

DERMATOLOGY



a patient's guide to healthy skin, hair & nails

fall 2001

insights

A Closer Look at Teens and Skin

Tattoo and piercing perils

How emotions affect skin, hair & nails

Talking to your teens about STDs

Teens and tanning

Dry winter skin

treatment and prevention

The war on warts

know your enemy

Better scalp care

tips for your top

*tattoo removal
new scar treatment*



plus:

**Christopher Knight
talks about acne, ADD
and The Brady Bunch**

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Sun Safety a Concern at Any Age

In this issue of *Dermatology Insights* you will find a number of issues relating to skin conditions, many focusing on how these problems affect the lives of teens.

While there are several well-known skin problems, like acne, that primarily afflict teenagers and make their lives difficult to endure, one condition that is not always properly considered during teen years, that can have a grave impact later in life, is skin cancer.

Research now indicates that many forms of skin cancer can have their beginnings in overexposure to sun during youth. In fact, 80 percent of an entire lifetime of sun exposure occurs before the age of 18.

Skin cancer often does not appear until many years after the sun exposure. A 40-year-old with a melanoma, the deadliest form of skin cancer, may be experiencing something that could have been prevented with proper sun protection in the teen years.

It is this knowledge that prompts the American Academy of Dermatology to emphasize the importance of year-round sun safety. Sun damage doesn't just affect teenagers at the beach — it can occur anywhere, any time your skin is overexposed to sunlight, during all four seasons.

A recent study of teen tanning habits (see page 6), indicates that teens believe they look healthier and more attractive with a tan, and a large percentage of them never use sun block. But the only way to stay truly healthy and attractive is to heed warnings about sun exposure. By using effective sun blocks and a little common sense, you can still enjoy the great outdoors without sacrificing your skin later in life.

Do yourself a favor and get your skin off to the right start. Sun safety tips and other useful information about your skin, hair, and nails can be found at the AAD Web site, www.aad.org.

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80 PERCENT OF SUN DAMAGE OCCURS BEFORE AGE 18.

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Recognizing Teen Emotional Disorders

through skin, hair, and nail problems



A teenage boy is distraught by the recent breakup with his girlfriend. He's nervous, and to soothe his nerves he bites his nails or picks at his skin.

Is the picking and nail biting simply a harmless, nervous habit, or is it a compulsion that causes bleeding fingers, missing hair, and scarred skin? It's a question that faces many teens and their parents. The teenage years can be a time of great turmoil, when small, seemingly harmless habits can turn into self-mutilating events.

The good news is that there is help for children with such behavior disorders. Whether the problem is simply a mindless habit, or a compulsion that requires psychiatric treatment, most teens regain control of their behavior when the real reasons for their actions are revealed and treated.

Common Warning Signs

Skin picking, hair pulling, and nail biting behaviors are common, so how does a parent know when the behavior has gotten out of hand?

"A compulsion means that there is an underlying, specific anxiety that the adolescent is trying to relieve with the behavior," explained Lisa A. Snider, M.D., a general pediatrician and clinical fellow at the National Institute of Mental Health, Pediatrics & Developmental Neuropsychiatry Branch, Bethesda, Md.

For example, according to Dr. Snider, a nail biting compulsion is characterized by nails that are bloody, scarred and don't grow. "While rare, a nail biting compulsion is more serious and often requires therapy, medication, or both," she explained.

Hair pulling comes in many forms. In severe cases, teens will come to the doctor's office with hair patches missing from their eyebrows, eyelashes, and even pubic area. According to Dr. Snider, while some hair pulling can be explained in a child younger than five, who might suck her thumb and twirl her hair, it's more difficult to justify in older children.

"We've had kids that pull all their hair out and then wear a wig; then they pull all the hair out of the wig," Dr. Snider related.

The first step for parents concerned about their teen's hair pulling is to see a dermatologist. The dermatologist can evaluate the child to make sure there isn't an underlying fungal infection, parasite, or something else causing the hair loss.

Skin picking is another common problem among children. This behavior also spans from a simple, mindless habit, to the child who feels compelled to pick off the slightest perceived skin imperfection. A dermatologist might notice the problem when the doctor sees a child with mild acne but severe scarring. According to Dr. Snider, "Some of the children who are severe skin pickers have such a strong desire to pick at their skin that they can't stop, even when they're in extreme pain."

Getting Help

A dermatologist or pediatrician can help parents understand if a teen's problem has emotional or physical roots — or both. Sometimes the skin condition — most often acne — causes the emotional turmoil, which can lead to the habit. Sometimes, an underlying emotional disorder, such as obsessive-compulsive disorder or depression, can lead to the self-mutilating tendencies.

A teen who has acne can benefit from learning from a dermatologist about proper daily hygiene and medications that could clear the acne. If the habit is extreme, however, it usually takes more than a parent or the teen to break the cycle. "If your child really wants to stop the behavior, but can't, then that's a problem," said Shelley Sekula Rodriguez, M.D., a board certified dermatologist, and assistant clinical professor at Baylor College of Medicine in Houston.

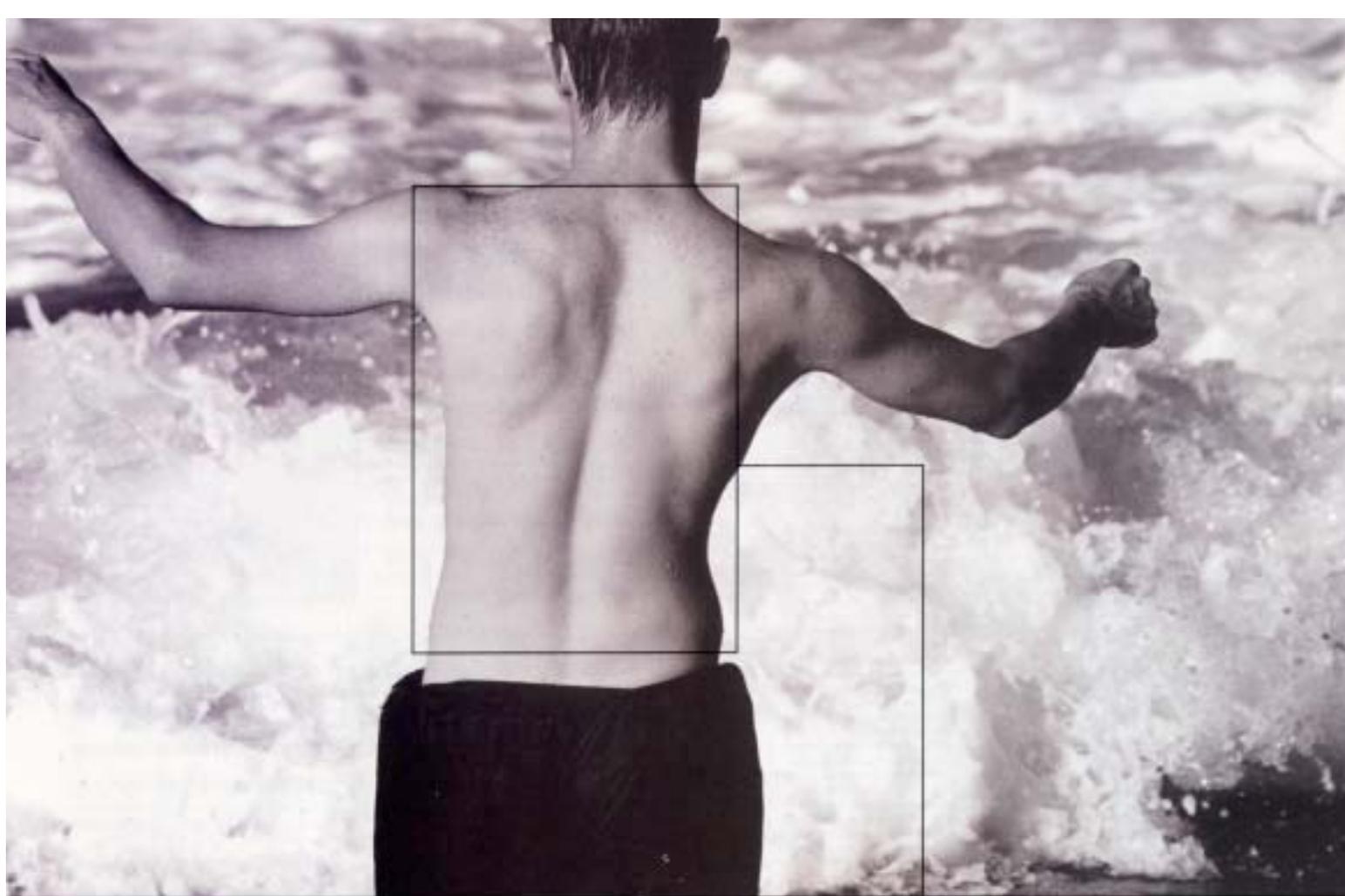
One way for parents and teens to determine the severity of the problem is to monitor the amount of time the teen spends at the offending activity, she explained. "These activities include examining the face every time they pass a mirror or picking consistently at a sore."

Often, when doctors suspect emotional disorders are at the root of a teen's excessive picking behavior, they'll consider such causes as depression, obsessive-compulsive disorder, and anxiety. And when severe, these conditions require more than just treating the skin problem, according to experts.

Whatever the cause of the behavior and treatment decisions, careful monitoring is the key. **Dj**

"We've had kids that pull all their hair out and then wear a wig; then they pull all the hair out of the wig."

Lisette Hilton



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Each gram of DesOwen Cream, Ointment, and Lotion (1%) contains 10 mg of hydrocortisone acetate.

CLINICAL PHARMACOLOGY: The effect of corticosteroids is to suppress the inflammatory response. The mechanism of the anti-inflammatory activity of the steroid group is to inhibit the synthesis of prostaglandins by inhibiting prostaglandin synthase. It is considered that these prostaglandins are the mediators of pain, redness, and swelling. The inhibition of prostaglandin synthase by corticosteroids is reversible and does not affect the synthesis of prostaglandins by cyclooxygenase-2.

Pharmacokinetics: The extent of percutaneous absorption of hydrocortisone is dependent on many factors including the vehicle and the strength of the patient's disease. In the absence of a suitable vehicle, up to 24 hours after the first application, a systemic effect may be observed. Systemic effects may be observed in patients with severe psoriasis. Hydrocortisone is not known to be absorbed from the skin. Hydrocortisone is not known to be absorbed from the skin.

Indicated with DesOwen Cream, Ointment, and Lotion (1%) in the treatment of inflammatory skin conditions of the following types:

INDICATION AND USAGE: DesOwen Cream, Ointment, and Lotion (1%) is indicated for the treatment of inflammatory skin conditions of the following types:

CONTRAINDICATIONS: DesOwen Cream, Ointment, and Lotion (1%) is contraindicated in those patients with a history of hypersensitivity to any of the components of the preparation.

PRECAUTIONS:

General: Systemic absorption of hydrocortisone acetate from the skin is dependent on many factors including the vehicle and the strength of the patient's disease. In the absence of a suitable vehicle, up to 24 hours after the first application, a systemic effect may be observed. Systemic effects may be observed in patients with severe psoriasis. Hydrocortisone is not known to be absorbed from the skin. Hydrocortisone is not known to be absorbed from the skin.

When using a topical steroid in a large surface area of the body, patients should be advised to avoid the use of DesOwen Cream, Ointment, and Lotion (1%) in the treatment of the skin. Patients using DesOwen Cream, Ointment, and Lotion (1%) should be advised to avoid the use of DesOwen Cream, Ointment, and Lotion (1%) in the treatment of the skin.

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1. The medication is for use only as directed by the physician. Do not use it for any other condition.
2. The medication should not be used for any longer than that for which it was prescribed.
3. The strength of the medication should be checked at intervals to make sure it is still active.
4. Patients should report to their physician any signs of local or systemic reactions.

Warnings: See following text for information regarding use of DesOwen Cream, Ointment, and Lotion (1%) in the treatment of the skin.

Contraindications and Impairment of Fertility: Long-term use of corticosteroids may lead to the development of the Cushing's syndrome. The use of DesOwen Cream, Ointment, and Lotion (1%) may lead to the development of the Cushing's syndrome.

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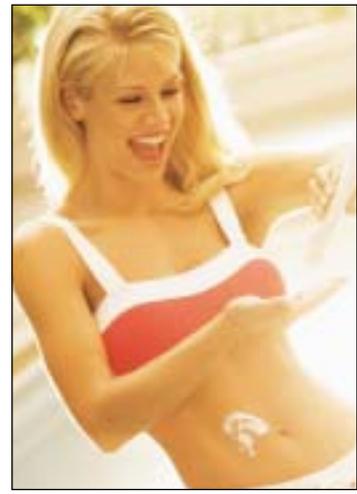
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Teens Need Sunscreen

Winter may be just around the corner, but during those cold months, thousands of teens and adults seek warmer, sunnier climates; and those who live in the southwestern United States get a steady dose of sun and spend a lot of time outdoors year round.



Melanoma, the deadliest form of skin cancer, knows no age discrimination. Dermatologists say that melanoma, which may occur later in life, can come from a sunburn or overexposure to the sun's rays that occurred early in one's life. In fact, 80 percent of lifetime sun exposure occurs *before* the age of 18. **Dj**

Here are a few disturbing facts about teens and tanning:

- 63% of teens believe they look better when they have a tan.
- 59% of teens believe that people in general look healthier with a tan.
- 43% of teens say they lay out in the sun.
- 30% of teens that lay out in the sun say they always use sun block.
- 28% of female teens and 14 percent of male teens say they never use sun block.

(Source: American Academy of Dermatology, Sun Exposure Teen Study)

psoriasis eczema seborrheic dermatitis



As with any prescription medication, some people may experience a few side effects.

Information on Olux: The most frequent side effects of medicines containing clobetasol propionate are burning, stinging, or itching at the application site. These side effects should disappear shortly after application. There may be other side effects associated with the chronic use of clobetasol propionate. Speak to your doctor for more information.

Information on Luxiq: The most frequent side effects associated with the use of Luxiq include mild and transient burning, stinging, or itching at the site of application. These side effects typically disappear soon after application.

Let your doctor know if you have any unusual side effects that you do not understand, if you notice any irritation of the treated skin area, or if the affected area does not seem to be healing after 2 weeks of using Olux or after several weeks of using Luxiq.



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Now consider foam.

Now there are two powerful and elegant ways to treat the problem: Olux[®] Foam, and Luxiq[®] Foam. These foam-based products produce fast, highly effective results without making your life more difficult. They're both easy to apply, fragrance-free, nongreasy, nondripping, and stain-free, so they won't stain clothes or linens.¹ Additionally, foam spreads easily and dries quickly, so you can get dressed right after application.

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Please see brief summaries of full prescribing information on the adjacent page.

OLUX™ Foam, 0.05% (clobetasol propionate)

R_x only

BRIEF SUMMARY For Dermatologic Use Only Not for Ophthalmic Use

INDICATIONS AND USAGE OLUX Foam is a super-potent topical corticosteroid indicated for short-term topical treatment of the inflammatory and pruritic manifestations of moderate to severe corticosteroid-responsive dermatoses of the scalp. In a controlled pharmacokinetic study, 3 of 13 patients experienced reversible suppression of the adrenal following 14 days of OLUX Foam therapy. Treatment beyond 2 consecutive weeks is not recommended, and the total dosage should not exceed 50 g per week because of the potential for the drug to suppress the hypothalamic-pituitary-adrenal (HPA) axis. Use in children under 12 years of age is not recommended. **CONTRAINDICATIONS** OLUX Foam is contraindicated in patients who are hypersensitive to clobetasol propionate, to other corticosteroids, or to any ingredient in this preparation. **PRECAUTIONS** **General:** Clobetasol propionate is a super-potent topical corticosteroid that has been shown to suppress the adrenal at 7.0 g of OLUX Foam per day. Lesar amounts of OLUX Foam were not studied. Systemic absorption of topical corticosteroids has caused reversible adrenal suppression with the potential for glucocorticosteroid insufficiency after withdrawal of treatment. Manifestations of Cushing's syndrome, hyperglycemia, and glucoarthritis can also be produced in some patients by systemic absorption of topical corticosteroids while on treatment. Conditions which augment systemic absorption include the application of the more potent steroids, use over large surface areas, prolonged use, and the addition of occlusive dressings. Therefore, patients applying a topical steroid to a large surface area or to areas under occlusion should be evaluated periodically for evidence of adrenal suppression. If adrenal suppression is noted, an attempt should be made to withdraw the drug, to reduce the frequency of application, or to substitute a less potent steroid. Recovery of HPA axis function is generally prompt upon discontinuation of topical corticosteroids. Infrequently, signs and symptoms of glucocorticosteroid insufficiency may occur requiring supplemental systemic corticosteroids. For information on systemic supplementation, see prescribing information for those products. Pediatric patients may be more susceptible to systemic toxicity from equivalent doses due to their larger skin surface to body mass ratios. (See **PRECAUTIONS-Pediatric Use**.) If infection develops, OLUX Foam should be discontinued and appropriate therapy instituted. **Allergic contact dermatitis** with corticosteroids is usually diagnosed by observing a failure to heal rather than noting a clinical exacerbation, as with most topical products not containing corticosteroids. Such an observation should be corroborated with appropriate diagnostic patch testing. In the presence of dermatological infections, the use of an appropriate antifungal or antibacterial agent should be instituted. If a favorable response does not occur promptly, use of OLUX Foam should be discontinued until the infection has been adequately controlled. **Information for Patients:** Patients using topical corticosteroids should receive the following information and instructions: 1. This medication is to be used as directed by the physician and should not be used longer than the prescribed time period. It is for external use only. Avoid contact with the eyes. 2. This medication should not be used for any disorder other than that for which it was prescribed. 3. The treated scalp area should not be bandaged or otherwise covered or wrapped so as to be occlusive unless directed by the physician. 4. Patients should report to their physician any signs of local adverse reactions. **Laboratory Tests:** The following tests may be helpful in evaluating patients for adrenal suppression: ACTH stimulation test; A.M. plasma cortisol test; urinary free cortisol test. **Carcinogenesis, Mutagenesis, and Impairment of Fertility:** Long-term animal studies have not been performed to evaluate the carcinogenic potential of clobetasol propionate. Clobetasol propionate was nonmutagenic in three different test systems: the Ames test, the Saccharomyces cerevisiae gene conversion assay, and the *E. coli* *hprt* fluctuation test. Studies in the rat following subcutaneous administration of clobetasol propionate at dosage levels up to 0.05 mg/kg per day revealed that the females exhibited an increase in the number of resorbed embryos and a decrease in the number of living fetuses at the highest dose. **Pregnancy, Teratogenic Effects, Pregnancy Category C:** Corticosteroids have been shown to be teratogenic in laboratory animals when administered systemically at relatively low dosage levels. Some corticosteroids have been shown to be teratogenic after dermal application to laboratory animals. Clobetasol propionate has not been tested for teratogenicity by the topical route; however, it is absorbed percutaneously, and when administered subcutaneously, it was a significant teratogen in both the rabbit and the mouse. Clobetasol propionate has greater teratogenic potential than steroids that are less potent. Teratogenicity studies in mice using the subcutaneous route resulted in fetotoxicity at the highest dose tested (1 mg/kg) and fetotoxicity at all dose levels tested down to 0.03 mg/kg. These doses are approximately 1.4 and 0.04 times, respectively, the human topical dose of OLUX based on body surface area comparisons. Abnormalities seen included cleft palate and skeletal abnormalities. In rabbits, clobetasol propionate was teratogenic at doses of 0.003 and 0.01 mg/kg. These doses are approximately 0.02 and 0.05 times, respectively, the human topical dose of OLUX based on body surface area comparisons. Abnormalities seen included cleft palate, cranioschisis, and other skeletal abnormalities. There are no adequate and well-controlled studies of the teratogenic potential of clobetasol propionate in pregnant women. OLUX Foam should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. **Drugs of this class should not be used extensively on pregnant patients, in large amounts, or for prolonged periods of time.** **Nursing Mothers:** Systemically administered corticosteroids appear in human milk and could suppress growth, interfere with endogenous corticosteroid production, or cause other untoward effects. It is not known whether topical administration of corticosteroids could result in sufficient systemic absorption to produce detectable quantities in breast milk. Because many drugs are excreted in human milk, caution should be exercised when OLUX Foam is administered to a nursing woman. **Pediatric Use:** Safety and effectiveness of OLUX Foam in pediatric patients have not been established; therefore, use in children under 12 years of age is not recommended. Because of a higher ratio of skin surface area to body mass, pediatric patients are at a greater risk than adults of adrenal suppression and Cushing's syndrome when they are treated with topical corticosteroids. They are therefore at greater risk of adrenal insufficiency during and/or after withdrawal of treatment. Adverse effects including striae have been reported with inappropriate use of topical corticosteroids in infants and children. Adrenal suppression, Cushing's syndrome, linear growth retardation, delayed weight gain, and intracranial hypertension have been reported in children receiving topical corticosteroids. Manifestations of adrenal suppression in children include low plasma cortisol levels and an absence of response to ACTH stimulation. Manifestations of intracranial hypertension include bulging fontanelles, headaches, and bilateral papilloedema. **Genetic Use:** Clinical studies of OLUX Foam did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects. Other reported clinical experience has not identified differences in responses between the elderly and younger patients. In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy. **ADVERSE REACTIONS** In a controlled trial (183 patients) with OLUX Foam, the only reported adverse reactions were one case each of dry skin, eczema, and skin hyperthrophy. In larger controlled trials with other clobetasol propionate formulations, the most frequently reported adverse reactions have included burning, stinging, irritation, pruritus, erythema, folliculitis, cracking and fissuring of the skin, numbness of the fingers, skin atrophy, and *Melanconia* (all less than 2%). The following additional local adverse reactions have been reported with topical corticosteroids, but they may occur more frequently with the use of occlusive dressings and higher potency corticosteroids such as OLUX Foam. These reactions are listed in an approximate decreasing order of occurrence: irritation; dryness; folliculitis; acneiform eruptions; hypopigmentation; perioral dermatitis; allergic contact dermatitis; secondary infection; skin atrophy; striae; and milium. Systemic absorption of topical corticosteroids has produced reversible adrenal suppression, manifestations of Cushing's syndrome, hyperglycemia, and glucoarthritis in some patients. **OVERDOSAGE** Topically applied OLUX Foam can be absorbed in sufficient amounts to produce systemic effects. (See **PRECAUTIONS: DOSAGE AND ADMINISTRATION** Note.) For proper dispensing of foam, hold the can upside down and depress the actuator. OLUX Foam should be applied to the affected scalp area twice daily, once in the morning and once at night. Invert the can and dispense a small amount of OLUX Foam (up to a maximum of a golf-ball-size dollop) into the cap of the can, onto a saucer or other cool surface, or directly on the lesion, taking care to avoid contact with the eyes. Dispensing directly onto hands is not recommended, as the foam will begin to melt immediately upon contact with warm skin. Move the hair away from the affected area of the scalp so that the foam can be applied to each affected area. Gently massage into affected scalp area until the foam disappears. Repeat until entire affected scalp area is treated. OLUX Foam is a super-high potency topical corticosteroid; therefore, treatment should be limited to 7 consecutive weeks and amounts greater than 50 g/week should not be used. Use in pediatric patients under 12 years of age is not recommended. Unless directed by a physician, OLUX Foam should not be used with occlusive dressings. **HOW SUPPLIED** OLUX Foam is supplied in a 100-gram aluminum can, box of one (NDC 63032-031-00). Store at controlled room temperature 68-77°F (20-25°C). **WARNING: FLAMMABLE, AVOID FIRE, FLAME OR SMOKING DURING AND IMMEDIATELY FOLLOWING APPLICATION** Keep out of reach of children. Contents under pressure. Do not puncture or incinerate container. Do not expose to heat or store at temperatures above 120°F (49°C).

Manufactured for: Coriell Corporation, Palo Alto, CA 94303 USA
By: CCL Pharmaceuticals, Rarocum WAT 1NU United Kingdom

M85LB-0273

July 2000

Luxiq® (betamethasone valerate) Foam, 0.12%

R_x only

BRIEF SUMMARY For Dermatologic Use Only Not for Ophthalmic Use

INDICATIONS AND USAGE Luxiq is a medium potency topical corticosteroid indicated for relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses of the scalp. **CONTRAINDICATIONS** Luxiq is contraindicated in patients who are hypersensitive to betamethasone valerate, to other corticosteroids, or to any ingredient in this preparation. **PRECAUTIONS** **General:** Systemic absorption of topical corticosteroids has caused reversible hypothalamic-pituitary-adrenal (HPA) axis suppression with the potential for glucocorticosteroid insufficiency after withdrawal of treatment. Manifestations of Cushing's syndrome, hyperglycemia, and glucoarthritis can also be produced in some patients by systemic absorption of topical corticosteroids while on treatment. Conditions which augment systemic absorption include the application of the more potent steroids, use over large surface areas, prolonged use, and the addition of occlusive dressings. Therefore, patients applying a topical steroid to a large surface area or to areas under occlusion should be evaluated periodically for evidence of HPA axis suppression. If HPA axis suppression is noted, an attempt should be made to withdraw the drug, to reduce the frequency of application, or to substitute a less potent steroid. Recovery of HPA axis function is generally prompt upon discontinuation of topical corticosteroids. Infrequently, signs and symptoms of glucocorticosteroid insufficiency may occur requiring supplemental systemic corticosteroids. For information on systemic supplementation, see prescribing information for those products. Pediatric patients may be more susceptible to systemic toxicity from equivalent doses due to their larger skin surface to body mass ratios. (See **PRECAUTIONS-Pediatric Use**.) If infection develops, Luxiq should be discontinued and appropriate therapy instituted. Allergic contact dermatitis with corticosteroids is usually diagnosed by observing a failure to heal rather than noting a clinical exacerbation, as with most topical products not containing corticosteroids. Such an observation should be corroborated with appropriate diagnostic patch testing. In the presence of dermatological infections, the use of an appropriate antifungal or antibacterial agent should be instituted. If a favorable response does not occur promptly, use of Luxiq should be discontinued until the infection has been adequately controlled. **Information for Patients:** Patients using topical corticosteroids should receive the following information and instructions: 1. This medication is to be used as directed by the physician. It is for external use only. Avoid contact with the eyes. 2. This medication should not be used for any disorder other than that for which it was prescribed. 3. The treated scalp area should not be bandaged or otherwise covered or wrapped so as to be occlusive unless directed by the physician. 4. Patients should report to their physician any signs of local adverse reactions. 5. As with other corticosteroids, therapy should be discontinued when control is achieved. If no improvement is seen within 2 weeks, contact the physician. **Laboratory Tests:** The following tests may be helpful in evaluating patients for HPA axis suppression: ACTH stimulation test; A.M. plasma cortisol test; Urinary free cortisol test. **Carcinogenesis, Mutagenesis, and Impairment of Fertility:** Long-term animal studies have not been performed to evaluate the carcinogenic potential or the effect on fertility of betamethasone valerate. Betamethasone was genotoxic in the *in vitro* human peripheral blood lymphocyte chromosome aberration assay with metabolic activation and in the *in vivo* mouse bone marrow micronucleus assay. **Pregnancy Category C:** Corticosteroids have been shown to be teratogenic in laboratory animals when administered systemically at relatively low dosage levels. Some corticosteroids have been shown to be teratogenic after dermal application in laboratory animals. There are no adequate and well-controlled studies in pregnant women. Therefore, Luxiq should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. Drugs of this class should not be used extensively on pregnant patients, in large amounts, or for prolonged periods of time. **Nursing Mothers:** Systemically administered corticosteroids appear in human milk and could suppress growth, interfere with endogenous corticosteroid production, or cause other untoward effects. It is not known whether topical administration of corticosteroids could result in sufficient systemic absorption to produce detectable quantities in breast milk. Because many drugs are excreted in human milk, caution should be exercised when Luxiq is administered to a nursing woman. **Pediatric Use:** Safety and effectiveness in pediatric patients have not been established. Because of a higher ratio of skin surface area to body mass, pediatric patients are at a greater risk than adults of HPA axis suppression and Cushing's syndrome when they are treated with topical corticosteroids. They are therefore also at greater risk of adrenal insufficiency during and/or after withdrawal of treatment. Adverse effects including striae have been reported with inappropriate use of topical corticosteroids in infants and children. Hypothalamic-pituitary-adrenal (HPA) axis suppression, Cushing's syndrome, linear growth retardation, delayed weight gain, and intracranial hypertension have been reported in children receiving topical corticosteroids. Manifestations of adrenal suppression in children include low plasma cortisol levels and an absence of response to ACTH stimulation. Manifestations of intracranial hypertension include bulging fontanelles, headaches, and bilateral papilloedema. Administration of topical corticosteroids to children should be limited to the least amount compatible with an effective therapeutic regimen. Chronic corticosteroid therapy may interfere with the growth and development of children. **ADVERSE REACTIONS** The most frequent adverse event was burning/itching/stinging at the application site; the incidence and severity of this event were as follows:

| Product | Total incidence | Incidence and severity of burning/itching/stinging | | |
|------------------------------------|-----------------|--|----------|---------|
| | | Mid | Moderate | Severe |
| Luxiq Foam n=63 | 34 (54%) | 28 (44%) | 5 (8%) | 1 (2%) |
| Betamethasone valerate lotion n=63 | 33 (52%) | 26 (41%) | 6 (10%) | 1 (2%) |
| Placebo Foam n=32 | 24 (75%) | 13 (41%) | 7 (22%) | 4 (12%) |
| Placebo Lotion n=30 | 20 (67%) | 12 (40%) | 5 (17%) | 3 (10%) |

Other adverse events which were considered to be possibly, probably, or definitely related to Luxiq occurred in 1 patient each; these were paresthesia, pruritus, acne, alopecia, and conjunctivitis. The following additional local adverse reactions have been reported with topical corticosteroids, and they may occur more frequently with the use of occlusive dressings. These reactions are listed in an approximately decreasing order of occurrence: irritation; dryness; folliculitis; acneiform eruptions; hypopigmentation; perioral dermatitis; allergic contact dermatitis; secondary infection; skin atrophy; striae; and milium. Systemic absorption of topical corticosteroids has produced reversible hypothalamic-pituitary-adrenal (HPA) axis suppression, manifestations of Cushing's syndrome, hyperglycemia, and glucoarthritis in some patients. **OVERDOSAGE** Topically applied Luxiq can be absorbed in sufficient amounts to produce systemic effects. (See **PRECAUTIONS: DOSAGE AND ADMINISTRATION** Note.) For proper dispensing of foam, can must be inverted. For application to the scalp invert can and dispense a small amount of Luxiq onto a saucer or other cool surface. Do not dispense directly onto hands as foam will begin to melt immediately upon contact with warm skin. Pick up small amounts of foam with fingers and gently massage into affected area until foam disappears. Repeat until entire affected scalp area is treated. Apply twice daily, once in the morning and once at night. As with other corticosteroids, therapy should be discontinued when control is achieved. If no improvement is seen within 2 weeks, reassessment of the diagnosis may be necessary. Luxiq should not be used with occlusive dressings unless directed by a physician. **HOW SUPPLIED** Luxiq is supplied in a 100-gram aluminum can, box of one. NDC 63032-021-00. Store at controlled room temperature 68-77°F (20-25°C). **WARNING: FLAMMABLE, AVOID FIRE, FLAME OR SMOKING DURING AND IMMEDIATELY FOLLOWING APPLICATION** Keep out of reach of children. Contents under pressure. Do not puncture or incinerate container. Do not expose to heat or store at temperatures above 120°F (49°C).

Manufactured for: Coriell Corporation, Palo Alto, CA 94303 USA
By: CCL Pharmaceuticals, Inc., Rarocum WAT 1NU United Kingdom

M85LB-0184 r2

June 2000

A CLOSER LOOK AT: TEENS THROUGH SKIN, HAIR, & NAILS

when problems are
more than
skin deep

A ccording to dermatologist Norman Levine, M.D., professor and chief of dermatology, University of Arizona, Tucson, psychotropic drugs have shown to be helpful in the treatment of skin conditions that have compulsive components. In some cases, the use of these medications can completely turn a teen's life around and halt a compulsion that could cause serious scarring or infection, not to mention cosmetic problems.

Psychotropic medications commonly used to treat teens are called selective serotonin reuptake inhibitors, or SSRIs. Prozac is among the most popular SSRIs.

Pimozide is a generic name for a medication often used for delusions of parasitosis, a condition where patients feel they have bugs under their skin and must pick at them. Other anti-psychotic drugs can diminish obsessive-compulsive behavior.



A cry for help.

Some people resort to self-mutilation in an effort to cope with their inner turmoil. This person carved the word "depressed" into her arm.

Does my teen need medication?

There is no cookie cutter approach to the use of psychotropic medications. Dermatologists experienced in using the medications determine on a case-by-case basis which patients would benefit most. "Take the example of the kid who is perfectly well adjusted who obsessively picks at his skin at night while sleeping. He wakes up and his fingernails are bloody and there are sores on his skin. I think that's one person who would benefit. The drugs can also be very helpful for the child who pulls out her hair," said Dr. Levine

According to Madhulika A. Gupta, M.D., a board certified psychiatrist and professor, department of psychiatry, University of Western Ontario, if a person is picking his skin or not complying with treatment, that patient is more likely to be sensitive to external stressors. That, in turn, can exacerbate the skin problem. "In cases like these, you have to look a person's mental state because it is likely to have a direct effect on the outcome. These factors play an important mediating role and can even prevent the person from

getting better," she said.

As with many other medications, these drugs have side effects, which must be weighed against the benefits of taking them, according to Dr. Levine. Some of the common side effects of SSRIs are edginess and anxiety; sleep disorders, and sexual dysfunction. Still, SSRIs are fairly well tolerated by teens, Dr. Levine said.

Although these medications are reported to have few if any drug interactions with commonly prescribed dermatologic medications, make sure you provide your dermatologist with the names of all medications, psychotropic or otherwise, that you are taking.

Teens taking psychotropic medications should not drink alcohol while on the medicines. "Take the medicines as prescribed, and don't share them with your friends," Dr. Levine warned.

Some teens need only a few months of treatment with the medications while others require long-term treatment. Many of these medications may take four to six weeks before they begin working. **Dj**

PUTTING *myths* TO REST

According to Dr. Levine, it is a myth that children on these SSRIs are crazy or maladjusted. "These are organic diseases and are neurologic problems. These children shouldn't be chastised," he said.

In fact, he said, psychotropic medications offer an important option in dermatology — because of them, many patients feel better about themselves and their skin looks better.

"Some people have the compulsion to pick at their skin and it's distressing to them. It doesn't look good and doesn't feel good either. These drugs can address both," Dr. Levine said. "I would tell parents that there are medications that can be given that can make your kids better that shouldn't stigmatize them in any way."

A CLOSER LOOK AT: TEENS THROUGH SKIN, HAIR, & NAILS

Here's the story of t.v.'s Peter Brady...



along with his three sisters and two brothers, Peter Brady got into his fair share of familial jams as a member of television sitcom's *The Brady Bunch*. But no matter how seemingly impossible the dilemma, Peter's problems would inevitably be wrapped up in the course of a 30-minute television broadcast. Christopher Knight, the actor who played Peter, also had teen problems. In real life, however, the resolutions did not come so swiftly.

"During my adolescence, I was a sufferer of diminished self-esteem," Knight told *Dermatology Insights*. "I thought it would go away, but it just got bigger."

Playing Peter on *The Brady Bunch* from 1969 to 1974, Knight progressed from age 11 to 16 in front of millions of ardent television viewers. As a teen, and in the post-Brady years that followed, he experienced acne and suffered from attention deficit disorder (ADD) — the latter of which was only recently diagnosed as an adult. Knight relates that at the time, he wasn't fully cognizant of what he was facing, nor did he know of the full range of treatment options available to him.

"I didn't suffer greatly from acne," Knight said. "But, I suffered greatly from

something else [ADD] that I treated the same way a lot of people suffering from acne treat it. We tend to want to ignore what it's doing to us. Denial."

As an adult, Knight is proud to be confronting these issues head on, and he's anxious to impart the wisdom gleaned from his adolescent journey to others.

"So much of who I am, and who I'm discovering I am today, was a result of that forge that I went through that was adolescence," he said. "This is what led me to understand and have sympathy for those things that affect you in your adolescence that can have interesting impacts on you as an adult."

Much of his knowledge about acne treatment comes from being the spokesperson for Healthy Skin, Healthy Outlook 2000 — a multi-media campaign designed to educate the public on acne, which was sponsored last year by Dermik Laboratories in association with the American Counseling Association (ACA). A survey conducted last year by Healthy Skin, Healthy Outlook 2000, revealed that while 77 percent of teens acknowledge that acne contributed to a lack of self-esteem, less than half (43 percent) agreed that seeing a doctor was important.

"We're trying to get the message out

about seeking a dermatologist's intervention," Knight said. "We did this through a satellite news tour."

Knight encourages teens to seek correct information about acne by consulting reliable sources (such as the Web sites of the American Academy of Dermatology and the ACA). "The message I want to impart is that if there are effective treatments that can be had, go seek them. Certainly, if you notice it's affecting your behavior in any way. And I dare any adolescent today with moderate to severe skin problems to tell me it's not affecting their behavior."

By talking to doctors, dermatologists, and the public, Knight also learned that teens and adults doggedly hold fast to the old notions about acne — the same erroneous ideas that Knight said were commonly held when he was a youth.

"The greatest misconception is that it has to do with chocolate and oils. But that's not just an adolescent-owned wives tale. It's a manifestation of that which was believed by the parents themselves. Chocolate is totally what caused it, as far as my parents were concerned."

Through the acne awareness campaign he has been involved with, Knight has been working to correct some of these false notions. "Unless you sleep in a vat of

chocolate, it's not going to have any effect on your acne," he said. "So enjoy! There may be other reasons not to eat chocolate, but acne ain't one of 'em!"

Knight said he encourages open dialogue between parents and teens and underscores the importance of counseling in addition to dermatological care.

"If [acne] affects teens emotionally, they should seek counseling. One does not have to endure the suffering alone as an adolescent. That would be my big personal message as an adult looking back on my childhood, because, if it's traumatic enough, it can affect you for the rest of your life. It can leave you scarred in ways you're not even aware of."

Knight was surprised to learn how much dermatology has advanced in the treatment of acne over the years. Like most teens, he relied on an over-the-counter medication to treat his acne.

"...but I was disappointed in its lack of benefit. It didn't seem to really *do* anything. It was rather futile; and you just had to — as generations before had to — endure it as though it's not there. Back when I had acne troubles, there just weren't as many effective treatments. And to hear today that there are medications that can help and are truly effective? Heck! Why would one ignore that?"

Knight wasn't the only youth with acne who was in front of the cameras back in the 1970s. Others in the cast of *The Brady Bunch* also had skin problems of varying degrees. As he recalled his television siblings, Knight suggested severity was a matter of perspective.

"All the girls had great skin. Susan Olson (Cindy) and Eve Plumb (Jan)

might have suffered a few skin problems a little bit later. Michael Lookinland (Bobby) suffered with some acne when he got older. I don't think Barry Williams (Greg) suffered much, probably about the same as I did."

And then, of course, there was Maureen McCormick (Marcia, Marcia, Marcia).

"Maureen might have had *one* pimple," he joked. "But there you go — for her one

"I dare any adolescent today with moderate to severe skin problems to tell me it's not affecting their behavior."

pimple was the end of the world! So it's truly not a matter of how much and how chronic it is, it's really a matter of your outlook on the world. For Maureen, her physical presence was everything. And if something impacted that, it was the end of life!"

Although his Brady memories are now decades old, it is Knight's teenage persona that persists in the public consciousness. It's an image that's followed him his entire adult life.

"It totally lives without us," he said, referring to the enduring syndication of the television show, as well as stage plays and parodied movie versions of *The Brady Bunch*. "I was only lucky enough to have been part of it for a while."

These days Knight is enjoying his "second" life career, that of a successful businessman. He co-founded Eskapelabs, a foray into the world of high-tech software.

Eskapelabs has kept Knight busier than ever, but he's ever anxious to make time for projects like the Healthy Skin, Healthy Outlook teen acne awareness campaign. He views his Brady Bunch experiences as an anecdote in his life that allows him to be connected to a large portion of the population, something that he can use in the pursuit of public health education.

"I love the opportunity — not all of us have it — to be able to go out and speak. There's an ease with which people will accept the message coming from somebody like myself whom they know. We Bradys have a unique advantage, in that the show has been on the air for 30 years. Younger kids watch it as a staple, and parents that are my age watched it when they were kids and still watch it."

Knight said there are no plans for another Brady reunion, but he suspects it may happen. He's aware that while the image of Peter Brady stays forever youthful, the actors who played the Bradys aren't getting any younger. "There will probably be one more," he mused. "But they've got to do it soon!" *Dj*

Dean Monti

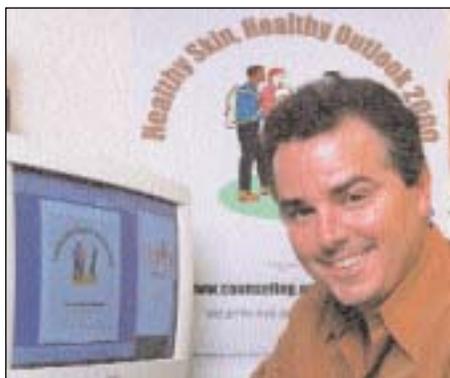
RESOURCES with information about acne

Online:

- American Academy of Dermatology: www.aad.org
- American Counseling Association: www.counseling.org/teenacne
- AcneNet: www.skincarephysicians.com/acnenet
- In Your Face! Acne and Its Treatment: <http://kidshealth.org/teen/body/mind/body/acne.html>
- American Society for Dermatologic Surgery: www.aboutskinsurgery.com

Books:

- Healthy Skin: The Facts by Rona M. MacKie (Oxford University Press)
- Overcoming Acne by Alvin Silverstein (William Morrow)
- A Woman Doctor's Guide to Skin Care by Wilma F. Bergfeld, M.D., and Shelagh A.R. Maselne (Hyperion)



Christopher Knight

New Treatments

Take the Scare out of Scars

What do acne, chicken pox, sports injuries and surgeries have in common?

All of these life experiences can leave their mark on you, literally. But they don't have to scar you for life, thanks to a variety of procedures that your dermatologist can use to improve the appearance of your skin.

"We can help more than ever before with combined and tailored treatments to the types of scar for correction," said Harold J. Brody, M.D., clinical professor of dermatology at Emory University School of Medicine in Atlanta.

Treatments for scars include methods to flatten them through resurfacing, which can be performed using a laser, dermabrasion or chemicals.

LASER TREATMENTS

A laser, which delivers short bursts of energy through its beams, is used to smooth and sculpt scars to improve the skin's appearance. Lasers commonly used for resurfacing include the **Erbium:YAG** and **CO₂** laser.

The Erbium:YAG laser emits light through short bursts of energy that is absorbed by the water in the skin. This allows for very precise sculpting of irregular scars. With the latest Erbium:YAG laser, recovery times are faster and a shorter length of post-surgery redness occurs.

The CO₂ laser works well for lifting "depressed" scars that give the skin a crater-like appearance, common with acne. It produces more heat than the Erbium:YAG laser, allowing the energy to go deeper into the skin and tighten the skin's collagen fibers. By tightening those fibers, the CO₂ laser causes the scars to lift and look more normal in appearance. Recovery typically takes seven to nine days.

In many cases, only one laser treatment is necessary to get permanent results.

Although most laser treatments offer similar results, the type of laser used depends on the dermatologic surgeon's technique and preference, according to Dr. Brody.

Another type of laser, the **pulsed dye laser**, can improve the appearance of stretch marks and keloids, which are thickened scar tissue. It can also help temporarily reduce the redness and broken blood vessels of the skin caused by rosacea. The pulsed dye laser typically requires two to three treatments.

RESURFACING

Dermabrasion is a procedure that involves the use of a rotating instrument to "sand" down scars. A new layer of skin replaces the damaged layer resulting in a smoother appearance.

Chemical peels work well for mild to moderate scarring and for evening out skin tone. Basically, a chemical solution is applied to the skin causing a reaction similar to sunburn. After the face peels for several days, new, smoother appearing skin replaces the damaged skin. "A wide

variety of chemical peels are available to improve the appearance of acne and brown spots," said Jeanine B. Downie, M.D., a board certified dermatologist at Image Dermatology in Montclair, N. J.

Surgical treatments for individuals with depressed scars involve lifting the scars and then filling them with collagen or fat, Dr. Brody explained. These treatments are especially helpful to correct severe scarring caused by cystic acne, which is characterized by large, deep-seated lumps.



Scar Before CO₂ Laser Treatment



Scar After CO₂ Laser Treatment



Acne Before Resurfacing Treatment



Acne After Resurfacing Treatment

"When you get a scar, you should try to treat it as soon as possible...and whatever you do, don't pick it."

OTHER PROCEDURES

A procedure called **autologous fat transfer** involves injecting small amounts of fat below the skin's surface to lift the scars. The fat is taken from another part of the patient's body. While results typically last six to 18 months, they may become permanent after many procedures.

Punch excision surgery is another option for individuals with deep "ice pick" scarring that doesn't improve with laser surgery or fat transfer. In this procedure, the scar is surgically removed; then either a patch of skin from elsewhere on the patient's body is placed in the space, or the wound is closed with

s t i t c h e s . **Subcision** is a procedure that involves lifting indented scars with a surgical instrument.

"Subcision is basically using a needle to get underneath a scar, like a chicken pox scar, and sweeping the scar tissue that is binding it down underneath and keeping the scar indented," explained Dr. Downie. The effort negates the need to plump up the skin with collagen.

Any one of these treatments, used alone or in combination, can improve the appearance of skin for the majority of people with scars. However, some individuals, such as those who tend to get keloids, have recently taken the acne

medication isotretinoin, or who have active cystic acne, are not good candidates.

These patients are candidates for another option — **silicone gel pads**. Similar to large band-aids, they can slightly reduce the appearance of scars. "A lot of these pads can improve scars that have been around for a while, but they seem to work better on fresh scars," Dr. Downie noted.

Treating injuries and scars swiftly is the key to their minimization. She advised, "When you get a scar, you should try to treat it as soon as possible. Always wear a high-level sun block because the sun makes a scar darker. And whatever you do, don't pick it." *Dj*

Ruth Carol

check out skincarephysicians.com

skincarephysicians.com

skincarephysicians.com is a web site that provides patients with up-to-date information on the treatment and management of disorders of the skin, hair and nails. Patients and health care professionals may utilize this web site as a resource for educational literature and health guideline descriptions.



AcneNet features basic facts about acne, the social impact of acne, why and how acne happens, acne treatments, interactive Q & A, and more.

EczemaNet features facts and myths, FAQs, and treatments available for sufferers of Eczema.



AgingSkinNet features the latest information on the effects of aging, smoking, sun and environmental exposures to the skin.



MelanomaNet is an authoritative source of information about this deadly form of skin cancer.

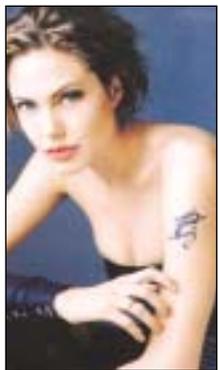
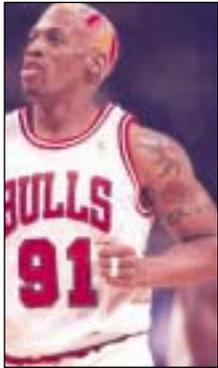


ActinicKeratosisNet features the cause, prevention, and treatment of actinic keratosis, a common, unsightly disease.

PsoriasisNet features information about the disease, news, myths and facts, patient stories, and more.



Piercing Perils & Tattoo Taboo



Tattoos and piercings are more common today than ever before. As more athletes, musical performers, and other prominent cultural figures display tattoos, so, too, does the public. Sports celebrities like Dennis Rodman, teen music icons like Britney Spears, and movie stars like Angelina Jolie (to name just a few), have made tattoos and body adornments more popular than ever, particularly with youth.

In today's society, these adornments have no gender boundaries. Men and woman are getting tattooed and pierced, and a wider variety of their body parts are being adorned. But the popularity in body adornment should not overshadow the facts about what tattoos and piercings are, and what they can do to the skin.

Professional tattoos are applied via

repetitive punctures of about 1/10 of an inch into the inner layer of the skin (dermis) with ink and a needle affixed to an electric-powered gun. Although crusting occurs on the surface of the skin following tattooing, the body sloughs off the dead tissue — generally in seven to 10 days — leaving the deeper skin cells, and the tattoo design, intact. Complete regeneration of live skin cells takes approximately 14 days.

Body piercing jewelry is inserted after the tissue in the designated site is punctured with a hollow needle. Healing time depends on the body location. Ears, eyebrows, lips, and tongue heal the most quickly — in six to eight weeks. Genitals, nipples, and navels require eight to 38 weeks of healing time.

RISKS OF BODY ADORNMENT

Teens unswayed by the possible negative consequences can usually find a willing tattoo artist. Although many states prohibit these procedures for minors, not all tattoo artists heed these regulations. But, teens should be wary of tattoo parlors willing to ignore established standards, because there are risks to puncturing the skin. Overall satisfaction with the final outcome of a tattoo or piercing may be the least of a person's concerns.

Exposure to viral infection. Use of unsterilized, contaminated needles in tattooing and piercing has been known to transmit infectious diseases, including tetanus, tuberculosis, and hepatitis B and C, (see related story in *Research Horizons*, page 28). In addition, there have been reports of HIV transmission in amateur tattooing, for which an untrained artist uses a pin and (usually) India ink, though there is no documentation of HIV resulting from professional tattooing.

The risk of viral infection is serious enough that the American Association of

Blood Banks prohibits donations from people who have acquired a tattoo until a full year after the procedure.

Exposure to local infection. Redness, swelling, and pain can occur at the tattoo or piercing site from exposure of the open sores to dirt during the healing process. While it's often necessary to manipulate the piercing to avoid closure before healing, you should make sure your hands are very clean before touching the affected area. Piercing cartilage — such as at the top of the ear — is risky because it is difficult for the body to rid itself of infections in areas of the body with such low blood supply. Liquefaction (disintegration) of cartilage, though rare, can also occur.

Abscess. Formation of pus around a wound is another possible adverse effect of body piercing. Because of their interaction with foreign materials, navels, tongues, eyebrows, and lips are very susceptible to infection during healing. It is also possible that navel piercings may not heal as a result of a mild yeast infection that can

form. Most vulnerable to infection, however, are those areas where there is more moisture — notably, genitalia and the nose.

Allergic reaction. Although rare, some people develop an allergy to substances — including mercury and cadmium — that may be in the tattoo pigment. Allergic reactions can occur at any time following the application, even years later. There has also been a sharp increase in the number of reported allergies to nickel, a metal commonly used in piercing jewelry.

Scarring and inflammation. Granulomas (an inflammatory response) may form around tattoos as a reaction to pigment. Keloids — unusually large scars that can form when the skin is ruptured or otherwise wounded — are a possible result of tattooing, particularly for those who are predisposed to developing them or in piercings situated too deeply in the site.

Bleeding. Some common body piercing sites (the tongue for example) contain large veins and arteries that can be severed or punctured during incision, potentially

PROTECT *your* SKIN

Despite the risks involved with permanent body adornment, many people choose to get piercings and tattoos. If you're intent on observing the latest body art trends, you can protect against adverse effects by asking questions and taking care of the wound sites. To start, ask the artist how he or she cares for the equipment. Tattoo artists should always follow universal precautions: wearing surgical gloves, using new needles for every customer, and sterilizing equipment in an autoclave (an apparatus using super heated steam under pressure) after each use. Also ask about the composition of the metals in any body piercing jewelry — inferior metals can corrode and break down in the skin, which can cause infections and large holes in the tissue. Make sure that the jewelry is composed of surgical steel, titanium, or niobium, and that it is nickel-free.

Artists may provide differing recommendations for caring for a new tattoo or piercing, and you may find yourself toting an aftercare cheat-sheet that does not match the instructions your friends were given after the exact same procedure at a different parlor. Some general recommendations include the following:

- For tongue piercings, suck on ice cubes or rinse with saltwater or a mild mouthwash to minimize swelling.
- Keep lip and navel piercings clean with soap and water. Avoid wearing tight clothing until a navel ring is healed.
- Cleanse genital piercings with warm saltwater to prevent discharge accumulation.
- Although many tattoo artists suggest covering a new tattoo with saran wrap or a sterile wound dressing, it should be removed after 24 hours to expose the tattoo to open air and, if preferred, cleansed with mild soap and water, followed by a mild lotion (free of alcohol base, as such products can dry the skin and irritate the wound). Use of an antibiotic ointment may result in contact dermatitis, but forgoing any dressing at all can lead to infection. Protect the tattoo site from direct sunlight until fully healed.

leading to serious bleeding or infection. Risk of uncontrollable bleeding increases based on the thickness of the piercing site.

Rejection, overgrowth, and traumatic removal. The body does not always accept piercings and may attempt to push the jewelry out of the body. The navel and eyebrow are most prone to such rejection. If a piercing hole is too small, the skin can grow over the jewelry, causing it to become embedded in the site.

Many teen-agers participate in sports, bringing the increased risk of piercing jewelry being ripped from the body, said Bruce Katz, M.D., associate clinical professor of dermatology at Columbia University and Director of JUVA Skin and Laser Center in New York City. "Even when dancing, a piercing can get caught on clothing and be torn out. It's not a major health problem, but there are serious implications for facial scarring from traumatic removal of body jewelry."



A piercing that has been torn.

Laser removal can lighten the appearance of many tattoos but may require many visits and can be expensive. Dark black and blue pigments tend to be easier to remove than oranges and reds, while light blues and greens are the most difficult. Dr. Katz attributes some of the rise in popularity of tattoos to the availability of laser removal: with this minimized risk of scarring resulting from removal, "tattoo" no longer implies "forever." (*see related story, page 16*)

In dermabrasion (which requires a wire brush or sanding disc) and salabrasion (which uses a salt solution), residual ink is excavated from the skin's deepest layers by removing the surface and middle layers of a tattoo and then scabbing the wound.

During surgical excision, another removal option, dermatologists use a scalpel to remove the tattoo, and the wound is closed with stitches. For larger tattoos, this procedure may need to be repeated

multiple times.

Side effects—including infection of the tattoo site, lack of complete removal of pigment, and scarring—do exist for these techniques; but, as related to the patient's overall health, they are minor, according to Dr. Katz.

Body adornment in one form or another has persisted in various cultures around the world for thousands of years. So, despite the risks, body adornment is unlikely to fade away like so many trends any time soon. "Tattoos have become increasingly popular [in the United States], and some of the artists are incredibly talented," Dr. Katz said. "It's more than what it used to be — it's become, really, an art form." *Dj*

Karen Stein

"FOREVER" IS A RELATIVE TERM

Dissatisfaction is also a possible outcome. Actor Charlie Sheen recently disclosed he has 15 tattoos, products of his regretted "bad boy" days. He's already had two of these removed by laser. Tattoo removal can be a difficult and painful process. Dermatologists offer patients several removal techniques of varying cost and success.



TATTOO-GA

Body adornment boasts a long historic precedence. Some scientists believe that marks on the skin of the Iceman, a mummified human body dating from about 3300 BC, are tattoos. Tattoos have also been found on Egyptian and Nubian mummies dating from about 2000 BC.

Not all things fade with time

Patient Perspective by Kelly Ryerson

After the novelty of a tattoo begins to fade, the tattoo does not. One person's journey from tattoo to removal.

Since I was a young girl, I always thought I wanted a tattoo. By waiting until I was 18 to get my first tattoo, I thought I was doing the responsible, adult thing. I had a tattoo artist put a Japanese character representing my name on my right bicep. The work was beautiful and I was pleased with the finished product. In fact, while I was getting that tattoo, I was already thinking about what other tattoos I might put on my body.

A year later, I became dissatisfied with the tattoo. I wanted the same symbol, but this time bigger and bolder. I went to another tattoo artist to do the work, but my experience was different this time. Not all tattoo artists work the same way, or with the same mediums. The finished tattoo looked to me like something that had been created by a sewing needle and a pen.

By the time I was 27, I'd long since grown tired of the tattoo. I'd had enough of explaining to people what the tattoo was and what it meant. But I figured I was probably stuck with it for life. Around that same time I was working as a photographer on assignment for a national magazine. The beauty editor that I worked with told me about how a doctor had successfully removed her varicose veins with lasers. It sparked an idea. Had the magazine ever done a story about tattoo removal? The editor said they hadn't, but she

was intrigued by the idea, and offered to pay for the procedure. In exchange, I would share my results for a magazine story. Laser treatment can be costly, so it was too good an offer to pass up.

I was referred to a dermatologist who specialized in tattoo removal. The procedure itself was effective, and I felt confident in the dermatologist's care, but it wasn't any fun. I think if someone can endure the discomfort of getting a tattoo, they can probably deal with laser removal. But in my experience, laser removal was tougher.

My tattoo had blue ink in it, and I learned that some blue shades are particularly difficult to remove. I ended up having laser treatments once a month for 11 months.

During the treatment process, my arm was not a particularly pleasant thing to look at. At times, it looked like an injury or severe burn. Nonetheless, I was encouraged, because slowly but surely the tattoo appeared to be fading. Within a year, the area smoothed over, color began to come back, and I became very pleased with my "new" arm.

Now, as I approach age 30, I'm glad I don't have to explain the tattoo on my arm anymore. Instead of a large mark on my arm, I have only a slight mark from the laser removal process, a symbol that says to me: *been there, done that.* **Dj**



Cryptic body art. Kelly Ryerson grew tired of explaining that the tattoo symbol on her arm was her name in Japanese.



Progress. Laser treatment begins to remove Kelly's tattoo, but it contained a shade of blue dye that was particularly stubborn to remove.

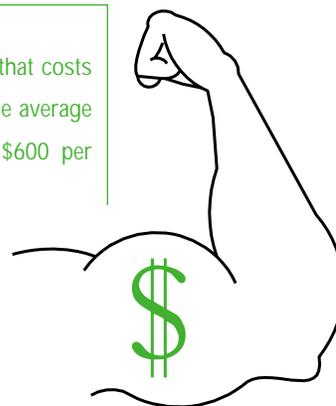


Success. Leaving only some minor marks behind, Kelly's tattoo is history after nearly a year of treatments.

At what cost?

A colorful tattoo on your body may cost you an arm and a leg. A tattoo that costs \$50 to \$100 to obtain may cost \$1,200 to \$1,500 to remove by laser. The average cost of an individual tattoo laser treatment can range from \$350 - \$600 per treatment.

The removal of a "professional" tattoo may require anywhere from four to ten treatments, and the removal of an amateur tattoo may require two to four treatments. The number of treatments depends on the amount and type of ink or pigment used and the depth of the ink in the skin.



Cosmetic tattoos

Often referred to as "permanent makeup," micropigmentation refers to tattoos such as permanent lip liners, eye liners and shading. It's also used to recreate pigment after reconstructive breast surgery.

The skill level of micropigmentation tattooists varies, and customer dissatisfaction with the end product is a very real possibility.

"I see several people who are dissatisfied with the body's response to micropigmentation," said Tina Alster, M.D., director of the Washington Institute of Dermatologic Laser Surgery. "Mostly, the complaint is that it doesn't look natural. I've also had some patients who formed thick scars and some who experienced allergic reactions to the tattoo inks used."

In fact, if the pigments are injected too deeply into the skin, the ink may migrate beyond the injection sites, which can cause a blurred application. Uneven application or improper placement of pigment can also occur. In addition, the alteration of facial skin tones and contours is an unavoidable repercussion of aging, and it can cause distortion in the appearance of the micropigment.

Except in cases of micropigmentation after reconstructive breast surgery, Dr. Alster is not a proponent of the procedure. "I warn patients that the cosmetic result may not be what they envision and that it is difficult to treat the tattoo ink (usually flesh-toned) with current laser technology. It often blackens upon laser impact." **Dj**



A blurred appearance — like that of runny mascara — can result from improper application of a cosmetic tattoo.

tattoo taboo



Alternatives to permanent tattoos

There are alternatives for those uninterested in permanent body adornment, including temporary tattoos and clip-on body jewelry. Ornate and intricate henna (or "mehndi") designs — a plant-based paste that stains the dead cells on the outer layer of the skin red — can be applied by street artisans or purchased in do-it-yourself kits for home use. Because the body constantly exfoliates dead skin cells, henna designs typically last one week.

Allergic reactions and contact dermatitis — inflammation of the skin resulting from hypersensitivity — to temporary tattoos and henna can occur. These adverse effects are generally mild, temporary, and easily avoidable by stopping use of the product that caused these reactions.

However, the U.S. Food and Drug Administration (FDA) and other groups have issued warnings against "black henna," used to make henna designs with a black appearance. Black henna contains Bigen, or P-phenylenediamine, a black, toxic chemical dye that can enter the bloodstream through the skin and has potential for many adverse consequences—including liver or kidney damage, delayed hypersensitivity reactions (often resembling a poison ivy rash), and asthma attacks.

Dj

I've got blue under my skin

Why doesn't a tattoo rub off or fade away on its own? Although our epidermis (outer layer of skin) is continually shedding layers, the dermis (inner layer of the skin) stays intact throughout a lifetime. To create a tattoo, colored pigments, or inks, are injected into the dermal layer of the skin using a needle affixed to an electric-powered gun. That's why tattoos could last you a lifetime.

This phase contrast image was made from a stained thin section of human tissue emblazoned with a tattoo.

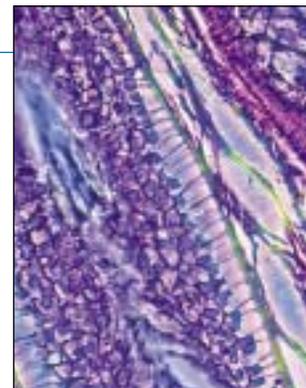


Image courtesy Michael W. Davidson and The Florida State University.

My acne was so bad, I asked...

Patient Perspective by Kimberly R. Williams

“What’s happening to me?”

Throughout my teens and 20s I had cystic acne, a severe skin condition that covered my face. For many years, I held out hope that it would eventually go away. I tried prescription antibiotics, topical treatments and even birth control pills, but nothing seemed to help. After many years, I gave up on prescription medications for the treatment of my acne.

In 1997, things took a shocking turn for the worse. My face began to puff up with painful deep cysts. Within a couple weeks, I hardly recognized myself in the mirror. The glands on my neck became swollen and I ran a chronic low-grade fever. I was horrified! I didn't know acne could be so severe, and I couldn't understand why it was happening to me.

Weeks later, on my 28th birthday, I returned to graduate school with my head down, trying to hide behind my hair and make-up. I was so embarrassed and ashamed of the way I looked, I didn't want anyone to see me, but I had to go to class. One particularly insensitive classmate asked me in a disgusted tone, "What happened to your face?" I wanted to die. I went home, shut myself in my room and cried all day.

My life turned into a nightmare. I stayed in the house as much as I could, only leaving to go to class, to the grocery store (late at night), or to the doctor. When I did go out, I noticed people staring at me and doing double takes. Complete strangers stopped to ask me what was wrong! The pain, both physical and mental, was so constant that I couldn't think about anything else. I even considered suicide because I didn't think I could live like this for the rest of my life.

Every morning I would rush to the mirror hoping my face would be healing; that the swelling had gone down. But it hadn't. Every time a cyst healed, another one bubbled up in its place.

Over the next three months, I was subjected to an array of

reactions from the outside world — from pity to revulsion. Acne is a disease that has some negative associations. Some people erroneously assume that acne sufferers are dirty or greasy or not practicing proper hygiene. Even my closest friends and family thought that I had lost control over my acne. They asked, "Are you washing your face?" and "Are you stressed?" or "Maybe it's your hair spray." I knew they meant well, but I wanted to scream.

During this difficult period in my life, I learned a few lessons. I became more compassionate toward people with visible handicaps because I knew what it felt like to look "different." I also began to realize how much I associated my face with my identity. When I looked in the mirror and didn't see the person I wanted to see, it was devastating. But, I also learned, even though it was so hard for me to believe, that when my friends looked at me, they saw the whole me, from head to toe. I held out faith that my face would find its way back to normal.

That same year, I saw a dermatologist who prescribed the retinoid acne medication called isotretinoin, and steroids to reduce the swelling. Slowly but surely, my face returned to its normal size and shape. I felt like I had control of my life and my face again.

Today, my cystic acne recurs at times, but fortunately at lower levels. I am not currently using isotretinoin. Rather, in consultation with my dermatologist, I am using topical tretinoin and a topical antibiotic, which keeps my acne very much under control. I've retained some redness and scarring that, three years later, is not gone but is greatly diminished.

I carry a picture of myself from 1997 so that I can be grateful for the way I look and feel about myself today. I can even look back on my acne experience and treasure it as something that made me a stronger, more compassionate person. *Dj*



Kimberly Williams in 1997, before using isotretinoin.



Kimberly Williams 12 months after using isotretinoin.

Editor's Note:

Acne can occur in varying degrees of severity, and it is highly treatable. Patients are encouraged to consult with their dermatologist to find the best treatment for their condition. Isotretinoin can cause severe birth defects and should not be used by women who are pregnant, or who plan to become pregnant. This medication has also been associated with depression. Patients should tell their doctor if they experience symptoms of depression while taking isotretinoin.

What you should know about a treatment for severe acne

Although numerous medications are available to address the various forms of acne, according to many dermatologists nothing has proven more successful in the treatment of severe nodular cystic acne than isotretinoin.

Nodular cystic acne is characterized by severe red, tender lumps formed beneath the surface of the skin that primarily affect men and women in their 20s, 30s and 40s.

Left untreated, this acute form of acne can result in permanent, deep scarring of the skin.

A powerful retinoid taken orally, isotretinoin was introduced in 1982 and has proven to be the only medication that effectively controls severe cystic acne, the most serious form of this skin disease.

"By reducing the body's oil production and modifying its response to inflammation, isotretinoin decreases the excess sebum secretion that is associated with severe acne," said David Pariser, M.D., professor and chief, Division of Dermatology, Eastern Virginia Medical School, Norfolk, Va. "After taking the drug for a period of 20 consecutive weeks, many patients experience complete clearing of their acne."

"However, isotretinoin is a powerful drug that can cause serious side effects," he said. "Patients must be fully aware of what the drug can do before beginning treatment. For example, isotretinoin can cause birth defects. Women who are pregnant (or who may become pregnant) should not take the medication. In addition, other serious side effects, including depression are less common, but have been reported."

Female patients considering treatment with isotretinoin should only get a prescription for the drug after a pregnancy

test confirms that they are not pregnant. A second pregnancy test should be done on the second or third day of the patient's next menstrual cycle. And, patients undergoing isotretinoin treatment should always ask their dermatologists about possible drug interactions with other prescription medications, especially antibiotics, because mixing medications can result in additional side effects.

"Patients must be fully aware of what the drug can do before beginning treatment."

benefits, as well as serious warnings, related to using the drug," noted Shelly Sekula Rodriguez, M.D., a dermatologist in private practice and clinical assistant professor at Baylor College of Medicine, Houston. "I also talk candidly about pregnancy prevention with female patients taking the medication; I do so because I want my patients to be safe."

Common, but less serious side effects that are possible with the use of isotretinoin include dry skin, chapped lips, dry mouth, nose bleeds, dry eyes, sun sensitivity and joint pain.

"The more common but less serious side effects, such as chapped lips, go away when treatment is ended," said Dr. Rodriguez. "Also, the scientific data indicates that women can consider becoming pregnant 30 days after discontinuing isotretinoin."

Because there have been reports of a potential link between isotretinoin and depression, as well as studies confirming accidental pregnancies in

female patients taking this medication, the U.S. Food and Drug Administration (FDA) has proposed stricter controls on how and when this medication is prescribed and dispensed.

While no scientific link has been made with depression or suicide attempts in patients who are taking isotretinoin, depression is a rare event that affects certain individuals and in various degrees. Caution must be exercised with patients taking isotretinoin, and parents should be aware of the potential risks.

Currently, the FDA requires physicians to tell their patients about the important safety information regarding isotretinoin. Physicians are also required to get a written signature from adult patients, or from the parents of underage patients, who agree to undergo treatment with isotretinoin. Completing the consent form requires patients to read and initial a series of questions concerning depression.

Female patients must also complete a separate form regarding the risk of birth defects. By signing the standard informed consent/patient agreement form, patients acknowledge the possible side effects and also take responsibility for telling their doctors about any symptoms of depression or other problems that occur during their treatment.

The FDA also requires that a medication guide be distributed by physicians and pharmacies dispensing isotretinoin. Patients taking isotretinoin are required to return to their dermatologist on a monthly basis to get their prescription refilled, as well as for an assessment of their progress and/or the development of any side effects. **Dj**

"The more common but less serious side effects go away when treatment is ended."

Ruth Ann Grant



Talking to Your Teen About Sexually Transmitted Diseases

Despite increasing awareness of safe sex practices in the United States, the incidence of sexually transmitted disease (STD) is steadily rising among teen-agers. Understanding the causes and how these diseases are spread is an important component to preventing them, and it is something physicians and parents should be discussing with teens.

The Centers for Disease Control and Prevention (CDC) report that by the 12th grade, 65 percent of high school students will have had sexual intercourse, and one in five will have had four or more sexual partners. Currently, 15 million new STD infections occur in the United States each year. One in four of these new STD infections occur in teenagers.

Health officials attribute the increase of STDs in teens to several factors: ignorance; teens are more likely to have multiple sex partners; the teen female's cervix is more susceptible to some STDs; and reluctance to discuss sexual issues with their parents, teachers or physicians.

A 1999 study of 15,349 high school students published by the CDC reported that only 42.8 percent of females and 26.4 of males who received a routine check-up during the previous year had discussed STD or pregnancy prevention with their health care provider.

"Maintenance of sexual health can be a part of a routine dermatologist office visit, since many STDs involve the skin, and dermatologists are experts in diseases and infections of the skin," said dermatologist Kim Dernovsek, M.D., assistant clinical professor, University of Colorado Health Sciences Center, Pueblo.

Prevention

As the old saying goes, "An ounce of prevention is worth a pound of cure." But many of these diseases aren't as easily prevented as teens may think.

For example, the use of a condom can help to decrease the risk of contracting an STD. But a condom can only protect the skin it covers, according to Libby Edwards, M.D., clinical associate professor of dermatology, Wake Forest University, Winston-Salem, N.C. "Although sexual intercourse is the most common way to transmit STDs, oral sex or contact with other infected skin, can spread infections as well," said Dr. Edwards. "The only absolute way to avoid catching an STD is to avoid sexual activity completely."

*by the 12th grade,
65% of high school students
have had sexual intercourse
and one in five have had
four or more sexual partners*

The Lowdown on STDs

Dermatologist Kim Dernovsek, M.D., dispels some common myths about sexually transmitted diseases (STDs).

myth It won't happen to me.
One out of five sexually active people over the age of 12 have genital herpes or HPV. Peak rates for HPV are in women age 25 or less. Chlamydia is most prevalent in 15 to 19 year olds.

fact

myth I can tell if someone has an STD just by looking at them.
It is impossible to tell whether someone has an STD from looks alone. STDs may produce sores or discharges, but sometimes there are no visible signs of transmittable diseases at all.

fact

myth An STD can easily be cured with an antibiotic.
STDs caused by viruses, such as HIV, HPV, Herpes, and Hepatitis B, cannot be cured. Some STDs are hard to detect and can cause serious health problems if left untreated, such as cervical cancer, infertility or death.

fact

myth If I use a condom, I won't get an STD.
A condom protects against infections delivered through bodily fluids. It will not fully protect from skin-to-skin transmitted STDs, such as genital herpes or HPV. The only way to avoid STDs is to abstain from sexual activity.

fact

“One in four of the 15 million new STD infections each year occur in teenagers.”

While many bacterial STDs can be cured, viral STDs can have permanent effects on a person's future sex life, fertility, and overall health — some can even cause death. Listed below are descriptions of the most common forms of bacterial and viral STDs, their symptoms, and how they are spread.

Common Bacterial STDs

Chlamydia is one of the most common sexually transmitted organisms in the United States today, and is most prevalent in 15 to 19-year-olds, according to Dr. Dernovsek.

It is most often transmitted through sexual intercourse. It can also pass from a mother's birth canal to a newborn. Symptoms include genital discharge, an inflamed urethra or painful urination in males, and abdominal pain in females.

"What's most scary about chlamydia is that 75 percent of females and 50 percent of males do not experience any symptoms and may not know they have it," said Dr. Dernovsek. "If left untreated in women, chlamydia can lead to pelvic inflammatory disease (PID) and subsequent infertility."

Gonorrhea most often affects the genitals and occasionally the throat or rectum. Over 650,000 people in the United States are infected with gonorrhea each year.

Symptoms include genital pain, burning or a pus-like discharge. If left untreated, gonorrhea can lead to serious health problems, such as chronic lower abdominal pain, sterility, tubal pregnancy and painful joints.

Syphilis is a serious disease that can result in death if left untreated. Characterized by distinct stages over a period of years, syphilis begins with a chancre (red sore) that appears on the area of the skin (genitals, anus, tongue, throat) that came in contact with the infection. The glands near the chancre may eventually swell, and months later sufferers may experience a rash, fever, sore throat, headache or joint pains.

After the initial symptoms pass, there may not be any sign of the disease for years, often misleading people into believing they're cured, but when the infection returns it can affect the brain, bones and spinal cord.



Common Viral STDs

Hepatitis B is a serious infection that attacks the liver. It is spread by blood or other bodily fluids, and is approximately 100 times more infectious than HIV. The number of cases has declined since the implementation of routine vaccines in children from infants up to 18 years old in 1982. The CDC reports that over 1.25 million Americans have Hepatitis B, and 20 to 30 percent of them acquired it during their youth.

Symptoms of Hepatitis B include jaundice, loss of appetite, nausea, vomiting, extreme fatigue, fever and joint pain. If not treated properly, Hepatitis B can cause serious health problems, including permanent liver disease, cancer of the liver, and death.

Herpes Simplex Virus Type Two, also known as genital herpes, is a chronic, lifelong viral infection and one of the most common STDs in the United States today. One in five Americans (45 million) are infected with genital herpes, and there are an estimated one million new cases each year. Currently, 21.9 percent of Americans age 12 and older has genital herpes.

Early symptoms include a burning sensation in the genitals, painful sores and lower back pain. The painful ulcers that appear periodically can be treated, but the viral infection is incurable. Sometimes, there are no symptoms at all.

Although more commonly transmitted during sexual intercourse, genital herpes can be transmitted through activities such as kissing and touching.

Human Immunodeficiency Virus (HIV), a fatal retrovirus that causes Acquired Immunodeficiency Syndrome (AIDS), attacks the body's immune system, leaving it unable to fight off even the common cold. HIV/AIDS is transmitted through contact with infected blood, semen, breast milk and cervical secretions, and is typically spread during sexual contact or through needles or syringes. Infected mothers can also pass on the deadly virus to their newborns during pregnancy or birth.

Symptoms may take up to 10 years to develop, and include extreme fatigue, frequent illnesses, weight loss, night fevers, severe diarrhea and shortness of breath. There is no cure for HIV/AIDS.

Human Papilloma Virus (HPV), which causes genital warts, is the most common STD found in teen-agers today. Over 5.5 million Americans become infected with HPV each year. There may be no symptoms at all, but most often soft, cauliflower-shaped warts appear on the genitals, cervix or anus. In women, it may be particularly difficult to detect HPV without a cervical examination.

The warts can be removed, but the HPV infection is incurable and may produce new warts over a lifetime. In recent years, HPV has been strongly linked to cervical cancer and if left untreated, may lead to death. Dj

Amy Gall

scaling back on winter skin problems

Ever wonder why your skin becomes scaly, dry, raw or itchy in winter? The skin is made up of several layers of cells and thousands of oil glands. Oil keeps skin from losing moisture and makes it soft. Washing the skin, however, strips away the oil, which has a drying effect. When it's humid, the skin retains moisture better. But when humidity drops, as it often does during winter months, your skin loses the ability to moisturize itself.

"Almost any skin condition [including atopic dermatitis, psoriasis and eczema] gets worse in the winter because there's not as much humidity in the outer layer of the skin," explained Jon Hanifin, M.D., professor of dermatology at Oregon Health Sciences University in Portland. "When the cells in the outer layer get dry, their edges curl up and the skin feels rough," he said.

Low humidity, coupled with heavier clothing and longer, hotter showers and baths, can leave skin feeling dry, irritated and itchy. The best way to prevent and treat skin problems in the winter is to moisturize.

The greasier the moisturizer, the better it replaces and locks in moisture, according to Dr. Hanifin. One of the best is petrolatum (e.g., petroleum jelly). "Petrolatum is good because it doesn't cause

"The best way to treat dry winter skin is to prevent it."

allergies and it doesn't contain any chemicals," said Dr. Hanifin. In fact, he explained, it is the "gold standard" to treat skin problems from windburn to frostbite.

New moisturizing creams that mimic the skin's natural lipids, or fats, are now being developed, said Dr. Hanifin. These ceramide-containing creams may even heal the outer layer of the skin faster than petroleum jelly.

When redness or itchiness occurs in addition to dryness, then an

anti-inflammatory treatment, such as a corticosteroid cream, may be helpful. Hydrocortisone cream works for the vast majority of people who have mild eczema, according to Dr. Hanifin. Windburn is a form of eczema that can be treated by using a hydrocortisone cream and/or a moisturizer for a few days. However, people with moderate to severe eczema need prescription strength steroid creams or ointments.

Steroid-containing creams tend to thin the skin with prolonged use. However, a new class of ointment (topical immunomodulators) safe for daily use is now available, said Dr. Hanifin. These may be used daily without the risk of skin thinning. In addition, oatmeal baths may relieve itchiness and sedating anti-histamine pills can reduce sleeplessness associated with itching. "Winter sun exposure is another

factor that affects skin," said Kevin Pinski, M.D., associate clinical professor of dermatology at Northwestern University in Chicago. "If you're skiing, for example, you're not only getting sun from the sky, you're getting it from the reflection off the snow," Dr. Pinski said. "It's just like being on the lake or near a pool and getting the reflection off the water."

When bathing or showering, use luke warm water, rather than hot. Limit showers to 10 minutes. Close the bathroom door to lock in the humidity. Because it takes approximately three minutes for the water to evaporate from the skin's outer layer, Dr. Hanifin recommends the "three-minute rule," that is, put on your moisturizer within three minutes of getting out of the shower or bath.



In general, avoid soaps with extra chemicals, including antibacterial, deodorant and perfumed soaps, all of which tend to be harsh to skin because they strip away natural oils. Soap-free cleansers are becoming a popular alternative, noted Dr. Pinski, M.D. "The best way to treat dry winter skin is to prevent it," Dr.

Karen Wagner

TIPS FOR BETTER WINTER SKIN

- After washing hands, immediately apply hand cream to seal in moisture.
- Dab petroleum jelly on problem areas to seal in moisture and heal very dry skin.
- Use a lip balm with an SPF to help prevent chapped lips.
- Switch to a liquid fabric softener. Perfumes and chemicals from fabric sheets used in the dryer don't get rinsed out of clothing and may lead to skin irritation.
- Use a humidifier to keep humidity in the home higher during the winter.
- Use sunscreen year round that has sun protection factor (SPF) of at least 15 and offers broad spectrum (which provides protection from the sun's ultraviolet A and B rays). It should be applied 30 to 45 minutes prior to going outside.

Head off trouble with better scalp care



Hidden just beneath your hair is a sensitive area of skin that, because of its location, may easily be overlooked or taken for granted. We're talking about your scalp.

The scalp can be damaged in various ways — often as a result of certain methods of hair styling and styling products — and can become inflamed from improper use of or sensitivity to hair products.

For example, permanent hair wave solution, if left on too long, can cause inflammation. Hot combs and melted wax, used to straighten hair, can also cause heat damage.

"The scalp can be damaged such that the hair will fall out and the person be left with thinning or bald patches," explained Robert Greenberg, M.D., assistant clinical professor of dermatology at the University of Connecticut School of Medicine in Farmington.

Using professional, well-known products according to directions and selecting skilled hair stylists can prevent such damage, dermatologists recommend.

Common hairstyles, such as tight braids and ponytails, when worn continuously for long periods of time, can cause damage to the hair follicle. Some hairstyles can even cause a loss of hair.

Hair additions — also called extensions — are a styling technique that makes the hair look fuller or longer by attaching either natural or synthetic hair to existing hair. Depending on the exact technique, the additional hair is attached by braiding, gluing or tying it to one's real hair. If kept on for too long, however, the additions can cause long-term problems.

"The hair that is growing from the scalp must be used to anchor the either natural or synthetic hair. That weight, pulling over a period of time, results in something known as traction alopecia," explained Zoe D. Draelos, M.D., clinical associate professor of dermatology at Wake Forest University School of Medicine in Winston-Salem, N.C. "Traction alopecia occurs when the hair follicles actually die as a result of the continuous tension and pulling."

TIPS FOR BETTER SCALP CARE

- * Shampoo the entire scalp thoroughly using lukewarm water. Hot water strips the hair of natural oils that protect the skin.
- * When treating conditions such as dandruff with a medicated shampoo, be sure to follow the directions. Solutions need to be in contact with the skin for a specific period of time in order to be effective.
- * Protect uncovered areas of the scalp from sun damage with a hat and sunscreen.

Q: Why does my scalp itch?

A: These flakes may be a result of such external factors as: heat used in styling methods (such as blow drying, or curling the hair with hot rollers and curling irons); an overuse of styling products (such as gel or mousse); the inappropriate use of shampoos/conditioners for your hair type; hats worn for long periods of time; weather (cold, wind, low humidity); sun/sunburn; and excessive heat or sweating.

Internal factors, including stress, hormonal changes, medications, chemotherapy, and diet, may also cause an itchy or flaky reaction on the scalp. Ask your dermatologist to determine the cause of your itchy, flaky scalp and to recommend appropriate treatment.

In order to prevent that kind of damage, Dr. Draelos suggests that people shouldn't wear hair extensions for longer than three months at a time.

Other scalp problems may be the result of abnormal processes within the body. For instance, an itchy, flaky scalp is often a sign of dandruff — the fine, powdery scales that build up on the scalp. Many people mistakenly believe that this flaking represents dryness, so they use moisturizers or oils on their scalp. A dry scalp, however, is not the problem. While the exact cause of dandruff is unknown, current theories suggest that dandruff is the result of a fungus.

"The process really is an inflammatory disorder in which oils may cause the skin to become inflamed through the overgrowth of certain yeast that normally reside in the follicle," Dr. Greenberg explained. "So, adding moisturizers or oils onto that process often makes it worse. Just because the scalp is flaky doesn't mean it's dry."

Dr. Greenberg said dandruff is generally treated with an anti-inflammatory agent, such as cortisone, or with an appropriate shampoo. If the condition is severe, a dermatologist may prescribe a specially medicated shampoo.

Of course, one easy way to keep your scalp healthy is through regular shampooing. Most people say, "I have to wash my hair," but it's really the scalp that needs to be well scrubbed.

"A lot of people move the hair around from the side to side to be sure the hair is clean, but they don't really concentrate on cleaning the scalp," Dr. Draelos adds. "Shampoo is really soap for the scalp." **Dj**

Karen L. Wagner

Curling the Hair Color blues



Feeling dissatisfied with your hair color is not just a modern day lament. It seems that people have been unhappy about their hair color since the times of the ancient Greeks, who lightened and reddened their hair to indicate honor and courage.



Now when you get a little blue, you can dye your hair to match your mood.

There are many options when it comes to coloring your hair. But, we also know more about the possible damaging effects that hair dyes, colors and bleaches may have — not only on the hair, but the skin, as well.

Essentially there are five types of dyes that range in degree of lasting color (see chart). Generally, the more permanent the color, the more potential harm the dye can cause.

To date, clinical studies have not shown that hair dyes cause cancer. Certain types of dyes, however, do cause allergic reactions in some people.

The most common type of hair coloring is permanent dye. The color is long lasting because the chemical reaction takes place inside the hair shaft, so the color can't get out, explained Marianne N. O'Donoghue, M.D., associate professor of dermatology at Rush Presbyterian-St. Lukes Medical Center in Chicago.

The permanent dyes are popular because they offer so many color options. Generally, however, it's easier to color your hair just a few shades lighter or darker than your natural shade because fewer chemicals are needed. And the chemicals, especially if used too often, can harm the hair, causing it to become dry or brittle.

"Each time you do the chemical procedure it's stressful for the hair," Dr. O'Donoghue said. That's why bleaching your hair, which is a two-step chemical process, is particularly harsh on the hair, Dr. O'Donoghue explained. During the first process, the color is taken out. This is the bleaching part.

"Then you have to do a second process where you put color back in," Dr. O'Donoghue continued. "So, people who have bleached blonde hair, basically are coloring their hair twice in the same day, and this makes the hair break."

Permanent dyes can also be harsh on the skin. Paraphenylenediamine (PPD) is a permanent dye that can cause some people to develop rashes or skin irritation. The rash can be severe and appear on the ears, back of the neck, the face and eyelids and, rarely, on the scalp. Itching may be moderate to severe. A recent report suggested reactions to PPD can occur after years of safe use.

"As soon as a person develops something like that and knows what it's from, they should immediately wash [the dye] out with a mild shampoo. Get rid of any residue," said Jerome Z. Litt, M.D., assistant professor of dermatology at Case Western Reserve University in Cleveland.

Dr. Litt said mild cases may also be treated with a cortisone-based liquid foam, spray or cream.

"The good news," Dr. O'Donoghue added, "is that because the hair dye is on the scalp for approximately 20 minutes, most people don't have adverse reactions to it."

Semi-permanent dyes are found in home coloring products and do not contain strong chemicals, and therefore can only be used for darkening.

"They'll make hair go brown, but they can't go blonde," said Dr. O'Donoghue. "This doesn't cause any harmful side effects, but after several shampoos, the hair color is washed out."

Dr. O'Donoghue said using semi-permanent dye is a good way for people to test various hair colors before they decide on a permanent color. Because the chemicals contained within them are not as potent as those in the permanent dyes, the semi-permanent dyes are less damaging to the hair.

Henna is another form of semi-permanent dye for highlighting hair that is seeing a resurgence in popularity. Original, pure henna (which comes from a plant) can cause pulmonary problems, such as asthma. Currently, however, beauticians use henna mixed with a semi-permanent dye, so it doesn't cause asthma or other allergic reactions.

One way to avoid possible skin irritation with strong dyes is to wear a cap on the scalp and then pull (through the small holes in the cap) the hair that is to be colored. Dr. O'Donoghue said this is a popular method of highlighting hair.

Metallic hair dyes use lead acetate to darken hair gradually, generally over a two-to-three-month period. These dyes are most

often used in men's hair coloring products. According to Dr. O'Donoghue, the chemicals don't actually penetrate through to the hair follicle, but lay on the outside of the cuticle, or hair shaft, which is why the hair of people who use this kind of hair coloring has a very dull appearance.

Moms (and dads) need not worry about the toxicity of the bright red, orange, blue, green and purple streaks that are appearing on the heads of their sons and daughters. These are the **temporary rinses** that are popular with teens today. The color washes out in one shampoo, and sometimes it even combs out.

"It causes no harm, whatsoever," Dr. O'Donoghue said.

Finally, **vegetable dyes** are just as temporary and harmless as the temporary rinses. These dyes, taken from plants, offer a limited color, however.

"The vegetable dyes just color the hair red, and after you shampoo it, it loses the red coloring," Dr. Litt explained.

In general, hair dye has to be "touched up" every four to six weeks to cover the roots. According to Dr. O'Donoghue, it's important that only the roots of the hair (the new growth) be colored because the rest of the hair has been around for a while, and has already been colored.

If the longer hair, which may be several years old, is chemically treated too often, it will become damaged and break.

"So you really have to be careful that you don't treat the hair where the right color is already there," Dr. O'Donoghue said. *Dj*

Maureen Haggerty

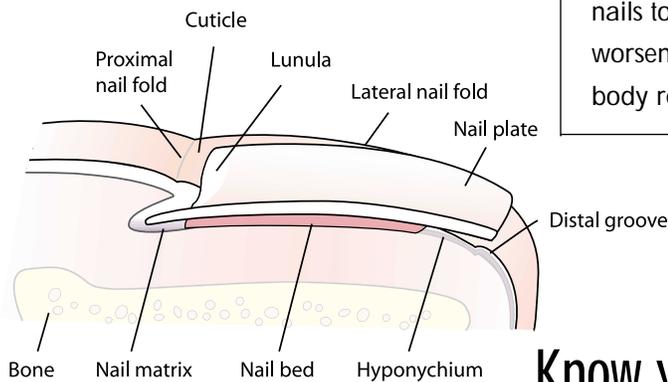
5 common hair dyes

| | |
|-----------------|--|
| Permanent | Color lasts the longest; best variety of color options; roots have to be touched up periodically; possible side effects include rash, skin irritation, itching, and can be severe. |
| Semi-Permanent | Color washes out after several shampoos; chemicals less damaging to hair than permanent dye; may produce mild allergic reactions. |
| Metallic | Color change takes place gradually (hair darkens); leaves hair with dull appearance, not harmful to hair (but toxic if ingested). |
| Temporary Rinse | Color washes out after one shampoo; offers fad colors-red, blue, green, purple, etc; not harmful. |
| Vegetable | Color fades after one shampoo; limited color options (usually just red); not harmful |

What lies beneath your artificial nails?

Artificial nails come in many shapes and sizes. Acrylic, sculptured, photo-bonded, and press-on nails can put sophistication or whimsy at your fingertips. These products enhance the appearance of normal nails and camouflage nails that are brittle, damaged, or unattractive. But, these fashion accessories, which dermatologists call *nail prostheses*, may be hazardous to your health.

"There are more problems — particularly with sculptured and acrylic nails — than most people realize," said Nia Katechis Terezakis, M.D., a clinical professor of dermatology at Tulane and Louisiana State medical schools in New Orleans. "Local allergic reactions can occur at or near nails. Ectopic reactions, most common in ears and on the eyelids, face, and neck, can develop on any part of the body the nails touch. Chemicals used to apply them can act as an irritant focus, worsening any existing rash, and some patients develop painful total-body reactions."



Know your nail

A nail bed is not something a swami sleeps on; distal groove is not the name of a rap group and nail matrix is not the next Keanu Reeves movie. It helps to know what your dermatologist is talking about when he consults with you. Your dermatologist can explain the function of any of these parts and how they can be infected by skin and nail afflictions; but this graphic illustrates some common terms that you can keep at your fingertips.

Watch Out For Dangerous Chemicals

A prime source of fungal nail infections, deformities, and other abnormalities associated with artificial nails is MMA (methyl methacrylate). This chemical bonding agent has been described as *poisonous* by the U.S. Food and Drug Administration (FDA) and its use is restricted in more than 30 states.

Signs of this prohibited substance include a strong, unfamiliar odor and nails that are very hard, difficult to shape, and won't soak off in acrylic-dissolving solutions.

If you suspect your salon is using MMA, contact your state cosmetology board or the FDA.

Be Nail Aware

"Anyone who wears artificial nails should be alert to signs of infection and

allergic reactions," said Wilma F. Bergfeld, M.D., director of clinical research in the Cleveland Foundation Clinic's Department of Dermatology. "It can take fingernails as long as six months to recover, so it's important to seek medical attention."

Bumping or injuring your finger can create an environment that invites nail infection. Wearing artificial nails for a long time can have the same effect, and many people are disappointed to discover that their own nails are broken, thin, and discolored when their nail enhancements are removed.

Various types of artificial nails

Acrylic nails are made of plastic and bonded to natural nails with a chemical paste. Liquid acrylic that penetrates skin can damage the nail matrix, which holds natural nails in place. Because acrylics are much stronger than natural nails, they resist bending and breaking. Snagging your fingertip on a sweater can cause the acrylic to pull away from your finger, taking your own nail with it and sending you to the doctor's office with nails that are loose, pitted, split, weak, soft, or ridged.

Sculptured nails are sculpted onto a template attached to the nail plate. Custom-made sculptured nails can dramatically improve the appearance of nails damaged, discolored or disfigured by disease, infection, or treatments used to cure them. Incorrectly applied, though, sculptured nails can aggravate nail abnormalities.



Nail Facts:

Nails grow faster on fingers than toes and on your dominant hand.

Nails grow an average of only 0.1 millimeter each day.



Sculptures with Cloth Wraps. Silk or linen sealed with liquid acrylic can strengthen nail sculptures and more completely cover defects. Most nail technicians prefer to let the natural nail grow to provide support for the sculpture, but that can thin and weaken natural nails.

Sculptures with Artificial Tips. Combining custom-made sculptures with pre-formed artificial tips is a popular method of lengthening and strengthening nails. Less costly and time-consuming than fully customized nails, these enhancements are created by applying liquid acrylic to pre-formed sculptures attached to the natural nail plate and to artificial tips.

Photo-bonded Nails. Formed from acrylic that is sculpted onto the natural nail, photo-bonded nails are placed under a magnesium light that makes them dry (cure) more quickly. This process can cause yellowing and separation from the nail bed (onycholysis) and loss of feeling in the fingertips.

Press-on Nails. Easy to apply and available in a variety of colors and styles, press-on nails are an inexpensive alternative to salon services. But the special glue that makes these nails adhere to your own can cause contact dermatitis and other allergic reactions. **Dj**

RULES OF THUMB for artificial nails

- Never apply an artificial nail if your nail or skin around it is infected or irritated.
- Read directions before applying do-it-yourself nails. Save the list of ingredients to show your dermatologist in case you have a reaction.
- Test sensitivity to nail chemicals by applying a single artificial nail.
- If an artificial nail loosens, dip your finger in rubbing alcohol to prevent infection.
- Never use household glue on artificial nails.
- Don't try to repair a damaged nail yourself.
- Gluing a nail down or bandaging it can trap moisture and encourage infection.
- Always have a professional remove artificial nails.
- If infection or irritation develops while you're wearing artificial nails, see your dermatologist.

Tattoo Parlors Connected to Hepatitis C Epidemic

A recent study by the University of Texas Southwestern Medical Center suggested that people with commercially acquired tattoos were six times more likely to have hepatitis C virus (HCV), than those without them. Twenty-two percent of the study's participants who had tattoos were infected, compared to only 3.5 percent in patients who did not have tattoos. People who have larger, more artistically refined tattoos or who have multiple tattoos are even more at risk. For example, people with red, yellow, and white tattoos have a 50 percent likelihood of infection, the study found.

More than 600 patients participated in the study. Each participant was interviewed during their regular medical exam about all known risk factors for contracting hepatitis C, and then tested for the virus.

The results of the study suggest that commercial tattooing may be the "missing risk" factor in the spread of HCV. Previous studies have identified

intravenous drug use, health care related occupation, and heavy beer drinking as major risk factors, but failed to identify risk factors responsible for at least 40 percent of infections.

The study attributes the spread of HCV in tattoo parlors to their "assembly-line nature," which may encourage transmission from customer to customer. In addition, infection control practices are almost completely unregulated. Only one-third of all states have any kind of regulations for tattoo parlors, but these regulations are not enforced, which means sterilization is left completely up to each tattoo parlor.

"When you go to a tattoo parlor, you would expect that somebody is coming in and checking that they're sterilizing needles and cleaning equipment, but in reality, nobody is checking," said Robert Haley, M.D., co-author of the study. "As far as I know, Texas is the only state that

inspects tattoo parlors, even though hepatitis C can give you a fatal disease that can cut your life short by 20 or 30 years."

At least 3 percent of all whites and Hispanics and 6 percent of all African Americans between the ages of 30 and 50 are chronically infected with hepatitis C, which puts them at risk for cirrhosis and liver cancer. Many people are unaware that they are infected with the virus. A "silent killer," hepatitis C often goes undetected in the blood for years.

"We're in the midst of a very serious risk of Hepatitis C in this country," Dr. Haley said, "and tattoo parlors appear to be a major route by which this is occurring."

Dr. Haley recommends that everyone who has a tattoo should see a doctor afterwards to get a blood test, so that treatment for HCV or any other related complications can begin immediately. **Dj**

Kevin Orfield



Sun Damages Skin, Despite Color

In France, the largest study ever conducted on photoaging revealed two unexpected results. Men with dark skin showed more severe photodamage than men with fair skin, and people living in the sunny South of France were actually less likely to have photodamaged skin than those living in the North. The study analyzed over 3,000 women and 3,600 men, ages 45 to 60.

A key risk factor contributing to sun-induced aging is age. The study revealed that 22 percent of women and 17 percent of men age 45 to 49 showed visible signs of photoaging ranging from moderate to very severe. This percentage increased among men and women as they advanced in age.

According to the study, people with higher skin phototypes were less likely to have moderate to severe photoaging than people with lower phototypes (darker skin), with one exception. Men with very dark skin have a three-times higher risk for showing moderate to extreme photoaging

than men with lighter skin.

"We can only speculate that this is due to behavior; that these men fail to protect themselves or have greater exposure to the sun," said Erwin Tschachler, M.D., professor of dermatology, University of Vienna, and Director of CE.R.I.E.S, which conducted the study. "But one thing is certain. Even if you have extremely pigmented skin, you are not completely protected from the danger of photodamage."

Behavior appears to be an important risk factor related to photodamage. It might seem logical that people living in southern latitudes would experience higher levels of photodamage than people living in the north. But the study found that people in the south are actually 20 to 30 percent less likely to show signs of photoaging.

Dr. Tschachler said that "People in the south are more aware of the sun's intensity and behave differently," he explained.

"They avoid going out into the sun, while people in the foggy north go out in the sun whenever it's out. It's quite an interesting finding and suggests that sun protective behavior really can reduce your risk of photoaging."

Protection from the sun's ultraviolet (UVA and UVB) rays reduces the risk, not only of premature photoaging, but also several forms of skin cancer. People planning to be in the sun for more than 20 minutes should apply a broad spectrum sunscreen (one that protects against UVA and UVB rays) with a minimum skin protection factor (SPF) of 15, and reapply it as often as necessary should it be rubbed or washed off. "Sun is the single most harmful agent when it comes to the effect on our skin and premature aging," said Dr. Tschachler. "The good news is that the damage is avoidable." **Dj**

Kevin Orfield

Fighting the War against Warts

Q: What are warts?

A: Warts are caused by a virus, in this case the human papillomavirus (HPV) that can live in the skin. Warts may not appear for more than a year after you're exposed to the virus.

Common warts grow around fingernails and on fingers and backs of hands. Children and people who bite their nails or pick at hangnails are most likely to get common warts.

Foot warts (plantar warts) are usually found on the soles of the feet of teenagers and young adults. A plantar wart can feel like a stone in your shoe. When plantar warts grow in clusters, they're called mosaic warts.

Flat warts are smaller and less common than other warts, but people who get flat warts usually get a lot of them. It's not unusual for someone to have as many as 100 flat warts at the same time! Children often get flat warts on the face. In adults, they usually develop in areas of skin that are irritated by shaving.

Q: Are warts contagious?

A: Warts are mildly contagious. You can get warts if you touch someone who has HPV or handle something a person with HPV has touched. Swimming pools, locker rooms, and other public places are common sources of infection. You're most susceptible to the virus if you're run down or your skin is cut or scraped.

Genital warts are spread from one person to another through sexual contact or at birth. They're more contagious than other types of warts.

Q: Can genital warts cause cancer?

A: Not all genital warts (condyloma) cause cancer, even if they're present for a long time. However, a few of the more than 80 types of HPV seem to increase a woman's risk of cervical cancer and increase the risk of skin cancer in both men and women.

Warts are one of the most common dermatologic conditions. Dermatologist Barbara R. Reed, M.D., who is in private practice at the Denver Skin Clinic and associate clinical professor at the University of Colorado Health Sciences Center, Denver, explains what causes these ugly, noncancerous growths and what to do if you develop them.



common warts



plantar warts



flat warts

Q: If I get a wart, what should I do?

A: See your dermatologist. About half of all warts go away on their own — especially in kids — but may take as long as two years to disappear. Because warts constantly shed the infectious virus that caused them, they can grow and spread during that time. And there's a chance that the growth you're looking at isn't a wart at all, but cancer or another serious skin condition that needs immediate medical attention.

Q: How do dermatologists treat warts?

A: First, we make sure that having the treatment won't be worse than having the wart. We can't ever be sure a wart won't come back. So if removing a wart from the bottom of the foot, for example, would leave a scar that could make a new wart there more painful than the existing wart, it might be best to leave the wart alone.

Liquid acids and liquid nitrogen work well on warts around fingernails but can be painful and deform nails. We also use topical acids to melt these warts away.

Plantar warts are hard to treat because most of the wart is under the skin. Dermatologists apply acid plasters, liquid acids, and liquid nitrogen, as well as use surgery and lasers to treat these warts. We may also suggest the patient switch to shoes that don't cause pressure and recommend techniques to make feet sweat less.

Daily acid peels are sometimes used to treat flat warts in adults, while topical tretinoin is more appropriate for treating children. Painting low-strength salicylic acid on common warts is a slow but effective way of getting rid of these growths in children. Other dermatologists have reported success with topical tretinoin. Immunotherapy has also proven effective for treating warts.

Questions?

The AAD offers educational pamphlets on many dermatologic conditions, and can provide a list of local dermatologists. Call the AAD toll-free 1-888-462-DERM or log on to our Web site at www.aad.org.

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