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Welcome to the latest issue of the *Caring For Your Skin* Newsletter, that I write biannually to help keep my patients informed of the latest skin care advice, advances and other information. In this issue, I address:

- 1) Mirvaso New treatment for the facial redness of rosacea
- 2) Xeomin Update Disappointment
- 3) Juvederm Voluma for restoring cheek volume
- 4) More reasons to not smoke
- 5) Update on health care reform in Vermont How much will it cost you?

Mirvaso – New FDA Approved Treatment for Rosacea Redness





Rosacea is a skin condition that presents with facial redness, acne bumps, and sometimes accompanied by dry eyes. For the redness (blood vessel) component of rosacea, the topical medications used for the acne component sometimes help with the redness, but additional treatment is often needed. Flushing reactions can be treated with once daily application of **oxymetazoline hydrochloride**. This is the active ingredient in many nasal sprays used to help nasal congestion (e.g. *Afrin Nasal Spray*). It is available without a prescription. Now we have **Mirvaso® gel**, the first FDA approved prescription medication to lessen the facial redness of rosacea.

Some of the more common side effects of Mirvaso include paradoxical redness, flushing, burning sensation and irritation of the skin. The skin redness and flushing can happen about 3 to 4 hours after applying the Mirvaso gel. Beware that during the Mirvaso clinical trials some patients reported that their facial redness worsened after they stopped using Mirvaso. Other precautions: Mirvaso can lower blood pressure and it should be kept out of reach of children.

Alternative treatments to minimize flushing and blood vessels on the face include **laser and intense pulsed light treatments**. (For more information and to see before and after pictures of patients treated, see <u>www.rutlandskin.com</u>.) In women, cover-up makeup with a green tint in the foundation can be very helpful in hiding the red color. There are over the counter treatments such as *Eucerin Redness Relief*, that have less predictable benefits. <u>http://www.rutlandskin.com/#patients_handouts</u>

Xeomin Update - Disappointment



In previous newsletters I discussed a new Botox and Dysport competitor called Xeomin. In clinical studies it has had a similar duration of effects and safety profile as Botox. This was not surprising as Botox, Dysport and Xeomin all contain the same active protein. We have been offering Xeomin for about a year now. Over the course of the year we have had a number of patients report that they didn't think that Xeomin worked as well, or as long as Botox and Dysport. Although these results are not consistent with the clinical studies that have been published, I find it disconcerting. Based on this negative feedback from my patients we are no longer offering Xeomin.

New Filler Product: Juvederm Voluma, Approved for Cheeks

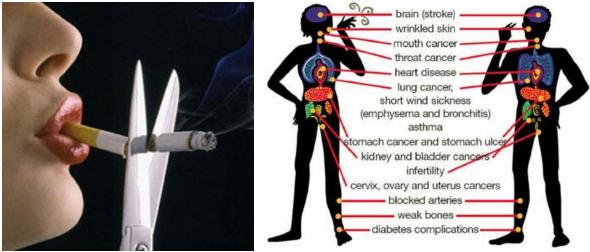


The latest in the Juvederm line of hyaluronic acid fillers is Voluma. It is a more robust filler than Juvederm Ultra and Ultraplus. It is used to restore greater volume in the face, particularly in the cheeks. We have been using Perlane, another robust hyaluronic filler for this purpose for many years. We have found that Perlane in the high cheeks also lasts up to two years. We are unaware of any clinical studies comparing the duration of Voluma to Perlane, to see if one lasts longer than the other. This comparison would help determine whether it is worthwhile to choose one product over the other, as Voluma is significantly more expensive than Perlane.

Like other fillers, temporary side effects can occur and include: tenderness, swelling, lumps, bruising, infection and discomfort. Bruising can be minimized by avoiding aspirin, ibuprofen, and naproxen for 10 days before your appointment. Most patients experience moderate tenderness, swelling, firmness and (or) bumps at the injection site which generally goes away after 2 to 4 weeks. Although Voluma contains an anesthetic, a topical numbing cream can be applied to the skin one hour before treatment to help minimize discomfort.

More info at: http://www.juvederm.com/views/voluma/

More Reasons Not to Smoke, or Quit if You Do



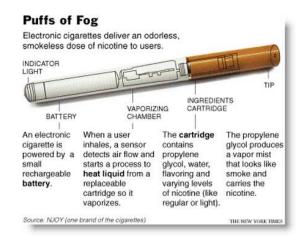
In our Spring-Summer 2012 Newsletter we discussed how smoking not only ages skin faster giving rise to premature wrinkles but it also increases your risk for developing skin cancer. A recent report now links smoking to over 30 different health conditions including lung cancer, heart disease, stroke, asthma, liver cancer, diabetes, and rheumatoid arthritis. The picture above includes other conditions linked to smoking. Recent evidence also links second-hand smoke to a 20-30% increased risk of stroke.

Smokers have a 25 times greater risk of developing lung cancer than a non-smoker. This risk is higher than in earlier studies and thought to be caused by the newer design and composition of cigarettes since the 1950s.

Smoking is now estimated to be linked to the deaths of about 480,000 Americans annually. That's a substantial increase over the government's previous estimate of 443,000 deaths, despite the fact that fewer Americans are lighting up and those who do smoke are lighting up less often.

http://online.wsj.com/news/articles/SB10001424052702304419104579325061802429576?m od=WSJ article EditorsPicks

Some smokers are switching to electronic cigarettes (e-cigarettes). These are battery powered devices that resemble actual cigarettes. E-cigarettes release a nicotine laced water vapor that the smoker inhales into their lungs. The safety of e-cigarettes is still uncertain. http://www.forbes.com/sites/marijkevroomendurning/2013/08/06/what-are-electronic-cigarettes-and-do-they-actually-work/



How much is "Single Payer" going to cost you?



Vermont plans to transition to a quasi "single payer" health care system by 2017. It is estimated that the state will have to raise between \$1.8 and \$2.2 billion to fund it. The financing details of how we will raise that amount to pay for single payer have still not been worked out. Once the details are available we will have a better idea of who will pay how much, and in what form (payroll tax, income tax, sales tax). This legislative session Senator Peter Galbraith has presented a bill to better define who will pay and how much, to finance the single payer health care system. <u>http://www.leg.state.vt.us/docs/2014/bills/Intro/S-252.pdf</u>

He has three ways of raising revenue:

- 1) A 13% payroll tax (2% on employee and 11% on employer), and
- 2) A 10% tax on non-wage income. The Internal Revenue Service defines non-wage income to include:
 - a) social security payments
 - b) pension payments (federal, state, or private)
 - c) alimony and child support
 - d) interest and dividends
 - e) unemployment benefits

It appears that the 10% tax will be levied against only some of these non-wage income sources.

3) Elimination of the pass through of federal itemized deductions such as home mortgage interest payment, and charitable gifts.

The taxes would be capped at a level linked to the social security payroll tax which for 2014 is set at \$117,000 for each person.

Sen Galbraith also mentioned other ways to finance the singe payer system would include a 15.5 to 24.4% income tax or a 19.5% sales tax including a tax on food, clothing and services.

The Galbraith proposal is a start, but nothing is definite at this time. We hope to get more details on the financing plan during the next legislative session.

In closing, I hope you found items of interest in 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 <u>C4YSkin@gmail.com</u>.

