



**PORTLAND
DERMATOLOGY
CLINIC**
L.L.P.
PHYSICIANS AND SURGEONS

INSIDE...

A Nice Tan? You Decide.
*Skin Through the Ages—
Looking Your Best at Any Age*
Vitamin D and Sunscreens

PLEASE PROMPTLY DELIVER TO:

NICE TAN *continued from front page*

cally need to be reapplied every 2 weeks, and do not cause cancers or wrinkling.

Some people worry that they will be deficient in Vitamin D without UV exposure. Vitamin D is made in sun-exposed skin. It is necessary for muscle and bone health, and may exert a beneficial effect in certain cancers, multiple sclerosis, hypertension and periodontal disease. In the Portland area, incidental exposure to the sun combined with normal dietary intake of vitamin D provide adequate levels of vitamin D for good health. If more vitamin D is required, this should be supplemented through diet rather than tanning.

Many people who frequent tanning salons and bask in the sun get a sense of psychological well-being from their exposure. This may have a physiologic basis. It is almost an addictive phenomenon, akin to the desire to smoke. Like smoking, though, tanning comes with clear consequences to health and is a habit that should not be indulged.

A handful of medical conditions benefit from UV exposure. Patients with these skin problems should be treated by a doctor with carefully dosed UV, and then examined periodically for skin cancer. Unfortunately, tanning beds cannot be used for treatment purposes because the

amounts of radiation delivered from them vary, and are not predictable.

Tanning is risky. In this country alone, more than 1 million new cases of skin cancer were diagnosed last year. Many of these could have been prevented by avoidance of excessive exposure to the sun and other sources of ultraviolet radiation. Billions of dollars are being spent by consumers on cosmetics and cosmetic treatments for the unwanted consequences of sun exposure. The incidence of melanoma is on the rise. A nice tan? You decide.

PDC



Skin Health

REPORT

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A NICE TAN? YOU DECIDE.

by Dr. Barbara E. Resnick

Despite the many known risks of tanning, indoor tanning is increasing in popularity. The proprietors of tanning salons often claim to offer a quick and harmless alternative to natural sunlight. This couldn't be further from the truth! There is no such thing as a safe tan. Tanning—due to unnecessary sun exposure or tanning beds—should be avoided. It is common knowledge that ultraviolet rays cause skin cancer, and the excuses used to justify tanning defy common sense. What follows is a brief summary of the reasons NOT to tan.

CHILDHOOD EXPOSURE TO UV AND THE NUMBER OF TIMES A CHILD IS BURNED BY UV ARE KNOWN TO INCREASE THE LIFETIME RISK OF SKIN CANCERS, INCLUDING MELANOMA.

UV is a known risk factor for skin cancer. UVB has long been recognized as cancer-causing. More recently, UVA—which penetrates more deeply into the skin—has been implicated as a carcinogen. Both UVA and UVB are emitted by tanning units and are components of natural sunlight. These rays are also responsible for other common changes in the skin that

no one likes: wrinkling, brown spots, loss of elasticity and fragility.

Childhood exposure to UV and the number of times a child is burned by UV are known to increase the lifetime risk of skin cancers, including melanoma. For this reason, it is especially important that children and adolescents be prohibited from using tanning beds. The World Health Organization (WHO) issued a statement on the dangers of artificial tanning earlier this year, and warned that no person under 18 years of age should use tanning beds. The warning was issued because of recent studies that demonstrate a clear link between the use of sunbeds and cancer. The Food and Drug Administration, the Centers for Disease Control and Prevention, and the American Academy of Dermatology also discourage intentional tanning, especially in young people.

With so much evidence linking tanning to skin cancer, why do people continue to tan? The motivation is largely cosmetic, especially among adolescents. Fortunately, sunless tanning lotions and sprays have improved tremendously over the past 5 years, and offer a harmless alternative to UV-induced tans. These products typi-

continued page 2

SKIN THROUGH THE AGES — LOOKING YOUR BEST AT ANY AGE

by Dr. Shobha N. Jetmalani

Healthy, vibrant skin is easy to appreciate if you touch a baby's face. It is soft, and has "radiance and reflectance*." As we grow older, our skin begins to age based on a combination of factors. These include our genetic programming, ethnicity, lifelong sun exposure, stress and smoking.

Aging skin becomes more wrinkled, itchy, drier with more spots and growths appearing. It gradually loses the radiance and reflective qualities so admired in infancy and childhood. Fragility increases, causing easy bruising and loss of volume and elasticity leads to sagging. Some of these skin changes are natural and harmless. Others such as precancerous actinic keratosis and skin cancers may be medically harmful and should be treated. As much as 90-95% of our wrinkles and pigmentary changes in the skin are attributable to sun exposure and can be reduced greatly by photoprotection. This is vital at any age. The good news is there are steps you can take to help keep your skin looking its best at any age.

continued page 3

VITAMIN D AND SUNSCREENS

by Dr. Michael J. Adler

Recently, the media has popularized the idea that sun avoidance deprives us of necessary Vitamin D, a molecule helpful in fighting bone loss, cancer, heart disease and certain auto-immune diseases. Too little sun, they say, can hurt you. Unfortunately, this news item confirms what many people want to hear: throw out your sunscreen and go get a tan! Dermatologists and many of our patients know otherwise. Excessive sun exposure causes skin cancer and photo-aging of the skin.

EFFECTIVE USE OF SUNSCREENS REQUIRES UNDERSTANDING OF ONLY THREE CATEGORIES: INGREDIENTS, VEHICLE, AND APPLICATION.

Protect yourself with a common sense sun avoidance approach. When possible, avoid

sun exposure during peak hours between 10 AM and 4 PM, use physical blockers such as hats, clothing and shade, and use sunscreens for exposed areas of skin. Most people find sunscreens confusing, but effective use requires understanding of only three categories: ingredients, vehicle, and application.

The active ingredients of sunscreens block ultraviolet (UV) light, the rays responsible for inducing skin cancer and photo-aging of the skin. The Sun Protection Factor (SPF) of a sunscreen conveys its effectiveness at blocking UVB, the shorter wavelength UV rays known to cause sunburn. The first sunscreens primarily blocked UVB, and many of their ingredients are still in use today. We now know that blocking UVA, the longer rays of ultraviolet light, also helps decrease skin cancer and photo-aging, but the SPF tells us nothing about UVA protection, and there is no similar indicator for UVA in use today.

To find the right sunscreen, here is a primer to help decipher labels. So-called chemical or organic blockers absorb UV energy directly. UVB blockers include cinnamates (octinoxate, cinoxate), salicylates (octisalate, homosalate, trolamine salicylate), and others such as octocrylene and ensulizole. UVA blockers include benzophenones

(oxybenzone, sulisobenzene, dioxybenzone) and others such as avobenzene (Parsol 1789) and meradimate. Physical or non-organic blockers reflect UV light and offer fairly broad protection along the UV spectrum. Micronized zinc oxide and titanium dioxide are now available in cosmetically elegant formulations, in contrast to the paste-like preparations of the past.

The many vehicles or bases of a sunscreen allow people to find the one right for them. Sunscreens may be found as creams, lotions, gels, sprays, sticks and in numerous cosmetics. Waterproof formulations adhere during swimming or sweating. Sunscreen-containing lip balm provides needed protection to the lips but may also be useful around the eyes, since the waxy base keeps it in place and prevents stinging of the eyes seen with some other vehicles.

Most sunscreens should be applied 15-30 minutes before exposure, re-applied 15-30 minutes after exposure, and every 2 hours thereafter or immediately following bathing or swimming. A Danish study found most people apply only 1/4 of the suggested amount of sunscreen, and another study showed certain areas are frequently missed: ears, scalp, temples, neck and lips. Use about an ounce to cover your body with each application.

Sunscreens should be part of an overall sun-protection strategy that includes hats, clothing, sunglasses, shade and time of day. Use broad spectrum sunscreens with a high SPF to help counter the inevitable under-application of these products, and re-apply frequently. Find a vehicle that works well for you. Infants under 6 months of age should be completely shaded from the sun and probably avoid sunscreens altogether.

Yes, Vitamin D is important. But you needn't be golden brown to get adequate levels of Vitamin D. Most people get plenty from incidental sunlight exposure, multi-vitamins and Vitamin D-fortified milk and orange juice. Especially if you are fair-skinned, use sunscreens regularly to help decrease your risk of skin cancer and premature aging of the skin. **PDC**

Childhood-Teen Years
A majority of our life long sun-exposure happens during our first two decades of life and one of the most important things we can do is to teach our children to protect their skin from the sun through use of sunscreens/sun-blocks, sunprotective clothing (hats) and avoidance of peak daily sun (10 AM-4PM). Remember, that infants under the age of six months should only be protected by clothing and shading as their skin is too sensitive to apply sunscreens regularly.

As puberty arrives and acne appears it is also important to medically treat flaring acne. It is easier to treat the acne than to try to later improve the permanent scarring that can result from the acne.

Twenties and Thirties

Contrary to popular belief, acne remains a common problem during these years and continued treatment may be necessary. It may cluster around the mouth, "perioral dermatitis" and may be triggered by oily topical products.

Pregnancy and hormonal treatment can make women more prone to brown discoloration of sunexposed skin called Melasma. A combination of bleaching agents, retinoids and broad spectrum sunscreens can be effective in its treatment.

Depending on the extent of sun exposure, early breakdown of collagen begins in our skin and fine lines around the face may become visible.

Forties and Beyond

DRY SKIN: Oil Production in the

skin diminishes. Menopause may further decrease moisture content in the skin. Dry skin and itchy skin become more common. Petrolatum in lotions, creams and ointments can help to lubricate the skin. Applying a moisturizer within 3 minutes of bathing and drying off will help seal in the moisture.

VISIBLE GROWTHS: "Age" or "liverspots" (lentigines)—flat, brown spots which have nothing to do with the liver are caused by the sun and are generally harmless. If they are growing, changing color or bleeding they should be checked by a dermatologist to make sure they are not melanoma. If troublesome, they can be cosmetically treated with bleaching agents, cryosurgery or laser treatments.

- Actinic Keratosis—"Gritty," thickened, reddish growths on sun exposed skin with a "sandpaper" feel. If left untreated, they may progress to squamous cell carcinoma and should be treated.

- Telengectasia and Cherry Angiomas—Harmless dilated blood vessels which are present in 85% of those over 40 can be treated with lasers and electrocautery.

- Skin tags and Seborrheic keratosis are benign growths which can be removed if bothersome.

EASY BRUISING: May be a result of thinning and increasing fragility of the skin. They may also be worsened by bleeding thinning medications such as Aspirin. Sudden, widespread and persistent

bruising should be examined by your physician.

TREATMENT OF PHOTOAGING: While you can't change your genes or the natural aging process, you can greatly slow photo-aging with sun protection. Once present, there are some promising FDA approved treatments for aging skin. If you would like to minimize the appearance of fine lines and wrinkles around the forehead, eyebrow and eyelids you may wish to consider treatment with Botulinum Toxin, (Botox). By blocking muscle contraction and "relaxing" the muscles Botox softens frown lines, crows feet and other facial wrinkles.

The loss of volume and resultant wrinkling and sagging of the skin and lips may now be improved with fillers. Hyaluronic acid based fillers such as Restylane are made completely free of animal sources and are particularly effective around the mouth and lips. When appropriate, consult your Dermatologist to learn more about these cosmetic treatments.

We begin aging the day we are born. Many aspects of skin aging are natural and unavoidable. Some are preventable and treatable. No matter what your age, protect your skin from the sun and seek dermatologic advice for changing, bleeding, or nonhealing skin lesions. Remember that there are steps you can take and dermatologic treatments available to help keep your skin looking its best at any age. **PDC**

*A term coined by Richard Glogau, M.D.