



Caring For Your Skin



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Welcome to the fourth issue of the *Caring For Your Skin* Newsletter, a biannual publication to help keep you informed of the latest skin care advice and advances. In this issue, I address:

- 1) Melanoma Update
- 2) Cellulite
- 3) Follow-up on subjects previously addressed in the *Caring For Your Skin* newsletter:
 - a. Sunscreen labeling changes
 - b. Vitamin D
 - c. Dysport, the first Botox alternative in the US
 - d. Fractional CO2 Laser Resurfacing

Melanoma Update

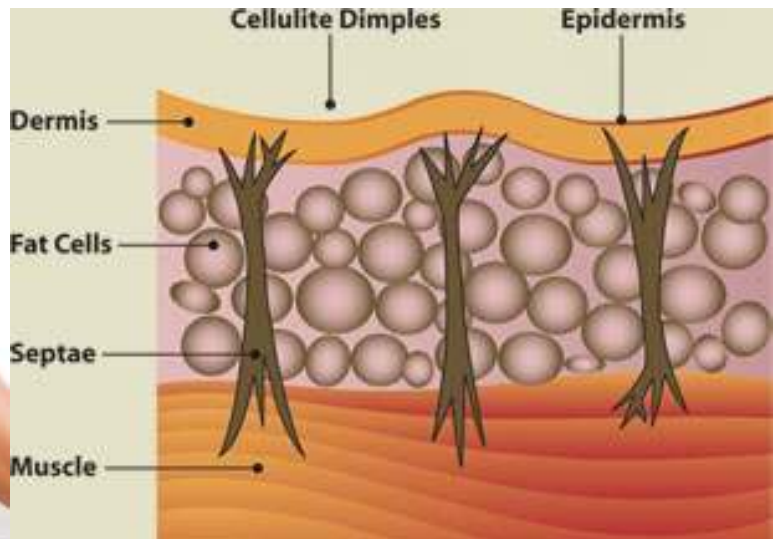
Tanning and increased risk for melanoma - In July 2009, the World Health Organization's International Agency for Research on Cancer placed tanning bed use in the category of "**carcinogenic to humans**," which is the highest cancer risk category. Although tanning is carcinogenic for everyone, adolescents seem especially at risk. Studies show that the rates of skin cancer among women ages 15 to 35 have been rising in the United States, and that **women who use tanning beds before age 35 can increase their risk of melanoma and squamous cell skin cancer by up to 75 percent**. Melanoma is the most common form of cancer for young adults 25-29 years old and the second most common form of cancer for adolescents and young adults 15-29 years old.

MelaFind®



A new device aimed at helping physicians determine whether a mole is benign or cancerous is currently being reviewed by the FDA. The device is called **MelaFind** and was developed by Electro-Optical Sciences. It is a hand held imaging device that emits 10 different wavelengths of light in order to capture images of suspicious moles that are then analyzed by a computer. device, physicians may have another tool to help them detect melanomas more easily. MelaFind can see below the skin's surface, an area it would be impossible for a doctor to see. For more information on self-skin exams and danger signs of melanoma see the "**Moles and Melanoma**" handout at: http://www.rutlandskin.com/#patients_handouts

Cellulite



Over the years there have been many attempts to clear cellulite, the dimpled, uneven skin surface on the buttocks and thighs of many women. Millions and millions of dollars have been spent for cellulite fixes, but does anything really work well? Unfortunately, currently there is no excellent treatment for cellulite, in part due to the complexity of its structure that involves connections between skin, fat, connective tissue (septae), and underlying muscle. Various treatments are offered including topical creams and lotions, massage, injections (mesotherapy), suction devices, rollers, ultrasound, lasers, radiofrequency devices and liposuction. Studies with the best results show a 25 to 50 percent improvement after many treatments, and often the results are short-lived. Before undergoing any of these treatments be sure to have realistic expectations. Learn more about cellulite at:

www.realself.com/Cellulite/info

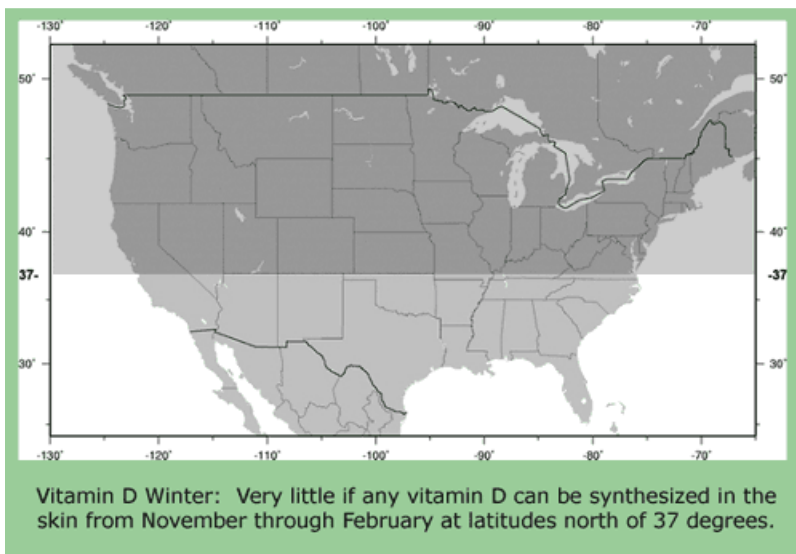
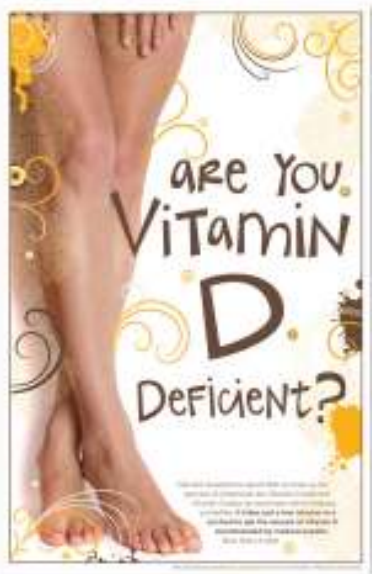
Sunscreen Labeling Update



FDA about to finalize sunscreen label changes.

The Food and Drug Administration (FDA) plans to finalize the long-awaited sunscreen label changes that are designed to give consumers a better idea of the sun protection they're getting. Within 1 to 1 ½ years sunscreen manufacturers will be required to provide information on the amount of ultraviolet A (UVA) screening provided by their products. The sun protective factor (SPF) only indicates UVB protection. The new regulation will also prohibit manufacturers from claiming a SPF of more than 50+ (A SPF 15 sunscreen is not twice as strong as an SPF 30 sunscreen. A SPF 15 blocks about 93 percent of the UVB (ultraviolet B) rays that cause sunburns, while "a SPF 30 blocks 97 percent. Additionally the terms 'sunblock,' 'waterproof,' 'sweat-proof,' and 'all-day protection' will no longer be allowed. For more recommendations see the "**Sun Protection**" handout at: http://www.rutlandskin.com/#patients_handouts

Vitamin D Revisited – It might help ward off the flu



Why is supplemental vitamin D particularly important in the winter months?

Remember ultraviolet B (UVB) sunlight (the rays that cause sunburns and skin cancer) help us make vitamin D. From November through February sunlight in Vermont contains very little UVB and it is therefore crucial to take supplemental Vitamin D during these months, if not year round. A 2007 winter study in central Vermont found that 85% of adults had vitamin D levels below the lower limit of the preferred range (below 40 ng/ml). An inexpensive simple blood test can reveal if you are vitamin D deficient.

How much vitamin D should you get each day?

Most authorities recommend 1,000 to 2,000 international units (IUs) of vitamin D daily for adults. Most multivitamin pills only contain 400 IUs, although some newer formulations contain 1,000 IUs. Calcium pills typically contain 200 IUs of vitamin D. One cup of milk contains only 100 IUs of vitamin D. A typical serving of tuna, salmon and mackerel contain around 350 IUs of vitamin D, as does a teaspoonful of cod liver oil. (Fish oil [omega 3 fatty acid] supplements do not normally contain vitamin D.) You get some vitamin D in fortified cereals, orange juice and margarine. If you are vitamin D deficient, higher daily doses (5,000 to 10,000 IUs) are temporarily taken to boost your blood levels. For maintenance, I recommend estimating the amount you are getting from all sources (diet, calcium pills, multiple vitamins) and adding a vitamin D supplement to get a total of around 1,000 to 2,000 IUs daily. This dosage range is very safe. Less vitamin D supplementation is needed in the summer months for people who spend significant time outdoors.

Why is vitamin D so important for our health?

Last year in my newsletter I discussed that vitamin D deficiency has been linked to weak bones and an increased susceptibility to a number of health disorders including cardiovascular disease (high blood pressure, heart disease, peripheral artery disease), cancer (colon, pancreatic, breast, ovarian and prostate), autoimmune diseases (type I diabetes & multiple sclerosis), Parkinson's disease, periodontal disease, and mental disorders (depression, schizophrenia, seasonal affective disorder). There is also indirect evidence that Vitamin D may slow cellular aging, decrease the risk of developing Alzheimer's disease, and improve muscle strength, balance, reaction time and athletic performance. And finally, it is of note that wintertime is flu season and there are studies showing that vitamin D's may help reduce the risk of becoming infected with cold and flu viruses, by strengthening our immune system.

Dysport - My experiences thus far = Very Positive!!!!



As most of you know, Dysport received FDA approval earlier this year and now competes head to head with Botox. During the special introductory pricing period this fall, most of my Botox patients gave Dysport a try. In my experience so far, patients have found little difference between the two with the exception that the effects of Dysport start one to two days earlier than Botox. What will happen to Botox and Dysport pricing in 2010 is uncertain. Once the promotions are over (\$50 rebate on Botox and \$75 rebate on Dysport until the end of the year) I am

uncertain whether my costs will change. If my costs stay as they are now, Dysport will cost patients about \$30 less than Botox. I won't be surprised if combination promotions are offered in 2010. For example, Allergan, that makes Botox, Juvederm and Latisse, may offer discounts when a patient use two or more of their products. Likewise, Medicis, the company that offers Dysport, Restylane and Perlane may offer a discount on combining Dysport with one of their filler products. Another Botox competitor should become available in the US in 2011.

Fractional CO₂ Laser Resurfacing Update

This past year I have tested two different fractional CO₂ laser resurfacing devices. Initially my patients and I were very excited with the results over the first several weeks. After several months however the results only showed subtle improvement. It became apparent that the initial swelling after treatment created the illusion of smoothness and tightening, but as the swelling resolved the results were not nearly as impressive, as shown in one of my treated patients below. I plan on testing the **Pearl** fractional laser this winter, to see if it works better.



skin on the right upper eyelid immediately before fractional CO₂ laser resurfacing



6 days after fractional CO₂ laser resurfacing, the skin appears much tighter and smoother



2 months after fractional CO₂ laser resurfacing. The eyelid skin has nearly returned to its pretreatment appearance.

The 3 most important points I want my patients to learn from this newsletter:

- 1) Don't tan.
- 2) Be skeptical of anti-cellulite treatment claims.
- 3) For good health it is very important to take supplemental vitamin D, particularly in the winter.

In closing, I hope you enjoyed this issue of the *Caring For Your Skin* Newsletter. If you are not on the e-mailing list and would like to receive future newsletters via e-mail, or would like to have a particular topic covered in a future newsletter, e-mail your request to C4YSkin@gmail.com.

Hope you have a very enjoyable Christmas/Holiday Season and excellent health in the upcoming year. DPM