

# les nouvelles *esthétiques*

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# Dermatology Update

by Dr. Debra Price

## Questions and Answers

### Tanning beds

*I know that sun exposure increases the risk of skin cancer, but I thought that tanning beds are a safer form of tanning. Is that true?*

Tanning beds are not safe and in fact have been clearly demonstrated to increase one's risk of non-melanoma skin cancer (basal cell cancer and squamous cell carcinoma) and melanoma. UVA is UVA regardless of whether it comes from an artificial source such as a tanning bed or natural sunlight. Of course, UVA is also a well-established cause of aging of the skin.

### Vitiligo treatments

*I suffer from vitiligo and am very distressed by it. Is there anything new for my condition?*

New treatments are offering some hope to those suffering from vitiligo. The eximer laser has been shown to be effective in re-pigmenting vitiligo. A recent study also demonstrated an excellent response to a topical drug called tacrolimus (brand name Protopic). The combination of these treatments may enhance the response.

### Copper

*What is your opinion about copper-containing products?*

Copper-containing products have been shown to improve the appearance of fine lines, roughness, hyperpigmentation and elasticity of

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the skin. Copper has also been shown to stimulate collagen production and increase skin thickness.

### Myobloc

*I have been hearing a lot about Myobloc. How does it differ from Botox type A and which is more effective?*

In objective studies Myobloc has been shown to have a faster onset of action, but to last for a shorter period of time than Botox type A. Injections with Myobloc are more painful. At this time, neither product is Food and Drug Administration approved for treatment of wrinkles in the United States; however, the FDA has been examining Botox for cosmetic use and an approval for market for cosmetic purposes is expected any day.

### Acne & microdermabrasion

*I recently heard that for active acne, it's better to use the non-corundum powder for microdermabrasion because the aluminum crystals that are used with some machines can imbed themselves in the skin and cause problems with healing. Is this true?*

I would not recommend microdermabrasion during active inflammatory acne. Both agents can mechanically irritate the follicle and exacerbate inflammatory acne. Once the acute inflammatory acne phase has improved, microdermabrasion can unroof clogged pores, enhance the delivery of topical acne medications and aid in the resolution of residual blotchy pigmentation. Microdermabrasion performed by estheticians should be confined to the superficial layers of the skin and thus should not create a skin wound or problems with healing. Superficial microdermabrasion with aluminum oxide crystals does not cause delayed healing.

### Self-tanning protection?

*If you use a self-tanner will it protect you from the sun?*

Self-tanners are a safe and effective alternative to harmful tanning, but they will not protect you from the sun. Some self-tanning products do incorporate sunscreens. However, this combination is not practical, since the proper application of self-tanners is not optimally timed for maximal sun protection. Ideally, sunscreens should be applied 30 minutes prior to sun exposure. Self-tanning lotions stain the stratum corneum or dead skin layer of the skin. It takes several hours for their bronzing effect to maximize. Individuals using self-

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tanners should therefore apply a separate broad spectrum sunscreen prior to sun exposure.

### **Esthetician's salary**

*Does an esthetician make more money in a dermatologists office than in a spa?*

The financial arrangements of estheticians working in dermatology offices and spas vary widely. An esthetician's salary is dependent on his or her level of training, knowledge, technical skills and skin care expertise. Estheticians who work in medical settings tend to do more therapeutic treatments since they have direct access to physician consultation. In a dermatology office, patients who require a prescription medication can receive simultaneous consultation with the physician, which offers a therapeutic advantage. Physicians

who employ estheticians generally provide opportunities for educational advancement and training. Increasingly, dermatologists and the medical community in general are incorporating scientifically proven holistic therapies in their treatment approach to patients. Estheticians should seek to work in an environment where they can grow professionally and be rewarded consistently with their training and expertise.

### **Bumps on arms**

*How do you get rid of those bumpy plugs on the backs of the arms?*

The condition you are referring to is a common dermatologic problem known as keratosis pilaris. It occurs most commonly on the extensor surface of the arms and thighs. Treatments that have been found effective include topical

retinoids (Retin-A, Differin, Tazorac), Lachydrin (12 percent lactic acid), salicylic acid lotion, light microdermabrasion and superficial peels with glycolic or salicylic acid. Individuals who have erythema associated with their condition may also benefit from a mild topical steroid cream. ■

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