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Caring For Your Skin



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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 health care related information. In this issue, I address:

- 1) **Current Promotions**
- 2) **An new easy and inexpensive non-surgical way to tighten loose upper eyelid skin**
- 3) **Vitamin B3 may lower risk of (nonmelanoma) skin cancer**
- 4) **More good news for coffee drinkers**
- 5) **My rare skin affliction – PRP**
- 6) **Vermont's Health Care Reform Efforts Continue**

Limited Promotions



Offer limited to the first 10 responders.

\$150 off one Dysport treatment combined with one syringe of Restylane (Silk, Classic, or Lyft) filler on the same visit, or

\$250 off one Dysport treatment combined with two syringes of Restylane (Silk, Classic, or Lyft) filler on the same visit.

Offer good for treatment from Dec 1st until Jan 29, 2016.

Offer limited to the first 10 responders.

\$50 off one Dysport treatment, until Dec 31st. No limits to the number of people who can participate in this offer.

Get an additional \$20 off the above offers if you have not yet registered for the Aspire Rewards program. To sign up for Aspire Rewards and get the \$20 treatment certificate click here <https://www.aspirerewards.com/app/home.do#how-it-works> We can also help you sign up by calling Laurie at 773-3553 a few days before your appointment.

Call 802-773-3553 to set up an appointment as soon as possible, so that you have more flexibility in scheduling.

For more information on Dysport treatments see:

http://www.rutlandskin.com/#services_botox_injections

For more information on Restylane filler treatments see:

http://www.rutlandskin.com/#services_restylane

Restylane Restylane Restylane

SILK

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An easy way to tighten loose upper eyelid skin

Recent reports have clearly demonstrated that bimatoprost can tighten loose skin around the eyes. Bimatoprost is the active ingredient in Lumigan, a medicine used for glaucoma (increased pressure in the eye), and Latisse that is used for growing longer, thicker and darker eyelashes. The following pictures show the tightening effect. The first photo is from a patient that was using Lumigan in the left eye only, as the right eye did not have glaucoma. Look at the remarkable difference in the amount of extra skin drooping down over the right eyelid compared to the left.



The second photo is from a patient before and four months after applying Latisse once daily on her upper eyelids. These results are comparable to what one might achieve with blepharoplasty, a surgical procedure to remove extra eyelid skin.



Latisse appears to be a safe and easy way to improve the appearance of loose eyelid skin, with the additional benefit of growing longer, thicker and darker eyelashes. It can also be used to thicken the eyebrows, for those with sparse eyebrows. The effects on eyelashes and brows wears off in 1 to 2 months after stopping use, but the effects on the eyelid tightening appears to be long lasting.

Latisse is available at the Rutland Skin Center where we aim to keep the price lower than any of the local pharmacies as we previously discussed here <http://www.rutlandskin.com/Newsletter-Autumn%202014.pdf> by using the website www.goodrx.com. The cost of Latisse at the Rutland Skin Center is \$109 for a 3 ml bottle, and \$149 for a 5 ml bottle. We can instruct you on how to use it so that you can make a 3 ml bottle last up to 6 months and a 5 ml bottle last up to 10 months.

Source of the above photos:

<http://jddonline.com/articles/dermatology/S1545961615P0472X/1>

Vitamin B3 may lower the risk of nonmelanoma skin cancer



A study has recently shown that nicotinamide, a form of vitamin B3, can reduce the risk of nonmelanoma skin cancers in people who have had a previous basal cell or squamous cell skin cancer. People who took vitamin B3 twice a day cut their chances of getting a new skin cancer by 23 percent. The dose of the over-the-counter vitamin was 500 mg twice daily.

The results of this study are certainly promising, but we believe that more research is needed to determine whether or not to recommend vitamin B3 therapy for skin cancer prevention, +said Skin Cancer Foundation Senior Vice President Deborah S. Sarnoff, MD.

What we know for sure is that everyone should adopt a complete sun protection regimen that includes seeking shade and covering up with clothing, including a wide-brimmed hat and UV-blocking sunglasses, in addition to daily sunscreen use.”

The conclusion of this study is not all that clear cut as it only involved a relatively small number of patients and was done in Australia, geographically a high risk area for skin cancer. So these findings might not bear out in other less sunny parts of the world with a more genetically diverse group of people. Even so, this finding suggests that people who have had basal and (or) squamous cell skin cancers might be able to lower their risk of getting more skin cancers by taking vitamin B3.

It has been speculated that vitamin B3 may reduce skin cancers by improving the repair of DNA in skin cells caused by ultraviolet (UV) light, UV damage that gives rise to cancer. Vitamin B3 might also reduce UV light's inhibition of the skin's immune system that helps fight against skin cancer.

So should people with a previous basal and (or) squamous cell skin cancer start taking vitamin B3? There is not enough evidence in my mind to make a strong recommendation at this time, but this is less important than other sun-protective measures like wearing sun protective clothing along with UV-blocking sunglasses, daily sunscreen use on sun-exposed areas, and in general avoiding sun exposure by sitting in the shade, etc.

<http://www.medscape.com/viewarticle/853136>

More health benefits from drinking coffee



In the previous **Caring For Your Skin** Newsletter we discussed the many health benefits of drinking coffee, including the recent findings that drinking **coffee lowered the risk of developing melanoma**. Now comes news that a study showed that people who regularly drank less than 5 cups of coffee per day experienced a **lower risk of death from cardiovascular disease, neurological disease, type 2 diabetes and suicide**. The benefit occurred regardless of drinking caffeinated or decaffeinated coffee, suggesting it's not just the caffeine providing the benefits but likely from other naturally occurring chemical compounds in the coffee beans.

<http://www.sciencedaily.com/releases/2015/11/151116181005.htm>

To learn about the other health benefits of drinking coffee see last spring's newsletter at <http://www.rutlandskin.com/Newsletter-Summer%202015.pdf>

My rare skin affliction – pityriasis rubra pilaris (PRP)

Many of you may have wondered when you saw me recently why I looked so red, flaky and was covered in oil. The reason is that in mid July I developed a very rare skin disease called pityriasis rubra pilaris. It is extremely rare and estimated to affect approximately 1 person in every 400,000 people. I had only seen two cases in my entire career during my thirteen years working in university-based dermatology clinics, where most unusual skin conditions get referred. Most dermatologists have never managed a case. My severe sunburned appearance and flaking skin progressed until October when it started to improve. As I write this newsletter I am very thankful that I am now in the recovery phase and am improving.

So what is pityriasis rubra pilaris (PRP)? PRP is a rare skin disorder that causes reddish-orange scaling skin and thickened palms and soles. It can tighten the skin to such a degree that the lower eyelids can turn inside out (ectropion). Sometimes large areas of the body are covered but there may be islands of sparing where the skin is clear. It can progress to total body involvement (erythroderma) and become disabling. It causes discomfort from the burning and itching skin and thick cracked skin on the hands and feet. It is also associated with cold and hot flashes, inability to sweat and difficulty regulating body temperature. There are several types of PRP based on age of onset and body areas affected. PRP occurs randomly, but some forms are inherited. Some cases like mine appear to have a trigger factor like an underlying cancer or a viral or Streptococcal infection (eg., Strep throat). There have been several reports of PRP occurring soon after a vaccination. My case started nine days after receiving a DPT vaccine.

PRP is often misdiagnosed as a more common skin condition, especially psoriasis. PRP is usually treated with retinoids like Accutane (isotretinoin), or methotrexate or one of the newer

biologic agents like Humira and Enbrel. It is generally resistant to steroid treatment. Oil-based topical preparations can soothe the skin discomfort. PRP can last for one to many years, despite treatment. Some people never fully recover while others recover but then have relapses. I am optimistic that I will be one of the lucky ones to be fully recovered within a year. Below are two photos of my PRP.



The good news was that I got in to see one of the best dermatologists in Rutland without having to wait for an appointment, and was diagnosed right away! LOL! Some folks have mentioned the irony of a dermatologist getting a very rare skin disease. Ironic indeed!

Vermont's Health Care Reform Efforts Continue

Currently the Shumlin administration is in negotiations with Medicare to allow the state to get a yearly lump sum from Medicare and other health care insurers to pay for health care each year. This is a radical departure for how health care is paid today. This is the Health Maintenance Organization (HMO) model for paying for health care. The state would get a yearly amount to spend on health care and it is up to the hospitals and health care providers to not exceed the budget. The state essentially becomes the payer. This how health care is financed through the single payer health care system in Canada and the United Kingdom, and it creates long waiting times and has other drawbacks. This creates a perverse incentive for providers to ration health care services, as they are now at financial risk if costs exceed the yearly budget. It puts the providers in a moral dilemma in that, who are they working for? Are they working to do what is best for their patients or are they working for the system, trying to stay within the budget? For more on this plan, see my presentation here: <http://www.vthealthcarefreedom.org/sites/default/files/u24/McCauliffe%20Jan%202010-2015%20meeting-all-payer-global%20budget.pdf>

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 C4YSkin@gmail.com



Hope you have an enjoyable Holiday Season
and good health in the New Year.

Daniel P. McCauliffe, MD

