

Skin Maintenance

Control of your skin care has its clear benefits. *Compiled by* JAY MCMANEMON



The skin is the largest organ in the body, and, with the potential for over 3,000 diseases, it is an area that requires a great deal of continuous care and concern. As the summer months approach our sandy shores, the afternoon sun radiates with brutal UV rays that have the ability to cause blistering harm to the skin. Fortunately for us, dermatologists actively work to prevent and treat diseases of hair, skin and nails. Whether for checkups and consultations, beauty tips, surgical procedures, redness relief or acne care, seeking the guidance of a dermatologist is essential for the maintenance of healthy skin. SRQ met with several dermatologists who discussed different aspects of skin care just in time for beach season.

What is the role of a dermatologist?

David S. Sax, M.D., University Park Dermatology: Dermatology encompasses a large spectrum, which includes medical, surgical and cosmetic components. Dermatologists have always been pioneering cosmetic treatments, such as Botox, liposuction and hair transplantation, which were initially used to guide us to treat disease better. Most dermatologists focus on a wide range or combination of areas instead of focusing on one specialty or another within dermatology.

Brad Abrams, D.O., University Park Dermatology: I think the wide spectrum has been more common in the last 10-15 years. Previous to that there were dermatologists who just focused on medical and others who just focused on surgical; now, while some dermatologists shift one way or another, most out there do at least some of everything.

Elizabeth Callahan, Medical Director, SkinSmart Dermatology: As a cosmetic dermatologist, I see patients who are interested in non-surgical rejuvenation and are interested in freshening their appearance. I work with people who want to know what things are available that don't require downtime. For this, there are so many more things available now than back in the early 2000s. The three major things that patients see me for are: firstly, products that relax the muscle facial expression and frown line, including Botox, Dysport and Xeomin; secondly, volume restoration or putting volume back in the right places; I do that with a whole array of facial fillers; thirdly is the use of lasers to improve the appearance and texture of the skin.

What are the most common ailments?

Sax: In Florida, skin cancer is number one, but it all just depends on your geographic location and demographic. Older populations in a sun climate like Florida are going to have increased risk of skin cancer. I see children come in a lot for acne, warts and many of the "bread and butter" dermatological concerns.

Jean Pierre Galliani, M.D., Dermatology

Associates: Other things include eczema, psoriasis, rashes and sometimes people from up north come in for dry skin. Rosacea is pretty common; a lot of people get flushing, which can be triggered from heat, alcohol and caffeine.

📌 **Why do people get acne?**

Sax: Typically, you are going to see young adults and teenagers who get acne from disruption in the pilosebaceous unit, which is where hair follicle oil glands in the pore get clogged up with dead skin cells and cause inflammation. There are also common bacteria that live on the skin and can cause inflammation. Diet, stress and genetics can play a role in the severity of the acne. Acne is multifactorial and there is a lot going on that could cause disruption.

Naomi G. Johansen, M.D., Dermatology

Associates: Studies have shown that there is a correlation between a high glycemic index diet and acne, which has been shown to make it worse. Some of these include unrefined sugars, carbs and dairy products. People who use a lot of whey protein supplements can sometimes get a flare in acne.

📌 **What are the best recommendations for acne prevention and treatment?**

Abrams: First, you have to figure out the cause; there are a variety of different types of acne. Typically, with acne in adolescents and young adults, you can start with a good skin care regimen, including different topical medicines that are on the market. Certain retinoids can be used to level out the process and peroxides will help with the bacteria cells. There are efficient medicines that combine benzoyl peroxides and retinoids.

📌 **Who is most at risk for skin cancer?**

Abrams: Broad-based, there are two kinds of cancer: melanoma and non-melanoma. Melanoma skin cancer is fairly correlated with sun exposure; the closer you are to the equator, the more risk you have of melanoma. I read a study last night that discussed whether the non-melanoma sun cancers are correlated with the sun—some say there is a correlation and some say there isn't—so it's sort of controversial.

Johansen: They still estimate that about 90 percent of skin cancers are due to melanoma. There can be other factors associated with skin cancers, more rarely, like viruses, scars, burns and genetics, but the sun is still the

body dimensions

biggest concern. Age is a huge factor too—they say that about 40-50 percent of people over the age of 65 will get skin cancer at some point during their life.

Galliani: The areas where you see the majority of non-melanoma skin cancers are sun-exposed areas. We might not understand it, and the studies may not always fully support it, but there is definitely a sun component involved in non-melanoma skin cancers. People who are shaded can have less of a chance of getting skin cancer, but that doesn't mean that they can't get it. Also, fair-skinned people are definitely more at risk; redheads have the highest risk because they have less pigment in their skin, which amounts to less protection.

☉ How can you best prevent skin cancer?

Sax: I think most people would agree that staying out of the sun, wearing sunscreen, wearing protective clothing and avoiding the sun when it's going to be the brightest, between 10am and 2pm, are some of the best methods. Depending on your risk factors for skin cancer, you should see a dermatologist annually and conduct self-skin examinations monthly. That would be the best ways to detect and prevent skin cancers early.

Galliani: Self-skin examinations are probably one of the most important things you can do. People usually come to dermatologists once or twice a year; that's only two chances that we get to look at your skin. Patients are the most important players for knowing their skin. If there is something that is noticeably changing (a spot that's not going away or an ulcer that's not healing) they should definitely come in and see a dermatologist as soon as possible.

☉ What are the best types of sunscreen?

Sax: The American Academy of Dermatology usually recommends SPF 30 as a minimum to prevent skin cancer. I recommend a broad-spectrum sunscreen that blocks the UVA and UVB rays and has zinc oxide and titanium dioxide in it; broad spectrum is the key word to look for.

Johansen: The labeling on sunscreens is going to change to reflect SPF 50-plus for all that are higher than SPF 50, instead of having labels with SPF 85 or other numbers much higher than SPF 50 because it's misleading and can give people a false sense of security that they are covered for hour after hour, which is not true. People still have to reapply sunscreen every two hours, as well as when they go into water, because sun-

screens may say that they are waterproof, but they aren't really—they're water resistant.

Galliani: At a certain level of SPF your benefit is not much better. An SPF 15 blocks 93 percent of UV rays, while an SPF 30 blocks approximately 95-97 percent, and then after that you can only get decimal points higher with higher SPFs. I, like Dr. Sax, recommend a zinc/titanium-based sunscreen. I think they protect much better, because they are physical barriers, so the light kind of reflects off while other sunscreens scatter the light.

Johansen: The recommended amount of sunscreen to cover your body is 2 ounces per application, but not many people apply that much. So, really, someone who is using SPF 30, but who is not applying a full 2 ounces, might really only be getting the benefits of SPF 15, which is why it can be beneficial to use some of the higher SPFs. Additionally, I think spray-on sunscreen is good for things like your scalp, which can be harder to get to with other sunscreens. At the same time, you see a lot of patchy applications when using spray-on sunscreen as the predominate form of protection.

☉ What are other ways to block UV rays?

Abrams: Personally, I like sun-protective clothing the best because you don't have to worry about sweating it off, getting it in your eyes or reapplying it; you just put on a shirt and you're done. It's important to specify that UV-protective clothing is not the same thing as wearing a plain white T-shirt, which only has a protection of approximately SPF 5. Fishing shirts and hats that specify "UV-protection" are the ones you need to get.

☉ Are tanning beds at all safe?

Sax: Tanning beds are not safe; they can increase all types of skin cancer; basal cell; squamous cell; melanoma. Even one indoor-tanning session can increase your risk of skin cancer.

Johansen: Tanning beds do increase photo-aging; and over time, cause more wrinkles, that nice leathery look to the skin, and brown spots, in addition to the increased risk of skin cancer.

Galliani: I have had patients say that they need to go to the tanning bed to get vitamin D. In reality, you really just need 15 minutes of sun twice a week to get your vitamin D. We get most of our vitamin D from our diet. If people are concerned about their vitamin D level they can seek a supplement—you don't need to go out and cook in a tanning bed for an hour a day.

☉ What are the best anti-aging practices?

Johansen: Over 90 percent of the signs of aging is due to sun damage, so again, the biggest thing is sunscreen. At this point, so many moisturizers and other cosmetic products have sunscreen built in that it's not hard to work into your daily regimen.

Sax: One product that is great for treating photo-aging is Retin-A, and if you can combine that with sunscreens, you're going to hit a home run. For short-term aging, you're not going to look in the mirror the next day and see your wrinkles are gone, but if you use it long term, for a number of years, you're going to see some major improvement.

Callahan: As we age into our 40s, 50s and 60s, we start to lose volume in places. It's amazing to me that if I restore volume in the right places, I can give people an almost lifted appearance; in the span of 30 minutes, I can reverse things by about 10 years. There are simple things that we can do for everyone to improve their appearance from aging and also improve the way they feel about themselves.

☉ What are some new and innovative technologies in dermatology?

Johansen: There is platelet-rich plasma, which consists of drawing blood from the patient and then extracting the platelet rich portion that has all the growth factors, which is then injected into the pores and stimulates the collagen. You are basically harvesting your own body's potential to tighten your skin and improve the texture and appearance.

Abrams: There is another interesting product labeled ATX-101, which will supposedly be released in 2015. This product is derived from gallbladder enzymes and, when injected into the body, it will dissolve fat—and it works. This is a really exciting product because it prevents use of the knife for removal of supplemental fat in the "double chin" area. This product is in stage 3 of clinical trials and should be FDA-approved within the next year. There are some really exciting things to come in future years in the field of dermatology from cosmetic, medical and surgical perspectives.

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