nursing team requests a follow-up consultation with the team's dermatologist. The professional prescribed dermatological topicals, such as sunscreens and facial soaps. Diagnosis: impaired skin integrity related to facial lesions. Self-image disturbance related to erythema and acne, as evidenced by situational low self-esteem. Impaired self-care related to restricting care to costly treatments. Planning: Guide to eating habits. Encourage an anti-inflammatory diet and guide the correct use of dermatological products (sunscreens and facial soaps). Implementation: Health education. Counseling on the importance of adopting healthy lifestyle habits, avoiding inflammatory foods and sun exposure, and encouraging effective treatment and stress management techniques. Outcome: Who monitored the patient? A nurse and a dermatologist? For a period of two months. A significant reduction in acne and rosacea symptoms was observed, along with improvements in self-esteem and quality of life. The patient's reports indicated greater adherence to treatment and satisfaction with follow-up appointments and targeted guidance regarding her treatment.

Results and Discussion: This study highlights the importance of an integrative approach in the care of patients with acne and rosacea. Thus, the research provided a deeper understanding of the realities observed during the follow-up of the patient's clinical case (current history of acne, rosacea, and PCOS). As consultations (nursing and with a dermatologist) progressed, important aspects for treatment monitoring were addressed. Regarding socioeconomic issues, it was possible to identify the difficulties faced by the patient, such as the high cost of dermatological products, which hindered adherence to therapy. In this context, the work of the nursing team was fundamental to the treatment process, as they offered multidisciplinary consultations, support, and appropriate guidance to strengthen her adherence to therapy. They demonstrated that care goes beyond the use of products, encompassing the patient's overall quality of life, as well as measures to prevent worsening of the condition, reducing the need for additional products. Suggestions for similar products and resources for obtaining low-cost medications were provided. The most significant impact was the humanization of care. The patient not only received nursing care but also support to overcome her difficulties; the welcoming and appropriate guidance strengthened her adherence to therapy, demonstrating that care goes beyond the use of products, encompassing her entire quality of life. During the interdisciplinary

consultations, the patient gained access to the prescribed dermatological products in the form of free samples provided by the dermatologist. This access was crucial, as the medications are expensive and the patient could not afford to purchase them. The medical prescription was: Tetralsal (lymecycline) 300 mg – capsules once daily; ISDIN sunscreen two to three times daily; Fisiogel moisturizer – two to three times daily; and Darrow Suavié Dermatological Liquid Soap for Sensitive Skin – two to three times daily. Tetralsal was prescribed to treat infections caused by tetracycline-sensitive microorganisms. This medication is especially indicated for the treatment of acne vulgaris (skin manifestations related to *Propionibacterium acnes*) and rosacea, with or without specific topical treatment. ISDIN Fotoprotector Fusion Water SPF 50+ sunscreen protects the skin's layers against ultraviolet radiation and maintains oil control with hyaluronic acid that provides hydration. Fisiogel moisturizer is a daily moisturizing cream treatment recommended for dry, sensitive, and irritated skin. It replenishes essential lipids and helps restore the lipid barrier of dry, sensitive skin. It also protects against future external aggressions that can damage it and impair its function. Darrow Suavié Dermatological Liquid Soap Sensitive Skin is recommended for sensitive skin. This product deeply cleanses without damaging or drying, softening, soothing, regenerating, and moisturizing the skin. The patient was monitored by the mental health team and the nursing team, including a clinical assessment of the skin, guidance on daily care, such as continuing treatment without interruptions, avoiding sun exposure on the face, and observing signs of complications. She was advised to change her eating routine and receive personalized care for her due to acne-prone skin and the treatment of rosacea. The nurse's effective and comprehensive role in this case helped improve the patient's skin and self-esteem. The team's verbal care and encouragement during the consultation also resulted in continued adherence, resulting in improved skin, increased self-esteem, and a better quality of life for the patient. In addition to direct skin care, it is important to address the psychosocial and economic aspects that influence patients' dermatological conditions. These factors play a fundamental role in treatment adherence and quality of life⁴. Integrating multidimensional approaches that consider emotional and social needs is essential for an effective care plan. Studies show that chronic dermatological conditions, such as rosacea, can negatively impact emotional well-being, requiring holistic interventions to promote health⁵. In Rio de Janeiro, socioeconomic and cultural factors play a crucial role in the search for treatment and the effectiveness of implemented health strategies. Factors such as family income, educational level, access to health services, cultural biases, and housing conditions directly influence people's behavior regarding treatment. These dynamic highlights the need for strategies adapted to local specificities, considering not only the availability of resources but also the social and economic barriers that hinder access to quality healthcare. Socioeconomic and cultural factors can influence the search for treatment and the effectiveness of implemented strategies⁶. This study presents how Nursing is part of the



therapeutic plan, together with the medical team, observing and analyzing more effective care strategies and monitoring the patient diagnosed with acne and rosacea in the Primary Health Care unit.

Conclusion: The experience reported reinforces the need for nursing practices that integrate the physician-nurse team and their respective expertise, aiming for integrated,

patient-centered care. The nurse's effective and comprehensive role in this case helped improve the young woman's skin and self-esteem. The team's verbal care and encouragement resulted in continued adherence to treatment, consequently improving her quality of life. The multidisciplinary approach proved effective in managing acne and rosacea, contributing to treatment satisfaction.

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