

# DERMATOLOGY

## insights



Premiere Issue / Spring 2000

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

### *Dermatology in the New Millennium*

Is there *help* for *hair loss*?

### *Skin Cancer Prevention and Detection*

- MELANOMA ALERT  
*are you at risk?*
- SUNSCREEN SMARTS  
*what the latest research says*

Understanding  
*nail problems*

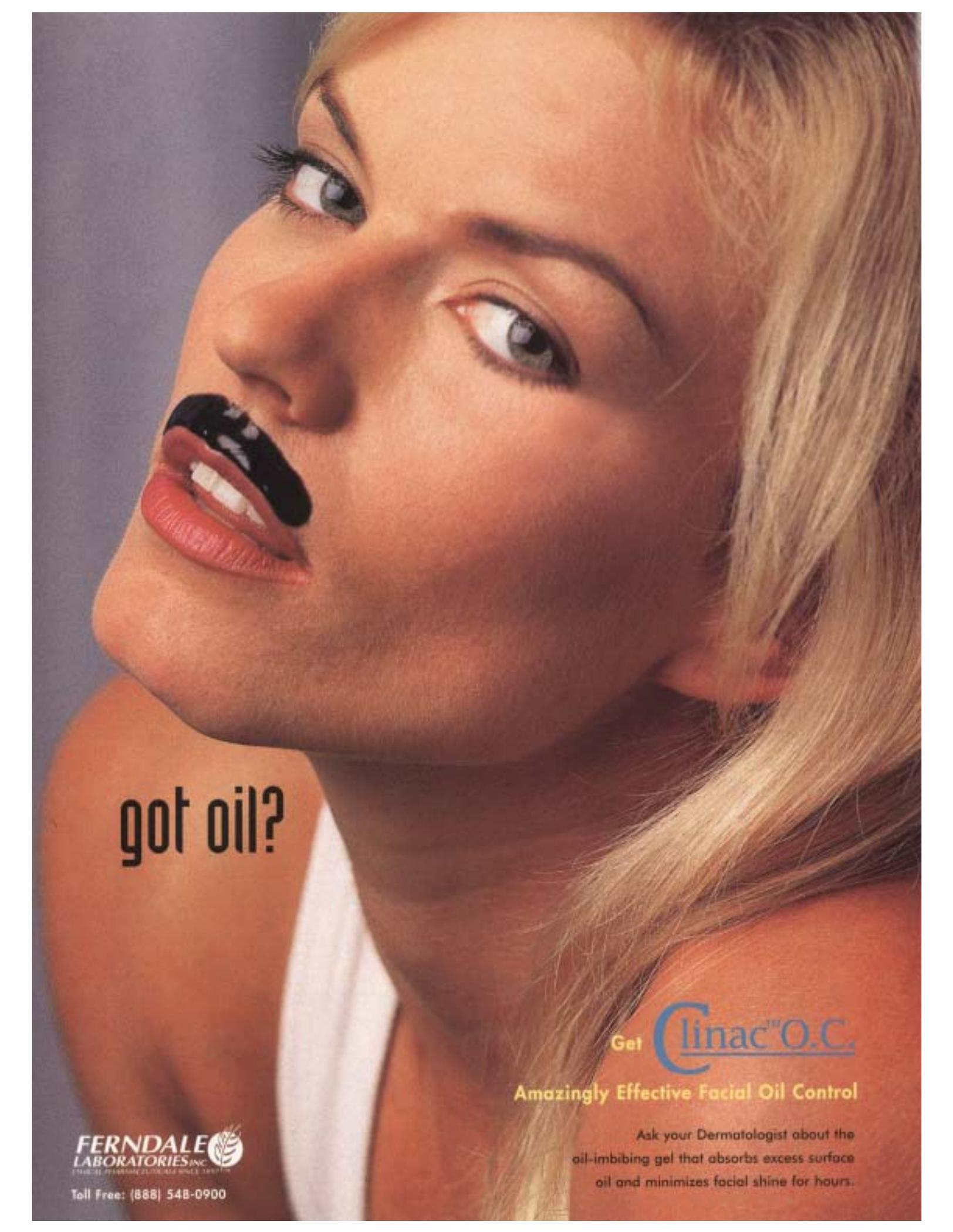
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DERMATOLOGY insights

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Welcome from the AAD

Welcome to the premiere issue of Dermatology Insights: a patient's guide to healthy skin, hair and nails!

This new publication from the American Academy of Dermatology (AAD) is designed for today's dermatology patients, who want to keep abreast of the latest information on managing their dermatologic health. What makes Dermatology Insights different from others? You'll find a

wealth of medically reliable information, timely articles and the latest news on a wide range of dermatologic conditions from expert physicians; AAD member dermatologists.

Skin problems can affect everyone from infants to adults. Many changes are now taking place in the field of dermatology. Dermatologists have new ways to effectively treat skin problems. In this issue, researchers and dermatologists peer through the window to see what the future may hold for their patients. In other features, you'll learn who's at risk for melanoma, what you should know to protect against skin cancer, what can be done to quell the effects of acne scarring, new treatments for hair loss, and much more. We've added tips and practical advice from dermatologists to help you best care for your skin, hair and nails. Of course, everyone is different. If you have any questions about your skin condition, be sure to ask your dermatologist.

Let us know what you think about the publication, which will continue to be available in your dermatologist's office. If you would like to suggest a topic for future issues of Dermatology Insights, please write the editor at the American Academy of Dermatology, P.O. Box 4014, Schaumburg, IL 60168-4014 or fax (847) 330-8907.

Handwritten signature of Darrell S. Rigel

Darrell S. Rigel, M.D.

The AAD is the largest and most representative of all dermatologic associations. The Academy is committed to advancing the science and art of medicine and surgery related to the skin; advocating quality dermatological care for everyone, education, and research in dermatology; supporting and enhancing patient care, and promoting lifelong healthy skin, hair and nails.

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Flaking or irritation may not even be dandruff. They could also be scalp dermatitis or even mild psoriasis.

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## **b** Dermatology in the New Millennium

*building on past knowledge through the most advanced basic science and clinical research and taking advantage of evolving technologies — the future for patients with skin, hair and nail disorders, and for the dermatologists who treat them — looks more exciting than ever.*

Are gene therapy, melanoma vaccines, and computer diagnosis the wave of the future for dermatology?

Considering the impact of recent advances in dermatological science, it can be mind-boggling to try and imagine approaches to care, treatment and prevention of skin afflictions that will be available to Americans in the 21st century. What is clear is that dermatologists have a body of medical knowledge and technical expertise that is unique in the medical arena. They will continue to expand their knowledge, play vital roles in research and development, and explore new and improved methods to help care for people's skin, hair, nails and mucous membranes.

A cadre of dermatologists offer the following glimpse into the future and how this progress might affect you!

### RESEARCH AND TECHNOLOGY SHOULD DRIVE ADVANCES

Dermatology is a technology-driven specialty that develops with new innovations in treatment, surgical procedures and products. New treatments stem from basic science and clinical research guided by dermatologists who want to solve the puzzle of skin disease. By building on past knowledge using today's technologies, the potential for developments in the dermatologic field through research is virtually guaranteed.

"With advances in research, the potential for future applications in the dermatology field seems limitless," says Darrell S. Rigel, M.D., president of the American Academy of Dermatology and clinical professor of dermatology, New York University Medical Center.

Dermatologists look forward to

helping patients by advancing knowledge in such areas as medical dermatology, investigative dermatology, pediatric dermatology, dermatopathology, dermatologic laser therapy and dermatologic surgery. Much emphasis will be on genetic research, which will offer the most impact in terms of future medical advancements.

"By being able to pinpoint the genes responsible for certain skin diseases, eventually we'll be able to change genetic material by taking the cells out, correcting the gene and putting them back in," says Paul R. Bergstresser, M.D., professor and chairman of dermatology, University of Texas Southwestern Medical Center, Dallas. "Ultimately," Dr. Bergstresser says, "genes, infection and the environment will

also play an important role in how virtually all skin diseases are expressed. These three factors must be considered while developing new treatments."

To think of how dermatology will change in the millennium, dermatologists point out that novel treatment approaches are being pioneered. Some examples are the use of gene therapy and vaccine therapy. Gene therapy involves technology that introduces a new, functional gene into the patient's own cells to correct a disease-causing defect or increase disease-fighting processes. Scientists hope gene therapy may some day lead to a cure for lamellar ichthyosis and other rare inherited skin diseases.

In the new millennium, the focus in dermatology will be on immunology, the branch of science that deals with antibodies and immunity to infection, says Dr. Bergstresser. Understanding the immunologic mechanisms of skin diseases is crucial in the diagnosis and management of rare conditions including blistering disorders, lupus erythematosus, and cutaneous T-cell lymphoma. Additionally, researchers are studying ways to change the body's own immune system to fight diseases such as psoriasis and atopic dermatitis.

"We are learning how to distort the cells' function and to alter immune

responses in the skin with implications for melanoma and autoimmunity," says Dr. Bergstresser. "Although testing is being done on mice, researchers are preparing to perform the tests in humans." This practice could have an effect on a person's ability to "fight off" a disease such as skin cancer.

*“ One major development ahead is a new vaccine for people at the highest risk for developing melanoma. ”*

Also impacting dermatology patients is "the development, and now the requirement, for controlled clinical trials before the introduction of new drugs," says Dr. Bergstresser. "What this means is that now physicians can look at a new drug, say that it has gone through extensive testing and be confident that it tends to work statistically. This makes us much more certain that a drug will produce its desired effect now."

As the new century begins, scientists head into the concluding years of human genome sequencing — the effort to record all of the nearly 100,000 human genes — which began in 1990 and is coordinated by the U.S. Department of Energy and the National Institutes of Health. Clay J. Cockerell, M.D., clinical professor of dermatology and pathology and director of dermatology at the University of Texas Southwestern Medical Center Dallas, anticipates seeing an increasing number of therapies related to genetic issues in dermatology.

"The genome project has discovered genes associated with skin diseases, and I predict even more genes will be identified as culprits in causing skin disease, as well as gene therapy for generating vaccines for infectious diseases," says Dr. Cockerell.

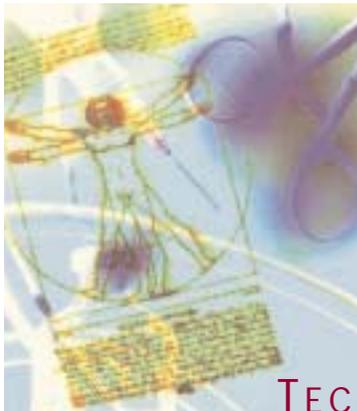
Dr. Cockerell expects that recent advances will allow dermatopathologists to examine certain types of skin diseases

and skin cancers to see exactly what the genes are in those cancers.

In the next century, other significant discoveries in dermatology therapy are likely to develop including the use of drugs that alter the immune system to treat eczema, psoriasis and other immunologically based skin diseases, plus new

drugs, retinoids and antibiotics to treat acne and photoaging (sun damaged skin).

What's ahead in this exciting time in dermatology as new techniques and advances keep happening? Better diagnostic abilities, better drugs to treat skin conditions, earlier diagnosis of lesions so that patients can get treatment at earlier stages when lesions are less harmful and the disease is not as advanced," says Dr. Cockerell.



**MELANOMA VACCINE**

One major development ahead is a new vaccine for people at the highest risk for developing melanoma, says Dr. Rigel. "I see such a vaccine happening in about five to 10 years, and some of that research

is being done by dermatologists." The idea behind a vaccine is for the patient's immune system to catch and kill the leftover melanoma cells before they become a threat.

"It's an exciting time. We've gone from 15 years ago, where we didn't recognize skin cancer unless it was bleeding and very large, to the point now where we can recognize it earlier, and in the future, hopefully be vaccinated against it."

Dermatologists now know how much of an effect the sun has on skin cancer, and that there is a relationship between skin cancer and the importance of sun protection. "The fact is dermatology has not only been the specialty at the forefront of diagnosing this disease, but also in developing methods to help people prevent unnecessary damage to their skin, as well as treatment," says Dr. Rigel.

Will we still worry about skin cancer in the next century? "With new instrumentation and techniques to detect skin cancer — plus with the ability to catch and treat it at the earlier stages — we may be able to increase the cure rate for many people," he says.

Dj

*By Amy Ritt, a medical and health writer from Schaumburg, Ill., and Carol Levin, editor of Dermatology Insights.*

**TECHNOLOGY FOR A NEW CENTURY**

Computer technology and information systems also will continue to influence the way dermatologists practice medicine.

"Computers are revolutionizing the way we learn and access information. I predict that eventually there will be computer systems that will help us to diagnose skin cancer without having to surgically perform biopsies," says Dr. Rigel.

Another step forward will happen with the expansion of telemedicine, where specialists provide consultation via the internet. Telemedicine gives dermatologists the ability to serve patients in remote or underserved areas of the world.

Computer technology might enable consumers to have access to information for self-diagnosis and consultation. "I see a future in which patients will be able to go to a kiosk, provide a blood sample and receive their diagnosis," says Dr. Bergstresser. "Of course, that will work best with genetic disorders or conditions that can be measured in cells or blood." Something similar now available is a home-pregnancy test. "So will patients stand inside of a computer and be able to find out what their skin disease is?" "Maybe," he says.

"New technology, will allow dermatologists to find even better medical services to deliver to people," says Dr. Bergstresser.

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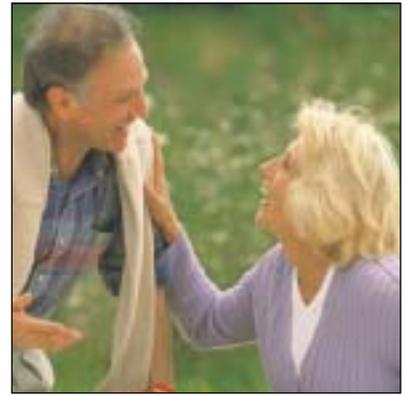
## A Look at What's Ahead for Aging Skin

While most emphasis on medicine in dermatology is disease identification and therapy, skin care and the skin aging process are leading many patients to dermatologists. Today, dermatologists and dermatologic surgeons are developing more tools than ever before to combat not only wrinkles, but also acne scars and other skin imperfections.

Improving the overall appearance of skin will continue to trigger advances in current "cutting-edge" cosmetic surgery procedures and techniques such as chemical peels, liposuction, and removal of skin growths, discoloration or unwanted veins, dermatologists predict.

"As the aging population increases, there is a huge incentive for new technology that helps with skin aging-related changes," says William P. Coleman III, M.D., clinical professor of dermatology at the Tulane University School of Medicine, New Orleans, La. "For example, patients might be able to one day have their wrinkles removed by having treatments applied to the skin, then walk out of the dermatologist's office without long-term incapacitation," he predicts.

Recent technological breakthroughs have created a variety of options to combat wrinkles and scars that include resurfacing techniques with lasers and new forms of chemical peeling that help improve the skin's color and texture. "New collagen-like substances serve as 'filling agents' for wrinkles, and there are new



ways of removing small veins in the face through laser treatments," says Dr. Coleman.

*"Dermatologists may eventually carry around lasers the size of a pen, perform cosmetic surgery without downtime."*

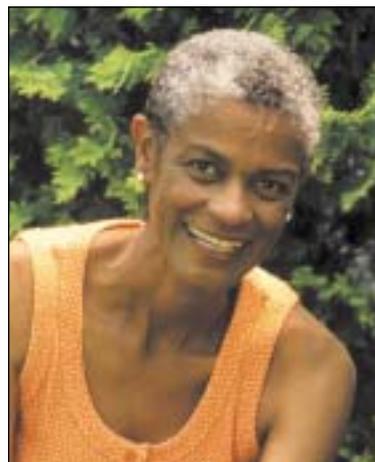
Dermatologists expect vast changes in dermatologic surgery and the field of cosmetic dermatology, says Ronald L. Moy, M.D., associate clinical professor of dermatology at the University of California at Los Angeles. These will include ways of increasing collagen, making the skin thicker and reversing sun damage. "We could someday have ways of rejuvenating the skin so that the future will probably include laser treatments combined with tightening procedures and tissue-augmentation products," he predicts.



Dr. Moy says although it's hard to speculate, dermatologists may eventually be able to shrink skin and oil glands,

carry around lasers the size of a pen, perform cosmetic surgery without downtime, diagnose diseases at even earlier stages and with computers, and prevent skin cancers. They may one day have accessible new drugs, new immune-system modifiers and vaccines to eliminate skin cancers and help with hair loss, vitiligo, and other conditions that are immunologic in nature.

While it's impossible to fully predict exactly what effect clinical advancements will have on patient care and the practice of dermatology, rest assured that the specialty will continue to evolve. "The things we cannot even imagine will be the things that surprise us most," says Dr. Moy.



*Advances in cosmetic procedures and new treatments will help patients benefit with a more youthful appearance.*

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# MELANOMA ALERT

*The death rate is declining as patients take steps toward prevention and detection.*

*Melanoma is almost always curable in its early stages.*

*How can you guard against the most deadly form of skin cancer?*

don't go  
*for the* **BURN**



*are you at risk?*

Find out if you are at risk for skin cancer.  
Take the quiz on page 14.

when it is at least as large as the eraser on a pencil. Melanoma may have no symptoms or the mole may ooze, become scaly, bleed, itch, change color, grow, feel sore, or form a crust. Unlike normal moles, whose edges are well defined, the borders of a melanoma are irregular and often may blend into surrounding skin.

#### WHO IS AT RISK?

Like other forms of skin cancer, melanoma is associated with sun exposure. Fair-complected people — redheads and blondes who freckle and sunburn easily — are melanoma's favorite targets, but the disease strikes members of every race and ethnic group. Factors that elevate

**E**fforts to boost public awareness of melanoma took a quantum leap last summer when Captain Jeffrey Ashby, pilot of the Space Shuttle Columbia, dedicated his mission to highlighting the need for early detection and prevention of the skin cancer that claimed his wife Diana's life, at the age of 34. Yet, many Americans remain dangerously unaware of the deadly threat posed by this completely preventable, highly curable, potentially fatal form of skin cancer.

In the United States, recent data shows that the incidence of melanoma is increasing more rapidly than that of any other cancer, more than doubling among Caucasians between 1973 and 1995. The American Cancer Society estimates 47,700 cases of melanoma will be diagnosed in 2000 and that the disease — also called cutaneous or malignant melanoma — will claim 7,700 lives.

"There is encouraging news amid these serious statistics," says Darrell S. Rigel, M.D., a New York dermatologist and president of the American Academy of Dermatology. "While the number of melanoma cases is increasing, melanoma-related mortality has not risen. Since melanoma is one of the few diseases that can be impacted with early detection and prevention, these statistics reinforce the importance of regular and thorough skin self-examination and a comprehensive sun-protection program."

#### WHAT IS MELANOMA?

Characterized by uncontrolled growth of pigment-producing cells, melanoma may arise from or near a mole or other dark spot. Melanoma may also appear on otherwise-unblemished skin. It usually begins as a flat or raised multicolored mole and is most commonly recognized

*"Melanoma can be recognized and treated as soon as it appears, and that's when we want to catch it."*

Melanoma almost always originates on the skin's surface — most often, on the upper back, torso, lower legs, head, or neck — but may rapidly penetrate to deeper layers; spread to other places on the skin, lymph nodes, lungs, liver, brain, or bones.

It is estimated approximately 1.3 million new cases will occur of basal cell and squamous cell cancers. Much less serious than melanoma, these cancers can most commonly appear on the face, ears, neck, arms, hands and legs as warty bumps or scaly patches. In-office surgery can take care of them.

an individual's susceptibility to melanoma may include:

- Excessive exposure to sunlight during childhood and adolescence.
- Work or other activities that involve spending a lot of time outdoors.
- A personal or family history of melanoma.
- History of blistering sunburn.
- Having large moles, a large number of moles, or atypical moles.

Sometimes called dysplastic nevi, atypical moles often run in families. They are generally larger and more numerous than normal moles, and their variable pigmen-

*continued...*

## ABCDs of melanoma

Skin irregularities may be signs that you have or are about to develop melanoma. Check with your dermatologist if your skin self-exam reveals:



**Asymmetry:** One side of a mole doesn't look like the other side.



**Border:** The edges of a mole are ragged or uneven.



**Color:** More than one color is present in a single mole. A melanoma may include streaks of tan, brown, black, red, white, and blue.



**Diameter:** A mole becomes larger than pencil eraser size or changes its shape.

tation and irregular borders resemble those of melanoma. Because atypical moles can become cancerous or be a sign that a person who has them may be at increased risk for developing malignant melanoma, dermatologists recommend monitoring those people especially carefully and removing any suspicious-looking lesions.

**HOW IS MELANOMA TREATED?**

If detected in the early stages, melanoma can usually be treated successfully. "Melanoma can be recognized and treated as soon as it appears, and that's

when we want to catch it," says James M. Spencer, M.D., director of Mount Sinai Medical Center Division of Dermatologic Surgery, New York. "There's no effective treatment for melanoma that has spread to the internal organs. But melanoma that is still confined to the skin is nearly 100 percent curable. This is the point where the dermatologist's special expertise and trained eye make a vital contribution to life-saving early detection of this disease."

If a laboratory test reveals a malignant melanoma, your dermatologist will determine the appropriate treatment depending on the stage and location of the disease



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Skin Cancer  
before it  
gets under  
your skin.



*Dermatologists and cancer specialists agree that a 15-minute head-to-toe skin self-exam can literally be a lifesaver.*

as well as your overall health.

Surgical removal (excision) of diseased tissue is currently the most effective treatment for melanoma, and it is effective only before the disease spreads from its point of origin. Scientists continue to study the melanoma-eradicating ability of chemotherapy, radiation, lymph-node removal, and vaccines and other forms of immunotherapy designed to stimulate the body's own defenses to fight off melanoma cells, but results so far have been disappointing.

Four of every five patients whose melanoma is excised recover fully and have no further problems, but post-operative follow-up is essential to identify and treat non-melanoma skin cancers or melanoma that recurs at the original spot or elsewhere.

**HOW CAN I PREVENT MELANOMA?**

Physicians and patients both play important roles in preventing and detecting skin cancer. If you're not already receiving a skin examination at your doctor's office, now is the time to start. Before your exam take some time to jot down any skin problems, so you remember. Dermatologists advocate a cancer-related check-up, including a skin examination by a physician, every three years between the ages of 20 and 40 and every year for everyone over 40. But the best defense against this deadly disease begins at home, in front of a full-length mirror.

Dermatologists and cancer specialists agree that a 15-minute head-to-toe skin

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self-exam can literally be a lifesaver. Itching, tenderness, pain, redness, swelling, or any other changes in the way the skin looks or feels should be reports to a dermatologist right away. So should any unusual sores, lumps, blemishes, or marks and any change in the size, shape, or color of one or more moles. If there are signs of skin cancer, the dermatologist will examine the skin carefully. If a mole or pigmented area doesn't look normal, the doctor will cut it out and examine it under the microscope to see if it contains cancer.

"Melanoma is always a scary diagnosis for anybody to receive," says Clark Otley, M.D., assistant professor of dermatology at the Mayo Clinic, Rochester, Minn. "It often hits people who are very much in the

prime of life, and it can be utterly tragic. Melanoma is a disease that must be respected, and it's important for patients to get a realistic perspective on the likelihood of recovery and the probability of recurrence."

Although melanoma is the result of years of exposure to ultraviolet sunlight, it's never too late to adopt skin-protecting strategies. Your dermatologist will talk to

you about taking precautions, especially when it comes to preventing bad sunburns in childhood. The American Academy of Dermatology recommends that people apply a broad-based sunscreen with a Skin Protection Factor (SPF) of 15 or more before going outdoors and wear a broad-brimmed hat, long-sleeved shirt, and other

protective clothing during prolonged periods of sun exposure. It's important to stay out of the sun between 10 a.m. and 4 p.m., when ultraviolet rays are most intense and seek shade whenever possible. Also, avoid tanning parlors.

"Think of sun-related skin damage as a bank account you opened a long time ago," suggests Dr. Spencer. "Before you realize how dangerous all that sun exposure can be, you made some pretty big deposits. Withdrawals aren't allowed, so you may have accumulated a sizeable balance. But that's no reason to continue making deposits."

Dermatologists also will continue their ongoing efforts in the new millennium to educate the public about sun safety through their participation in national programs such as free skin cancer screenings. They hope their vigilance and new research will someday end melanoma forever.

Dj

*For more information about melanoma call the American Academy of Dermatology, at 1-888-462-DERM, or log on to [www.aad.org](http://www.aad.org).*

*By Maureen Haggerty, a Philadelphia, Pa., writer specializing in health and science.*



"Mmm. Nice Pre-Cancerous Glow."

That's not a healthy tan, that's damaged skin. Which may lead to melanoma or another form of skin cancer. Melanoma can be successfully cured if caught early.



**So, examine yourself regularly.**

## the 15-minute lifesaver

### SKIN SELF-EXAM



You are never too young or old to practice good health habits. When it comes to early detection of skin cancer, your full-length mirror can be a powerful ally. Spending a quarter hour of quality time with your own reflection every month could add years to your life.

**Stand in front of a mirror.** Take off all your clothes. Shine a bright light on your body. Now take a good look at yourself, using a hand mirror to inspect places you can't otherwise see. Make a mental note of where your moles, freckles, blemishes, and other marks are located and what they look like. If you don't think you'll be able to recall the details when it's time for your next monthly self-exam, draw a picture or take a snapshot.

**Examine every inch of yourself—from the top of your head to the soles of your feet.** And tell your dermatologist if your skin itches, swells, reddens, hurts, or feels sore, if there's a change in the size, shape or color of any spot on your skin, or if you notice any difference in the way your skin looks or feels.

**Be sure to call the doctor's attention to any spots that worry you or that you were not able to examine properly.**

# test your sun sense: true or false

**Sunscreen is necessary only in the summer.**

False.  
You need to protect your skin 365 days a year, even if it's cloudy.

**UVA radiation is safe.**

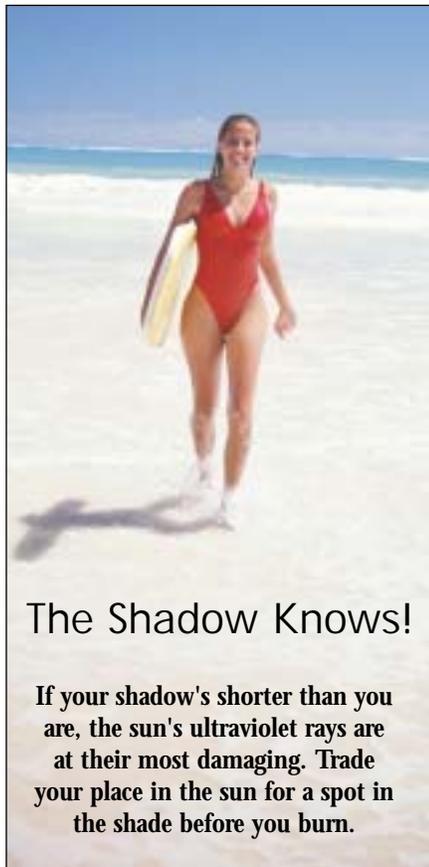
False.  
Studies show UVA rays, the type of light used in tanning beds, causes skin photoaging and can lead to wrinkles, age spots and skin cancer.

**Your body needs sunlight to get enough vitamin D.**

False.  
You can easily get enough vitamin D from your diet without having to put yourself at risk for skin cancer.

**A tan will protect your skin against serious sun damage.**

False.  
While the increased pigment in your skin from a suntan offers a slight level of protection — the equivalent of an SPF 3.5 — the damage that occurs in the process far outweighs the benefit.



## The Shadow Knows!

**If your shadow's shorter than you are, the sun's ultraviolet rays are at their most damaging. Trade your place in the sun for a spot in the shade before you burn.**

**Q** Can melanoma be cured?  
**A**

When detected early, surgical removal of thin melanomas can cure the disease in most cases. Early detection is essential; there is a direct correlation between the thickness of the melanoma and survival rate. Dermatologists recommend a regular self-exam of the skin to detect changes in its appearance, especially changes in existing moles or blemishes. Additionally, patients with risk factors should have a complete skin examination by a dermatologist annually. Anyone with a changing mole should be examined immediately.

# skin cancer quiz

The following quiz can help you determine your risk for developing skin cancer. After you add up your total points, match your score with those noted below to find your risk level:

- \_\_\_ Hair Color  
Blond/red = 4, brown = 3, black = 1
- \_\_\_ Do you have freckles?  
Many = 5, some = 3, none = 1
- \_\_\_ Eye Color  
Blue/green = 4, hazel = 3, brown = 2
- \_\_\_ When exposed to one hour of summer sun you...  
Burn, & sometimes blister = 4, burn, then tan = 3, tan = 1
- \_\_\_ Where is your job?  
Outdoors = 4, mixed = 3, indoors = 2
- \_\_\_ Has anyone in your family had skin cancer?  
Yes = 5, no = 1
- \_\_\_ Where in the U.S. did you live most before the age of 18?  
South = 4, Midwest = 3, North = 2
- \_\_\_ My total



Risk Levels	
10-15	below average risk
16-22	average risk
23-25	high risk
26-30	very high risk

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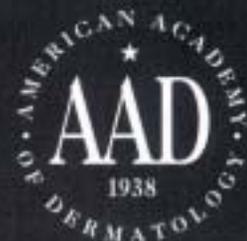
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## WHAT DO YOU THINK?

Dermatology Insights would love to hear from you! Give us your opinion of this issue's articles, tell us how you or someone you know has dealt with a skin condition, or suggest a future article.

Write to: Dermatology Insights, P.O. Box 4014, Schaumburg, IL 60173-4014 or fax the editor at (847) 330-8907.

Include your name, address and daytime phone number.

*Letters may be edited and published.*



[www.aad.org](http://www.aad.org)

## check out the AAD's web site

Have you visited the American Academy of Dermatology's Web site, [www.aad.org](http://www.aad.org)? Patient information is just a mouse click away. You also can sign up to receive e-mail updates from the AAD about the latest news related to skin, hair and nails. *Check out these areas in the Patient Information section:*

- ✓ Find a Dermatologist. Easily locate a dermatologist in your area.
- ✓ Dermatologist Profile. Find out detailed biographical information about our member dermatologists including their education, specialized training, office hours, healthcare participation and more.
- ✓ Patient Education. Access a wide variety of AAD pamphlets on skin, hair and nail conditions such as melanoma.
- ✓ Foundations. Contact information for foundation, institutes and support groups.
- ✓ Skin Cancer Updates. Find out more about skin cancer.
- ✓ Press Releases. Find AAD news releases about acne, aging, hair, nails, pediatric dermatology, skin cancer and sun safety.
- ✓ Skin Cancer Screening. Locate a skin cancer screening in your area.
- ✓ SkinSavvy. Features the AAD's guide to healthy skin.
- ✓ AcneNet Web Site. Access an encyclopedia of information on acne from the AAD homepage.

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# PROTECT YOURSELF against skin cancer

take **sun protection** as seriously in **winter** as you do in **summer**

**W**alk down the sunscreen aisle of your average drugstore and you'll be confronted with a dizzying array of bottles and tubes. Lining the shelves are multiple brands of creams, gels, ointments and lotions displaying SPF numbers ranging from 2 to 60. Many boast of something called full spectrum UVA and UVB protection. Others promise not to cause acne or allergic breakouts. There are even neon-colored and bubblegum-scented lotions for children.

*But, with so many formulas to choose from, how do you know which one to pick?*

When Marianne O'Donoghue, M.D., associate professor of dermatology, Rush-Presbyterian St. Lukes Medical Center, Chicago, Ill., hears this question from her patients, she encourages them to look at four variables.

**Consider the product's sun protection factor (SPF).** This number calculates the amount of time you can remain in the sun while wearing sunscreen compared to how long it would take you to burn with no protection. For example, a light-skinned, fair-haired person would begin to turn red after about ten minutes of sun exposure. By using a SPF 15 sunscreen, the same person would be able to spend 150 minutes in the sun before experiencing a similar degree of burn.

Dr. O'Donoghue advocates year-round sunscreen use for most individuals, especially those with fair skin. However, you can vary the SPF depending on the season and your daily



activities. For example, she says, "If you're just going to and from work, getting in and out of the car, then you can probably get away with an SPF 15. If you're going to be outside fishing, golfing, biking, or playing tennis, then I'd like to recommend using a higher number — 25 to 30." Remember, even on cloudy days as much as 80 percent of the sun's ultraviolet rays can fry your face. And, while water reflects up to 40 percent of the rays, snow reflects more than 90 percent.

Even with the protection of a good sunscreen, the length of time you can safely remain in the sun hinges on your particular skin type.

## SUN SENSITIVITY - SKIN TYPES

Dermatologists classify sun sensitivity into six categories.

**Skin Type I:** The most sensitive skin, found on freckled redheads. These individuals should severely limit their sun exposure, cover up with clothing, and use a high SPF sunscreen.

**Skin Types II through V:** Have a decreasingly less chance of suffering sunburns.

**Skin Type VI:** Common to heavily pigmented African Americans, is the least sun sensitive of all.

*The American Academy of Dermatology, however, recommends that all individuals use sunscreen of at least SPF 15.*

**Sunscreen's ability to protect against the full spectrum of ultraviolet light.** The sunlight we can see contains both burning UVB

rays (which are blocked by window glass) and the more penetrating UVA rays (which pass through glass). Exposure to high concentrations of UVB rays causes genetic damage to the cells, which can lead to skin cancer. In fact, research shows that one blistering sunburn

before the age of 18 doubles your chances of developing skin cancer. UVA, on the other hand, attacks the elastic layer of skin tissue, causing deep wrinkling and premature aging.

What's more, says Mark Naylor, M.D., assistant professor of dermatology at the University of Oklahoma, "Preventing wrinkles and signs of aging may actually be a tougher target than preventing skin cancer. Based on the data we have, it probably takes six to ten times less sunlight to promote aging-related changes in the skin than it does to bring on a sunburn." If you have any doubt about the aging effects of sunlight, says Dr. O'Donoghue, compare the skin on your face and arms with that on your covered areas. The wrinkles you see in sun-exposed areas are not simply the product of aging but the result of years of sun damage.

For these reasons, sun protection should begin in infancy and continue throughout life. Look for a full spectrum-



## IMPROVED SUNSCREEN TECHNOLOGY

Whereas most sunscreen ingredients work by absorbing, reflecting and scattering the sun's rays, substances such as zinc oxide and titanium dioxide physically block UV radiation from coming in contact with your skin. If your only association with zinc oxide is the white goop that lifeguards put on their noses, rest assured that sunscreen technology has come a long way in recent years. Zinc oxide and titanium dioxide are broken down into microfine particles and whipped into lotions or creams. These spread on the skin nearly transparently, providing an effective barrier against both UVA and UVB rays.

sunscreen that blocks both UVA and UVB radiation. It takes a variety of ingredients to provide this level of defense. Among the most widely used UVB blockers are the cinnamate compounds. These can be used by themselves but are often combined with other agents such as salicylate to produce higher SPF numbers. All three of these chemicals are considered extremely safe and effective. In addition, they do not stain clothing or cause a stinging sensation when applied as did their predecessors, the PABA-based sunscreens.

Another set of ingredients takes the lead in blocking UVA radiation. The workhorse in this arena for the last 20 years has been the benzophenone family of chemicals. However, the recently approved compound, Parsol 1789 (avobenzene) promises to be the most



effective UVA blocker yet. It also has the added benefit of not provoking allergic reactions as the benzophenones sometimes do.

**Whether or not you need a waterproof sunscreen.**

Waterproof sunscreens are a definite must if you're spending the day at the pool or beach. They are also a good choice if you are playing sports since ordinary sunscreens tend to melt away if you perspire heavily. A product carrying "waterproof" on the label is guaranteed to stay on your skin for 80 minutes of lap swimming. In practical terms, says Dr. O'Donoghue, this means "if you're at a water park, it's like swimming laps and you need to reapply it after 80 minutes. If you're out playing golf, however, where you're not sweating too much, a waterproof sunscreen may stay on all day."

**Characteristics of your skin.** If you are prone to acne, look for a sunscreen that promises to be "noncomedogenic." These are generally the gel formulas. Another hazard to watch for is allergic reactions. "Often," says Dr. O'Donoghue, "people in temperate climates can get away with using a chemical sunscreen until they travel to a place where the sun is intense like Florida, Mexico or California. That's when they have a photo-allergic reaction."

If this tends to be your problem, pack a chemical-free sunscreen that relies on physical blocking agents such as zinc oxide and titanium dioxide.

People with sensitive skin need a non-irritating sunscreen — a cream base generally is better than gel or lotion. **Dj**



*By Stephanie Slon, a Portland, Ore. based consumer health information writer.*



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## Application is Everything

Once you've found the sunscreen product that meets your needs, the next big hurdle is learning to apply it properly. "You should be using at least a couple of tablespoons. For most people, that would be enough to sufficiently cover your exposed skin if you were wearing a swim suit," Dr. Naylor says. He goes on to add, "In every study that's looked at how much sunscreen people actually use, it's always half to a quarter of what's needed. When it's not on thick enough, you don't get the stated level of SPF." Also, put your sunscreen on about 15 minutes before going outside to give it a chance to start working.

A single morning application of sunscreen is probably sufficient for routine activities. If you are planning a day outdoors, however, be prepared to reapply sunscreen every 2 hours—more frequently if you think it might have rubbed off, or if you are swimming or sweating a lot. These measures are especially important for children whose delicate skin is the most vulnerable to sun damage. For babies under 6 months old, you can apply zinc oxide ointment to exposed skin. This tried-and-true remedy is a good idea for older children on areas that are most likely to get burned: under the eyes, the tip of the nose and the tops of the shoulders.



Finally, as Dr. Naylor puts it, "There's no free lunch when it comes to sun exposure. The more you get, the worse it is." For this reason, it is important to keep in mind that wearing sunscreen is just one facet of your defense against the dangers of the UV radiation. Avoiding the sun during the peak hours of 10 a.m. to 4 p.m. and wearing tightly woven protective clothing, a hat, and sunglasses that block ultraviolet rays to protect the eyes are also key components of a comprehensive sun care regimen.



apply, apply, apply

## how do you treat SUNBURN

In case you forget to cover up and apply sunscreen, the resulting sunburn can be dangerous and painful. There are several types of burns and burn treatments. Remember, you may not always see the full damage of sun overexposure until the next day.

The two most common are first degree burns and second degree burns. First-degree sunburns cause redness and will heal, possibly with some peeling, within a few days. These are best treated with cool baths and bland moisturizers or over-the-counter hydrocortisone creams. "Caine" products such as Benzocaine may cause contact sensitivity. Aspirin taken orally may lessen early development of sunburn. Taking aspirin and ibuprofen will help reduce the inflammation of sunburn.

Second-degree sunburns blister and can be considered a medical emergency if a large area is affected. When a burn is severe, accompanied by a headache, chills or a fever, seek medical help right away. Be sure to protect your skin from the sun while it heals and thereafter.

## The truth about sunscreens and melanoma

Dermatologists contend sunscreens are a safe and effective tool in the battle against skin cancer. The danger comes when they offer a false sense of security. Regular sunscreen users may be tempted to spend more time in the sun or ignore other sun safety measures such as wearing protective clothing. Another risk is that people will disregard suspicious moles or other marks because they think that their sunscreen has afforded them total protection. To get the most out of your sunscreen choose a SPF number of 15 or higher, wear it 365 days a year, and limit your sun exposure whenever possible.

offense is the best defense to **So** managing this chronic skin disease



Proper skin care is the first step when it comes to managing eczema or atopic dermatitis, often called eczema (eck-zima). Your dermatologist can help you understand and improve this itchy skin condition to be free of flare-ups, inflammation and infection.

What's the first thing that comes to mind when someone says "eczema"? For patients, it may be chapped hands, scaling itchy skin, or blistering poison oak or poison ivy. Examples of eczema include dermatitis, allergic contact eczema, seborrheic eczema, and nummular eczema.

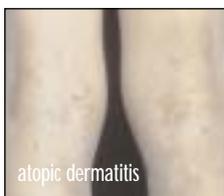
An estimated ten percent of infants and three to six percent of the general population have the itching and scratching of the most severe and common chronic form of eczema that is called atopic dermatitis. Atopic dermatitis often runs in families and it almost always begins in childhood, usually between two months and two years old. Environmental irritants and allergens can provoke it. Sixty percent of atopic dermatitis patients live with on and off flare-ups and remissions of the skin disease. The others outgrow it though the genetic predisposition remains.

WHAT YOU NEED TO KNOW ABOUT ECZEMA

Atopic dermatitis is a non-contagious chronic skin condition characterized by inflamed, swollen dry, scaling (cracking), itchy skin commonly found on the scalp, face, neck, hands or folds of the elbows, wrists and knees—and most anywhere on the body. Dermatologists primarily diagnose this common skin disorder through observation, family history and rarely biopsy. No blood or skin test will diagnose atopic dermatitis.

The key to successful management is for you to get proper, early and regular treatment. Atopic dermatitis patients also may have a susceptibility to respiratory problems, including hay fever, asthma and seasonal runny nose. However, shots given for hay fever are no help and may worsen the dermatitis in some patients.

"These people regularly have a defect that makes their white blood cells more reactive. What might be normal inflammation that would go away in an average person, with an atopic dermatitis patient, it progresses to itching, scratching, weeping and crusting sores. It's like the guy who doesn't know when to stop talking... the



atopic dermatitis

inflammation doesn't know when to shut off," says Jon Hanifin, M.D., professor of dermatology at the Oregon Health Science University, Portland.

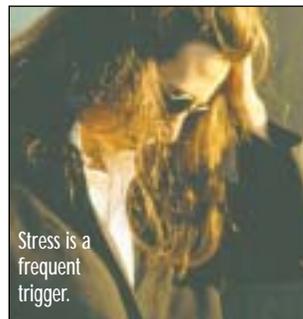
Dermatologists point out that with atopic dermatitis, the best offense is the best defense. The key to helping patients is to prevent or defend against inflammation. Your dermatologist may tell you to use a cream, or take some medication to help heal the rash, as well as what things to avoid while your skin gets better.

"We can try to prevent the onset of the inflammation through the stratum corneum (the tough, outer protective layer of the skin) when it becomes cracked, brittle, susceptible to irritants, infection — and the itch," says Dr. Hanifin.

The itch is often so bad that some people scratch in their sleep to extent of bleeding, infection and pain. Most would rather deal with pain than the itch. Some use extreme hot and cold water to try to numb it.

*Keep one step ahead of flare-ups!*

**Manage Stress.** Like a mood ring for the rest of your body, your skin can show what's going on inside. Think about it. When you're nervous or embarrassed, you may blush. When you get mad, your face



might turn red. Many doctors are turning to research linking stress and atopic dermatitis flare-ups. They're asking patients about everyday stressors, to help them identify and diffuse them, and to advise them to seek help when necessary with stress management strategies, such as setting priorities, choosing hobbies, trying yoga, meditation and exercise.

*continued...*

“It's like the guy who doesn't know when to stop talking...the inflammation doesn't know when to shut off”

# Dermatologists' Dos and Don'ts

# dos and don'ts

**Do** take cool, lukewarm baths and soak fully to hydrate yourself.

**Don't** use harsh soaps, only mild non-irritating bath bars or liquids.

**Do** steer clear of irritants and allergens that trigger flare-ups.

**Don't** take any chances with wearing woolens or nickel jewelry.

**Do** follow the 3-minute rule after showering by moisturizing within 3 minutes of your bath or shower.

**Don't** use a "lotion" or "bath oil" to moisturize. Use a cream or an ointment like petroleum jelly to seal in the moisture.

**Do** follow your preventive routines and treatments, and use your medications as instructed.

**Don't** forget or get lazy!

**Do** seek relief with over-the-counter topical steroid cream.

**Don't** hesitate to see a doctor when not getting relief.

**Do** try to deal with everyday stresses that may cause flare-ups with stress-management strategies.

**Don't** be embarrassed or hide because of flare-ups! Learn to accept them and know that they're NOT your fault!

**Do** realize that you can control atopic dermatitis.

**Don't** get discouraged.

**Do** choose a doctor who is interested in, knows and cares about YOU and atopic dermatitis.

**Don't** accept anything less!

*for Eczema*

**Soothe Skin.** Nothing beats a warm bath for softening your skin. But, bathing and moisturizing, if not done right, can cause flare-ups.

"Many atopic dermatitis patients only get part of the story — that bathing skin dries the skin, but it also hydrates. These patients need to bathe with a mild soap in water that is lukewarm not hot," says Dr. Hanifin. "They can soak until they are wrinkled, and even swim, as long as they follow the "Three-minute shower rule."

Within three minutes of a shower or bath, applying a moisturizer is a must to seal the hydration in. But, don't use just any moisturizer. The best choice? Good ol' petroleum jelly.

"It's an inexpensive moisturizer and the best thing to use because it's free of preservatives, fragrances and other irritants — and it seals the moisture into your skin," says Dr. Hanifin, "Other ointments or creams (ointments with water), even Crisco, are also fine."

Avoid lotions — they don't lubricate enough.

**Watch for a Skin Infection.** Atopic dermatitis patients must watch for pustules or pus bumps in affected patches, which can trigger even greater flare-ups. Additionally, a patient's predisposition to infection places them at greater risk for other skin infections including staph and herpes. If an infection does occur, patients need to seek medical attention.

**Choose Sports Carefully.** When we work out, we sweat. When people with atopic dermatitis sweat, they itch. The workout rule is LESS is MORE. That is, wear less to avoid overheating and don't exercise when a flare-up begins.

**Focus on Change of Seasons.** The oh-so beautiful changes of the seasons can spell 'OH-NO' for atopic dermatitis patients. Especially with the onset of winter comes dryness and low humidity that can trigger flare-ups. During these changes, consistency with bathing and moisturizing routines and treatments is key to avoid additional flare-ups.

**Avoid Irritants and Allergens.** Identifying irritants and allergens is as difficult as avoiding them. At best, try to avoid irritants like woolen or synthetic fabrics, latex rubber gloves, detergents, chlorine, nickel in jewelry and a variety of chemicals, as well as allergens like dust mites, pollen, animal dander, and maybe some foods.

**Treatment Methods Vary Depending on Symptoms.** While using ointments and/or creams, and living a stress-free life (well, at least trying to!) can prevent flare-ups and inflammation, medicated treatment is the only way to reduce the inflammation once it starts.

Fortunately, several treatment options are available for atopic dermatitis with new ones on the horizon, such as the topical drug tacrolimus (Protopic), which has been submitted for Food and Drug Administration (FDA) approval. Researchers continue to study the body's immune system to find the cause of the disease and new treatments.

If necessary, your dermatologist may prescribe topical steroids, oral antibiotics or internal sedating antihistamines at night to improve sleep or reduce the itch. If there is co-existing hay fever, antihistamines are helpful for that. Your dermatologist may recommend specific over-the-counter products or medications and may even suggest ultraviolet light therapy for severe or persistent cases.

Dermatologists also can provide education and lifestyle management techniques that can help people learn to manage their atopic dermatitis. **Dj**

*For more information about eczema or atopic dermatitis, ask your dermatologist for a brochure from the American Academy of Dermatology, call 847-462-DERM or log on to [www.aad.org](http://www.aad.org), or call the National Eczema Association for Science and Education, 415-456-4644.*

*By Patricia J. Murphy of Chicago, Ill., a medical, health and family issues writer.*

ERASE  
acne scars

## learn the five latest methods

## to erase acne scars

**t**eenagers and adults know the ravages of acne can long continue after the pimples have faded — but did you know you don't need to live with acne scars? There are now several surgical treatment options available for scarring. A trained dermatologist or dermatologic surgeon is the best choice to perform these procedures.

**1 Dermabrasion.** The most well-known technique for the treatment of acne scars. A power-driven instrument is used to remove the top layers of the skin and level out irregular acne scars. A smoother, fresher appearance results with a new layer of skin replacing the abraded skin during healing. Dermabrasion is usually performed once and patients can return to work usually within two to three weeks. Results are permanent.

**2 Laser Resurfacing.** Advances in laser technology have made it possible to reduce, and in some cases remove acne scars and a variety of skin growths and blemishes. By delivering short pulses of the laser beam, a dermatologist or dermatologic surgeon can smooth and improve acne scars. "Research has shown that combining the use of pulsed dye yellow light laser with a

pulsed carbon dioxide laser provides improvement in non-reddened, minimally thickened scars," says Tina S. Alster, M.D., dermatology professor at Georgetown University, Washington, D.C., and director of the Washington Institute of Dermatologic Laser Surgery. A carbon dioxide or Ebrium Yag laser used alone works well for elevating depressed scars that give the skin a crater-like appearance. Dermatologic surgeons say the number of treatments necessary depends on the type of scar and each person's collagen and wound healing ability, but one to two weeks is usually needed for healing. Sun protection with a good sunscreen is vital until the redness subsides completely, which could take weeks to months.

**3 Punch Grafts or Punch Excisions.** Used for deep "ice-pick" or pitting scars. A tiny instrument is used to excise the scar, and remove a piece of the surrounding tissue and either place a small graft or patch of skin from elsewhere on the patient's body in the defect or close the wound primarily with stitches. The punch grafts form their own scars, but provide a smooth skin surface that is less visible than depressed scarring. Results of punch excisional surgery are permanent.

**4 Microdermabrasion.** Often called the lunchtime peel, is a new technique that

uses microparticles to abrade and rub off the top skin layer, vacuuming away the particles and dead skin. This non-abrasive procedure produces virtually no discomfort, requires no topical or local anesthesia and involves little recovery or downtime. Results are subtle and dermatologists often recommend multiple treatments to improve the appearance of minimally scarred skin.

**5 Soft Tissue Augmentation.** Involves using bovine collagen, collagen-related fillers or a patient's own fat taken from another part of the body and injected in small quantities below the skin surface to elevate depressed scars. Often used in combination with other techniques for facial restoration, results from soft tissue augmentation can be enormously satisfying.

*For our educational pamphlet on acne scars or for a referral list of dermatologists near you, contact the AAD's automated information line at 1-888-462-DERM or log on to the AAD Web site at [www.aad.org](http://www.aad.org).*

*Clinical photographs: Dr. Gary Monheit and Dr. Tina S. Alster*



soft tissue augmentation



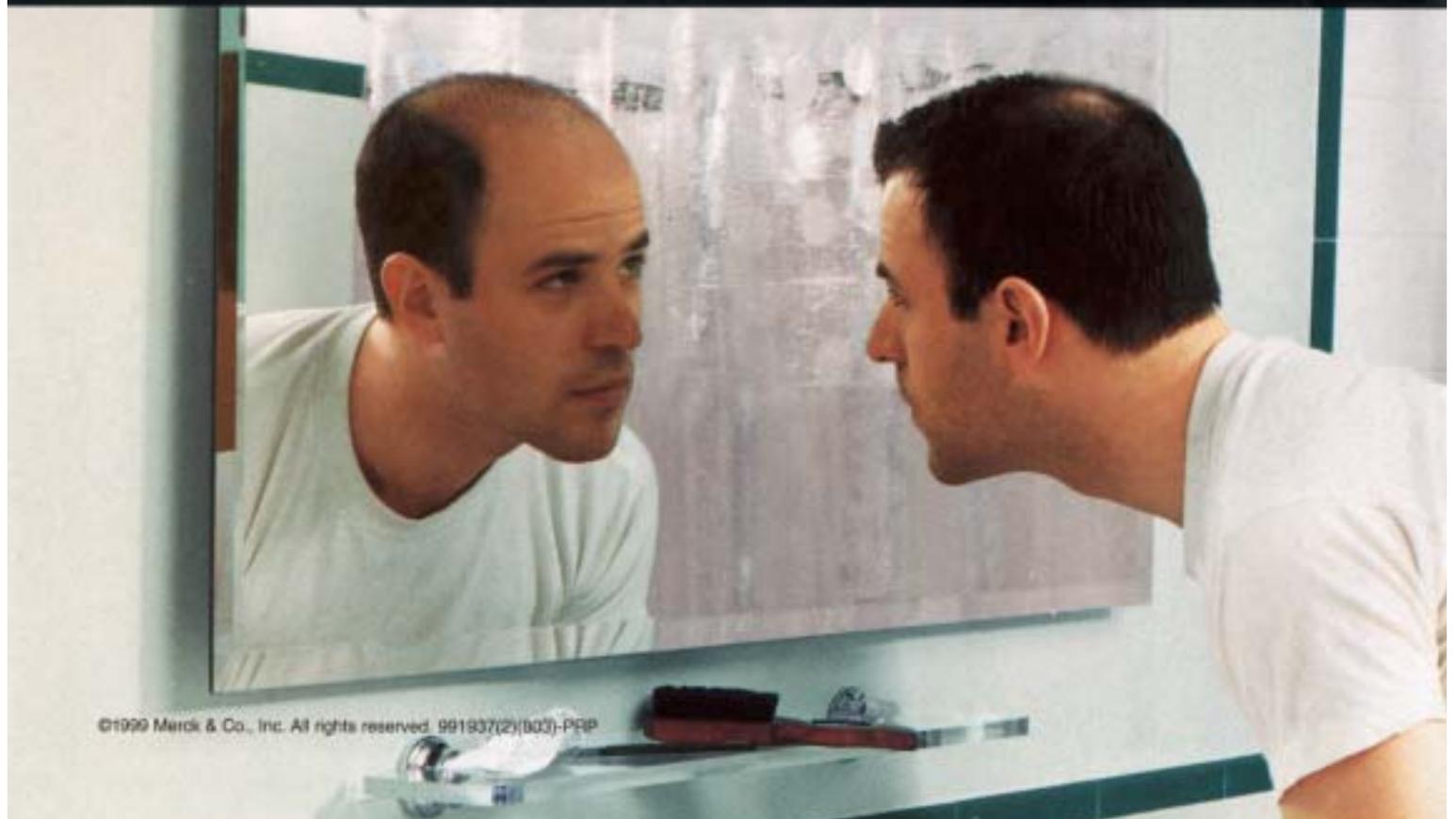
laser resurfacing

## Which procedure will work best for you?

Your physician will choose among the procedures based upon the nature of the scarring, your medical history, and the status of recent clinical studies in this area of research.

"The treatment must always be individualized for the specific patient. Early intervention is a plus to treating acne scarring," says Bruce Katz M.D., associate clinical professor of dermatology, College of Physicians and Surgeons of Columbia University in New York. "It also is important that the acne be well controlled before any method is used to alleviate scarring. However, people who have recently taken the prescription drug Accutane, have active cystic acne or unrealistic expectations of how the treatment will change their life are poor candidates for treatments. Patients with very mild scarring are the best candidates for microdermabrasion," he says.

IF YOU THINK  
LOSING MORE HAIR  
IS INEVITABLE,  
THINK AGAIN.





## The first and only pill clinically proven to treat hair loss in men.

PROPECIA is a medical breakthrough—the first pill that effectively treats male pattern hair loss on the vertex (at top of head) and anterior mid-scalp area.

By all measures, the clinical results of PROPECIA in men are impressive:\*

- 83% maintained their hair based on hair count (vs. 28% with placebo).
- 66% had visible regrowth as rated by independent dermatologists (vs. 7% with placebo).
- 80% were rated as improved by clinical doctors (vs. 47% with placebo).
- Most men reported an increase in the amount of hair, a decrease in hair loss, and improvement in appearance.

\*Based on vertex studies at 24 months of men 18 to 41 with mild to moderate hair loss.

Scientists have recently discovered that men with male pattern hair loss have an increased level of DHT in their scalps. PROPECIA blocks the formation of DHT and, in this way, appears to interrupt a key factor in the development of inherited male pattern hair loss in men.

Importantly, PROPECIA helps grow natural hair—not just peach fuzz—and is as convenient to take as a vitamin: one pill a day.

Only a doctor can determine if PROPECIA is right for you. PROPECIA is for **men only**. Further, women who are or may potentially be pregnant must not use PROPECIA and should not handle crushed or broken tablets because of the risk of a specific kind of birth defect. (See accompanying Patient Information for details.) PROPECIA tablets are coated and will prevent contact with the active ingredient during normal handling.

You may need to take PROPECIA daily for three months or more to see visible results. PROPECIA may not regrow all your hair. And if you stop using this product, you will gradually lose the hair you have gained. There is not sufficient evidence that PROPECIA works for recession at the temporal areas. If you haven't seen results after 12 months of using PROPECIA, further treatment is unlikely to be of benefit.

Like all prescription products, PROPECIA may cause side effects. A very small number of men experienced certain side effects, such as: less desire for sex, difficulty in achieving an erection, and a decrease in the amount of semen. Each of these side effects occurred in less than 2% of men. These side effects were reversible and went away in men who stopped taking PROPECIA.

**So start talking to your doctor.** And stop thinking further hair loss is inevitable.

**CALL 1-800-344-6622** or visit our website at [www.propecia.com](http://www.propecia.com) today to receive detailed product information, including clinical "before and after" photographs. Please read the next page for additional information about PROPECIA.



**MERCK**

**Propecia**<sup>®</sup>  
(finasteride)

**Helping make hair loss history™**



## Patient Information about PROPECIA®

(Pro-pee-sha)

Generic name: finasteride  
(fin-AS-tur-eyed)

### PROPECIA™ is for use by MEN ONLY.

Please read this leaflet before you start taking PROPECIA. Also, read the information included with PROPECIA each time you renew your prescription, just in case anything has changed. Remember, this leaflet does not take the place of careful discussions with your doctor. You and your doctor should discuss PROPECIA when you start taking your medication and at regular checkups.

#### What is PROPECIA used for?

PROPECIA is used for the treatment of male pattern hair loss on the vertex and the anterior mid-scalp area.

PROPECIA is for use by **MEN ONLY** and should **NOT** be used by women or children.

#### What is male pattern hair loss?

Male pattern hair loss is a common condition in which men experience thinning of the hair on the scalp. Often, this results in a receding hairline and/or balding on the top of the head. These changes typically begin gradually in men in their 20s.

Doctors believe male pattern hair loss is due to heredity and is dependent on hormonal effects. Doctors refer to this type of hair loss as androgenetic alopecia.

#### Results of clinical studies:

For 12 months, doctors studied over 1800 men aged 18 to 41 with mild to moderate amounts of ongoing hair loss. All men, whether receiving PROPECIA or placebo (a pill containing no medication) were given a mini-rated shampoo (Nutrafogea T/Gel™ Shampoo). Of these men, approximately 1200 with hair loss at the top of the head were studied for an additional 12 months. In general, men who took PROPECIA maintained or increased the number of visible scalp hairs and noticed improvement in their hair in the first year, with the effect maintained in the second year. Hair counts in men who did not take PROPECIA continued to decrease.

In one study, patients were questioned on the growth of body hair. PROPECIA did not appear to affect hair in places other than the scalp.

#### Will PROPECIA work for me?

For most men, PROPECIA increases the number of scalp hairs, helping to fill in thin or balding areas of the scalp. Men taking PROPECIA noted a slowing of hair loss during two years of use. Although results will vary, generally you will not be able to grow back all of the hair you have lost. There is not sufficient evidence that PROPECIA works in the treatment of receding hairline in the temporal area on both sides of the head.

Male pattern hair loss occurs gradually over time. On average, healthy hair grows only about half an inch each month. Therefore, it will take time to see any effect.

You may need to take PROPECIA daily for three months or more before you see a benefit from taking PROPECIA. PROPECIA can only work over the long term if you continue taking it. If the drug has not worked for you in twelve months, further treatment is unlikely to be of benefit. If you stop taking PROPECIA, you will likely lose the hair you have gained within 12 months of stopping treatment. You should discuss this with your doctor.

#### How should I take PROPECIA?

Follow your doctor's instructions.

- Take one tablet by mouth each day.
- You may take PROPECIA with or without food.
- If you forget to take PROPECIA, do **not** take an extra tablet. Just take the next tablet as usual.

PROPECIA will **not** work faster or better if you take it more than once a day.

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900883

#### Who should NOT take PROPECIA?

- PROPECIA is for the treatment of male pattern hair loss in **MEN ONLY** and should not be taken by women or children.
- Anyone allergic to any of the ingredients.

#### A warning about PROPECIA and pregnancy.

- Women who are or may potentially be pregnant**
  - must not use PROPECIA
  - should not handle crushed or broken tablets of PROPECIA.

If a woman who is pregnant with a male baby absorbs the active ingredient in PROPECIA, either by swallowing or through the skin, it may cause abnormalities of a male baby's sex organs. If a woman who is pregnant comes into contact with the active ingredient in PROPECIA, a doctor should be consulted. PROPECIA tablets are coated and will prevent contact with the active ingredient during normal handling, provided that the tablets are not broken or crushed.

#### What are the possible side effects of PROPECIA?

Like all prescription products, PROPECIA may cause side effects. In clinical studies, side effects from PROPECIA were uncommon and did not affect most men. A small number of men experienced certain sexual side effects. These men reported one or more of the following: less desire for sex; difficulty in achieving an erection; and, a decrease in the amount of semen. Each of these side effects occurred in less than 2% of men. These side effects went away in men who stopped taking PROPECIA. They also disappeared in most men who continued taking PROPECIA.

In general use, the following have been reported infrequently: allergic reactions including rash, itching, hives and swelling of the lips and face; problems with ejaculation; breast tenderness and enlargement; and testicular pain.

Tell your doctor promptly about these or any other unusual effects.

- PROPECIA can affect a blood test called PSA (Prostate-Specific Antigen) for the screening of prostate cancer. If you have a PSA test done, you should tell your doctor that you are taking PROPECIA.

#### Storage and handling.

Keep PROPECIA in the original container and keep the container closed. Store it in a dry place at room temperature. PROPECIA tablets are coated and will prevent contact with the active ingredient during normal handling, provided that the tablets are not broken or crushed.

Do not give your PROPECIA tablets to anyone else. It has been prescribed only for you. Keep PROPECIA and all medications out of the reach of children.

THIS LEAFLET PROVIDES A SUMMARY OF INFORMATION ABOUT PROPECIA. IF AFTER READING THIS LEAFLET YOU HAVE ANY QUESTIONS OR ARE NOT SURE ABOUT ANYTHING, ASK YOUR DOCTOR.

1-800-426-7275, Monday through Friday, 8:30 A.M. TO 7:30 P.M. (ET).



### Hair Loss? Ask A Dermatologist.

Contact us for more information about skin conditions and/or a list of dermatologists in your area.

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The American Academy of Dermatology does not endorse specific skin care products.

# GET TO THE ROOT *of hair disorders*

it's **common** and bound to cause **concern**

but, there's news about **help** for hair loss

**W**hile society has traditionally regarded hair loss as a man's problem, losing your "crowning glory" also can be devastating to women, teens and even children.

Not too long ago, few lasting and satisfying remedies were available for people who began to experience thinning hair or baldness. Today, thanks to research that has resulted in new medical treatments, hair loss is not necessarily permanent. The type of treatment, though, depends on the form of hair loss.

First of all, some hair loss is normal and incredibly common, according to dermatologists. Typically, each person sheds about 50 to 100 hairs a day, an amount that most people don't even notice. As people age their rate of hair growth decreases. A hair disorder is evident when hair loss is out of proportion to the normal amounts of loss on the scalp, or elsewhere on the body.

There are many forms of hair loss, some of which are inherited and some of which are due to physiological stress or even a medical condition. If you have excessive hair loss, or notice your hair is becoming thinner or falling out, consult a dermatologist to find the reason for the disorder.

*Some common types of hair loss and treatments to stop it include:*

**1 Male pattern hair loss.** The most common forms of hair loss is androgenetic alopecia, or pattern baldness which is largely hereditary. A baldness gene can come from either your mother's or father's side of the family.



male pattern hair loss

Pattern hair loss affects an estimated 40 million men and 20 million women. What differs is the pattern of hair loss.

With men, pattern baldness usually begins in the early 20s, explains Amy McMichael, M.D., assistant professor of dermatology at Wake Forest University School of Medicine in North Carolina. It starts in the front, crown and sides of the hairline. Males are more strongly affected than females and often get completely bald. With women, hair thinning usually occurs later in life and affects the crown and front of the head, but the hairline does not recede.

"Some estimates indicate that about 50 percent of all people over the age of 45 have androgenetic alopecia to some degree," Dr. McMichael says. So where does that leave you and your dermatologist when considering treatments for hair loss?

Currently there are two drugs approved by the U.S. Food and Drug Administration (FDA) for the treatment of hair loss.

Minoxidil, marketed as Rogaine, is a



topical solution and is available over-the-counter at pharmacies. The medication causes increased blood flow to the scalp, which has been linked to increased hair growth. Dermatologists say while minoxidil doesn't work on everyone, it does have a fairly good likelihood of positive results with few side effects. But it takes about three to six months to see any effects. However, any medications used to treat androgenetic alopecia will take about that long because hair has to go through its own growing cycle. While the medication may help regrow the hair, it will not speed up the growth.

Another medication used to treat thinning hair is the oral prescription drug finasteride, marketed as Propecia. Finasteride

*continued...*

## *prognosis*

When baldness is due to the hereditary hair thinning, hair loss is permanent, but treatments, including surgical transplants may be able to regrow some hair. People who have healthy, dense hair on the sides and the back of the head makes good candidates for hair restoration surgery. These are the sites that are used as donor areas — the areas from which flaps and grafts are taken. People with well-defined baldness, thinning hair, and those with limited hair loss due to scalp injury or burns are generally good candidates for hair replacement surgery. However, hair replacement surgery may not be appropriate for those with little remaining hair. Your dermatologist will help you determine what's right for you.

is taken daily and works by blocking the formation of dihydrotestosterone (DHT), the male hormone that is associated with a shortening of the growth phase of the hair. Too much DHT in the affected hair follicles causes thinning and baldness. Finasteride has been FDA approved for use by men only.

"Right now we know it's not effective in post menopausal women and we know it has the potential to be associated with birth defects in pregnant women who are carrying a male fetus," says Maria Hordinsky, M.D, professor and director of the Division of Clinical Research at the University of Minnesota.

Other physician treatments for those experiencing hair loss include surgical hair transplants, which moves a person's own hair to the thinning area, and modified



hair restoration surgery

scalp reductions. Dermatologic surgeons can perform hair restoration surgery to correct hair loss and create a natural-looking hairline. The latest technological advancements have led to new options and techniques that make hair restoration safer and easier for patients with more attractive results.

**Telogen effluvium.** A second common form of hair loss is telogen effluvium, a temporary form of shedding that occurs as a result of some physiologic stress to the body. Pregnancy or stopping birth control pills is the most common cause. You may notice this hair loss if you see excessive strands caught in your brush, comb or shower drain. A severe infection or a disease, such as lupus erythematosus, a surgical procedure, long-term illness or even losing weight from dieting can also be associated with hair loss. Often, with physiologic stress the hair loss may occur two to six months after the stressful event so it's difficult to link cause with effect.

"So basically, a dermatologist has to be a detective in order to figure this out,"

explains Dr. McMichael. "Because people will have a life-threatening case of pneumonia in April, but when hair starts falling out in August, they don't really connect the two events because they're better and it's over."

Telogen effluvium also may be caused by medication, so when the medication is stopped, the hair eventually returns. Childbirth is another precipitant. In cases where dieting is a factor in thinning hair, a lack of protein can cause hair to fall out. Eating the proper amount of protein can reverse the condition.

### Alopecia areata.

Alopecia areata is another form of hair loss characterized by hair falling out in smooth, round patches on the scalp. In some cases, alopecia areata can cause the complete loss of scalp and body hair. This hereditary condition is most common in people under 30. Scientists are not sure exactly why, but it is believed that something triggers the immune system to suppress the hair follicle. Alopecia areata isn't always perma-



*Hair follicles may remain alive in all people with cases of alopecia areata, so hair growth may return without treatment.*

nent. It can last a week, a month or even years. An initial sign of the disorder can be small circles of hair loss.

While Dr. Hordinsky says sometimes the condition clusters in families with autoimmune diseases, "Most of the time it appears as a solitary disease, in an otherwise healthy individual." More than four million people in the United States have alopecia areata.

Hair follicles may remain alive in all people with cases of alopecia areata so hair growth may return without treatment. Although there is no cure, in some cases treatments can help. These range from

cortisone injections, daily applications of topical minoxidil and use of steroid creams and ointments to cortisone pills, scalp treatments, and even wigs depending on the severity of the case.

Of course there are a number of other reasons why people suffer from hair loss such as medical illness, hormone imbalance, or serious nutritional problems.

"Seeing a dermatologist for an opinion and a treatment option is probably the safest route," says Dr. McMichael. "There are a lot of companies out there who will take advantage of people who are frustrated and upset about hair loss and will recommend various vitamin treatments, or other therapies that have no effect and can be harmful."

Usually, a dermatologist can make a diagnosis through a clinical exam and personal medical history, including current medications and diet, noting your hair loss pattern; and seeking signs of illnesses or scalp infection. Sometimes a scalp biopsy may be necessary. Women may also require a blood test to detect possible hormonal abnormalities.

### COPING WITH HAIR LOSS

When hair loss triggers anxiety:

- Find out what's wrong.
- Learn about different treatments.
- Contact a national or local support group, such as the National Alopecia Areata Foundation (see page 30), as they can offer assistance to people who are having trouble coping with hair loss.
- Ask your dermatologist to pass your name along to other patients in the practice who can offer support.
- Seek out those who have similar disorders, discuss them and figure out ways together of approaching everyday life with this hair loss problem.

Dj

*For more information about hair loss, ask your dermatologist for an educational pamphlet from the American Academy of Dermatology or log on to [www.aad.org](http://www.aad.org)*

*By Karen L. Wagner, a freelance writer in Austin, Tex., who has authored numerous health articles for a variety of consumer publications.*

# HAVE *healthy nails*

the **condition of your nails** gives a dermatologist  
a **view of your overall health**



**n**

ails are an important part of your appearance, but if you're like many people, chances are you take your nails for granted. Nails protect the fingers and toes from injury, and most importantly, can often be an indicator of disease. In addition, healthy fingernails are visually appealing. Well-groomed toenails make walking and exercising more comfortable. "But nails are for more than just scratching or looking pretty," says C. Ralph Daniel, M.D., a Mississippi dermatologist. "They may be a window into the body."

Finger or toenail discoloration can mean several things. Very pale nails may suggest anemia; white nails may indicate liver diseases; nails that are brown at the tip and white or normal near the cuticle may occur with kidney disease; red nail half moons may suggest heart disease; yellowing and thickening of the nail, along with a slowed growth rate may indicate lung diseases. Yellowish nails with a slight blush at the base are seen in diabetes. Chemotherapy may cause horizontal grooves in the nail plate. Deformed nails also can interfere with everyday activities and can be embarrassing.

Dermatologists may spot a nail condition that's a symptom of a more serious, underlying illness. If any of these problems exist or your nails don't look "right" to you, let your dermatologist know, as they are the only physicians especially trained to treat nail diseases. The good news is with proper diagnosis and treatment, many nail problems can be cured or at least managed.

## TYPES OF NAIL DISORDERS AND THE IMPORTANCE OF TREATMENT

With proper care and precautions, your nails can be healthy and attractive. Dermatologists can improve the appearance of the nail, recommend cosmetics that can maintain nail health, treat nail disease, and diagnose other conditions of medical importance, based on how the nails look.

**Fungal Infections:** Fifty percent of all nail problems are due to fungal infections or onychomycosis. Because toenails are confined in a warm, moist environment inside your socks and shoes, fungal infections are more common in toenails than fingernails. Fungal infections often cause the end of the nail to separate from the nail bed. Debris from the infection — white, green, yellow, or black — may

build up under the nail plate and discolor the nail bed. The surface of the nail or the skin at the base of the nail may also be affected.

Onychomycosis is most commonly found in elderly people. Their nails become thickened, hard to cut and often painful. Moisture, warmth, trauma, and other activities that lead to exposure to fungi worsen the condition. Because onychomycosis makes ordinary activities like walking and typing painful, it can have a substantial negative effect on a person's quality of life. Dermatologists say neglecting to treat



this disorder can cause numbness, tingling, or pain. The nail may even separate from the finger or toe and could be permanently destroyed.

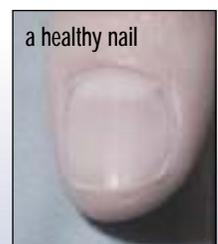
Non-surgical treatments for nail disorders such as onychomycosis have significantly improved over the last ten years, and include the use of topical or oral medications. Since 1997, oral anti-fungal therapy has been available to allow those afflicted with fungal infections newer, safer and more effective treatment options. For example, Sporanox (generic name itraconazole) and Lamisil (generic name terbinafine) are oral drugs approved by the FDA for treating fungal infections. Your dermatologist also may prescribe another drug, Diflucan (generic name flu-

*continued...*

## The Anatomy of Nails

Nails are hardened skin produced by living skin cells in your fingers and toes. They are composed primarily of keratin, a hardened protein also found in skin and hair. The nail itself consists of several different parts:

- ◆ **NAIL PLATE:** most visible part of the nail
- ◆ **NAIL BED:** skin beneath the nail plate
- ◆ **MIX:** area under the cuticle
- ◆ **NAIL FOLDS:** folds of skin that frame/support the nail on all three sides
- ◆ **CUTICLE:** tissue that overlaps the plate and rims the nail base
- ◆ **LUNULA:** part of the matrix, the whitish, half-moon shape at the nail base



conazole). For toenail problems medications are administered for about 12 weeks. Fingernail problems usually require only six to eight weeks of treatment.

"The current oral agents are about 80 percent effective," says Richard K. Scher, M.D., president-elect of the American Academy of Dermatology and professor of dermatology and nail researcher at Columbia University College of Physicians and Surgeons, New York City, N.Y. "That's good, but it means that 20 percent of the time, they don't work. We're looking at new anti-fungals that we hope will cure a portion of the 20 percent that doesn't respond to the current agents."

Dr. Scher and researchers also are studying topical anti-fungal products that patients will apply like nail polish.

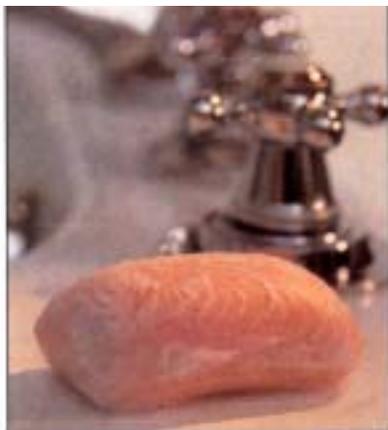
Fungal infections can affect other parts of the body, too. "When people have athlete's foot or other body fungi, their nails should also be treated for example, with a daily cream, or the nails will harbor the fungi and the problem will return," Dr. Daniel says.

**Ingrown Toenails:** Most commonly found on big, or great toes, ingrown toenails can be caused by tight shoes, improper nail trimming or poor stance. If you have an ingrown toenail, the corner of your nail curves downward into your skin. The area can become infected and sore. **Don't** try to dig out an ingrown toenail yourself. Instead, seek treatment from a dermatologist.



**Psoriasis:** Dermatologists report that 10 to 50 percent of people with psoriasis and 80 percent of people who suffer from inflammatory arthritis associated with psoriasis also have nail problems.

In nails, common signs of psoriasis include pitting, rippling or discoloration; reddish-brown discoloration of the skin under the nail; separation of the nail from the nail bed; crumbling and/or splitting of the nail. Fingernails are affected more



Fingernails' main enemies are soap and water. To protect your nails when you wash dishes or clean house, wear gloves. Use a skin moisturizer that contains lactic acid and rub some into your nails. Polish can help prevent nails from drying, but acetone nail polish removers damage nails. Keep polish in place for as long as possible. Use a base coat, color coat and top coat to increase wear.

### IF YOU ENJOY SALON MANICURES, TAKE

**NECESSARY PRECAUTIONS.** "Inspect the salon to be sure it's up to your standards of hygiene," says Zoe Draelos, M.D., clinical associate professor of dermatology at Bowman Gray School of Medicine, Wake Forest University, High Point, N.C. "Ideally, you should purchase your own instruments.

Salons soak tools in disinfectants, but that doesn't get rid of viruses that can cause warts, or spores that can cause fungal infections."



## nail care tips

- Keep nails clean and dry to prevent bacteria and other infectious organisms from collecting under the nail.
- Give your nails a rest from any cosmetic adornments for one to three months per year.
- Eat plenty of protein and biotin, which can be found in meats, fish, milk and eggs.
- Moisturize the nails daily.
- Protect the nails from harsh detergents and solvents.
- Cut fingernails and toenails straight across and round them slightly at the tip for maximum strength.
- Use a "fine" textured file to keep nails shaped and free of snags.
- Don't bite your nails or pick the skin around them.
- Develop good nail habits early.
- If you have unusual or persistent warts, or any lesion on your nails that doesn't heal, tell your dermatologist.

often than toenails.

"Oral medications or injections around the nails are the most effective treatments available," Dr. Scher says.

**Malignancies:** "Malignancies do occur in nails just as they occur in skin," Dr. Scher says. A nail that turns brown may be associated with melanoma. If this occurs, see a dermatologist as soon as possible. **Dj**



*By Janice Rosenberg, a Chicago, Ill. writer specializing in health topics.*

*Clinical photographs: Dr. Richard Scher*

Nail psoriasis can look like fungal infections and is often treated as such. Your dermatologist can test abnormal nails for fungal infections before other therapies are prescribed.

# *psoriasis is more than skin deep*

**Q** • What is the best way to deal with the stress of psoriasis?

**A** • Patients with a chronic lifelong disease such as psoriasis can have emotional and physical problems when people who misunderstand the disorder shun them. Embarrassment, frustration, fear and depression can occur. Understanding that psoriasis can be cleared helps many patients cope with the disease. An open and honest doctor-patient relationship is a must, so always seek your dermatologist's advice to get the treatment you need. Joining a group such as the National Psoriasis Foundation (see page 30) provides additional information and support. The good news is that many new treatments are now available to help patients.

**Q** • What are the causes of psoriasis?

**A** • The exact cause of psoriasis is unclear, but some abnormality in the immune system likely plays a role. In psoriasis, the normal process for shedding skin cells speeds up, with cells sloughing off every three to four days instead of about every four weeks. Dead skin cells accumulate, forming the round, reddish scaly skin patches. Severe psoriasis can affect most of the person's body, and painful cracks sometimes develop among the patches.

**Q** • Who is most commonly affected by psoriasis?

**A** • Psoriasis afflicts approximately two percent of the U.S. population or more than six million people. Psoriasis affects people of any race. It can strike at any age but people between the ages of 15 and 45 are more likely to be diagnosed with psoriasis. About 150,000 new cases are diagnosed annually. Psoriasis cannot be passed from one person to another, so if one person in a household has psoriasis, it won't affect another. Some people inherit a genetic tendency to psoriasis from their parents. But medications, skin injuries, insect bites, infections and sunburn can spark a flare-up in those with the condition. Stress, alcohol, and being overweight can also signal a flare-up. So can the winter months, because of dry skin and lack of sunlight. Psoriasis tends to cycle over a person's lifetime into periods of remission where it seems the condition is gone, and flare-ups where it returns.



Joanne is outgoing, often the live wire of a get-together. However, Joanne's personality would change when she had a flare-up of psoriasis, an often painful skin disease that can be difficult to heal.

**Q** • What signs and symptoms would suggest I have psoriasis?

**A** • Psoriasis appears on the skin as raised, inflamed (red) lesions covered with a silvery white scale. The scale is actually a build-up of dead skin cells and may appear on any skin surface. The knees, elbows, scalp and trunk are the most common places. You might also find it on upper buttocks, palms, soles, and genitals. Sometimes psoriasis is so mild that people don't know they have it; severe psoriasis can interfere with everyday life and can be debilitating. When people are covered head to toe, their skin cracks and they feel it every time they take a step. One of ten people with psoriasis goes on to develop psoriatic arthritis, a condition in which the joints become inflamed, and it becomes hard to do daily activities. If your skin is a scaler than usual, especially on your elbows and knees, it could be psoriasis, in which case you should seek a dermatologist's help.

**Q** • What treatments can offer relief?

**A** • Because there is no cure for psoriasis, dermatologists place a great deal of emphasis on managing the illness with medications and other therapies. A dermatologist will treat you based on your health, age, lifestyle, and the psoriasis' severity. Managing psoriasis means your doctor may prescribe moisturizing creams and lotions for a mild case. Special shampoos, oils, and sprays are used to treat areas on the scalp. If your skin is severely dry and scaly, treatments may include pills, light therapy or a combination of both. Sunlight exposure must be used cautiously. Ultraviolet light therapy may be given in a dermatologist's office, and several visits to the dermatologist may be required. Researchers continue to study new therapies and gain a greater understanding of the disease.

*Answers to your skin care questions from our expert dermatologist Mark Lebwohl, M.D. Dr. Lebwohl is professor and chairman, Department of Dermatology, Mount Sinai School of Medicine, New York, N.Y.*

### Send Questions

If you have a question about a dermatologic condition, please send it to: "Ask a Dermatologist," c/o Dermatology Insights, P.O. Box 4014, Schaumburg, Ill., 60173-4014. For free educational pamphlets and a list of local dermatologists, call toll-free 1-888-462-DERM or log on to our Web site at [www.aad.org](http://www.aad.org).

# act now for care with coverage



A young girl is born with an unsightly purple blotch on her face. She suffers physically, but also psychologically because she looks different from the other children. There is medical treatment that can remove the stain, but the insurance company won't cover the cost of the procedure, forcing the young girl to suffer needlessly.

Vascular birthmarks, sometimes called port-wine stains, are congenital deformities caused by excess small blood vessels just under the skin, often appearing on the face. It is estimated that these birthmarks occur in .3% of births. Port-wine stains are often a symptom of a more serious disorder, such as Sturge-Weber Syndrome, a disorder associated with neuro-

logical problems.

The development of the pulsed dye laser has significantly improved the treatment of patients with port-wine stains, and many consider it to be the treatment of choice. Several treatments may be necessary to remove these stains. For the best result, it is recommended that treatment begin as early as possible, even in infancy.

Amazingly, however, numerous insurance companies deny coverage for this procedure because they think the treatment is cosmetic. This compels many families to pay out-of-pocket for laser surgery... and some families cannot afford to do this, forcing these children to continue to suffer physically and psychologically.

Children with the skin disease Ectodermal Dysplasia (ED) face the same problem. Children with ED have absent or poorly functioning sweat glands, hair follicles, and teeth. Insurance companies often deny payment for dental implants or other reconstructive surgery.

Legislation now pending in Congress, the *Treatment of Children's Deformities Act*, would correct this problem. If enacted, this legislation would prohibit insurers from denying children coverage for reconstructive surgery.

Please help these children get the treatment they need. Call your representatives and ask them to co-sponsor the *Treatment of Children's Deformities Act*. Call the Capitol Hill switchboard at (202) 224-3121 and ask to be connected to your congressman and senators. Ask your congressman to co-sponsor H.R.49, the House bill. Ask your senators to co-sponsor S. 1822, the Senate bill.

Let them know that you care about America's children and that you want every child to have the opportunity to grow up to lead a normal, healthy life. **Dj**



## Help for Patients

The health organizations, foundations, institutes or support groups listed below can be a valuable patient resource for information, education, and to share experiences about various skin conditions. If you have a friend or relative who might benefit from one of these groups, please offer this list to them.

American Academy of Dermatology  
(847) 330-0230 or (888) 462-DERM  
[www.aad.org](http://www.aad.org)

National Foundation for Ectodermal Dysplasias  
(618) 566-2020  
[www.nfed.org](http://www.nfed.org)

American Skin Association, Inc.  
(212) 753-8260  
e-mail: [AmericanSkin@compuserve.com](mailto:AmericanSkin@compuserve.com)

National Pemphigus Foundation  
(510) 527-4970  
[www.pemphigus.org](http://www.pemphigus.org)

American Society for Dermatologic Surgery  
(800) 441-ASDS  
[www.ASDS-net.org](http://www.ASDS-net.org)

National Psoriasis Foundation  
(503) 244-7404 or (800) 723-9166  
[www.psoriasis.org](http://www.psoriasis.org)

Epidermolysis Bullosa Research Association of America (D.E.B.R.A.)  
(212) 513-4090  
[www.debra.org](http://www.debra.org)

National Vitiligo Foundation  
(903) 531-5469  
[www.vitiligofoundation.org](http://www.vitiligofoundation.org)

Foundation for Ichthyosis and Related Skin Types (F.I.R.S.T.)  
(800) 545-3286  
[www.libertynet.org/ichthyos](http://www.libertynet.org/ichthyos)

Scleroderma Foundation  
(978) 750-4499 or (800) 422-1113  
[www.scleroderma.org](http://www.scleroderma.org)

Lupus Foundation of America, Inc.  
(301) 670-9292 or (800) 558-0121  
[www.lupus.org/lupus](http://www.lupus.org/lupus)

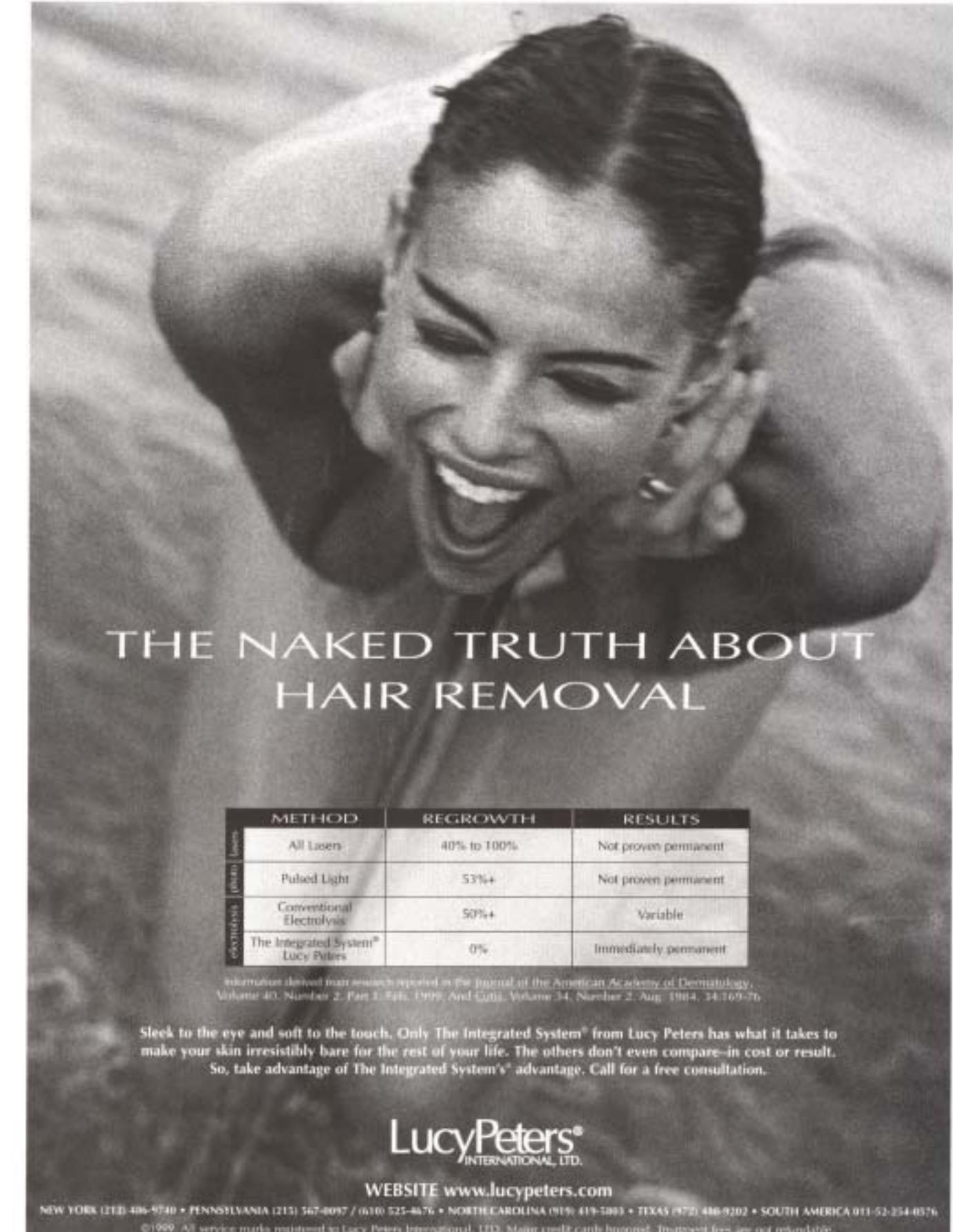
Sjogren's Syndrome Foundation  
(516) 933-6365  
[www.sjogrens.com](http://www.sjogrens.com)

National Alopecia Areata Foundation  
(415) 456-4644  
[www.alopeciaareata.com](http://www.alopeciaareata.com)

Sturge-Weber Foundation  
(973) 895-4445  
[www.sturge-weber.com](http://www.sturge-weber.com)

National Eczema Association for Science and Education  
(503) 228-4430 or (800) 818-7546  
[www.eczema-assn.org](http://www.eczema-assn.org)

Xeroderma Pigmentosum Society  
(518) 851-2612  
[www.xps.org](http://www.xps.org)



## THE NAKED TRUTH ABOUT HAIR REMOVAL

METHOD	REGROWTH	RESULTS
All Lasers	40% to 100%	Not proven permanent
Pulsed Light	53%+	Not proven permanent
Conventional Electrolysis	50%+	Variable
The Integrated System® Lucy Peters	0%	Immediately permanent

Information derived from research reported in The Journal of the American Academy of Dermatology, Volume 40, Number 2, Part 3, Feb. 1999, and Cutis, Volume 34, Number 2, Aug. 1984, 24:769-76.

Sleek to the eye and soft to the touch. Only The Integrated System® from Lucy Peters has what it takes to make your skin irresistibly bare for the rest of your life. The others don't even compare—in cost or result. So, take advantage of The Integrated System's® advantage. Call for a free consultation.

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Now even sensitive skin can fight wrinkles—without irritation. With new Eucerin Q10 Anti-Wrinkle Creme.

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