

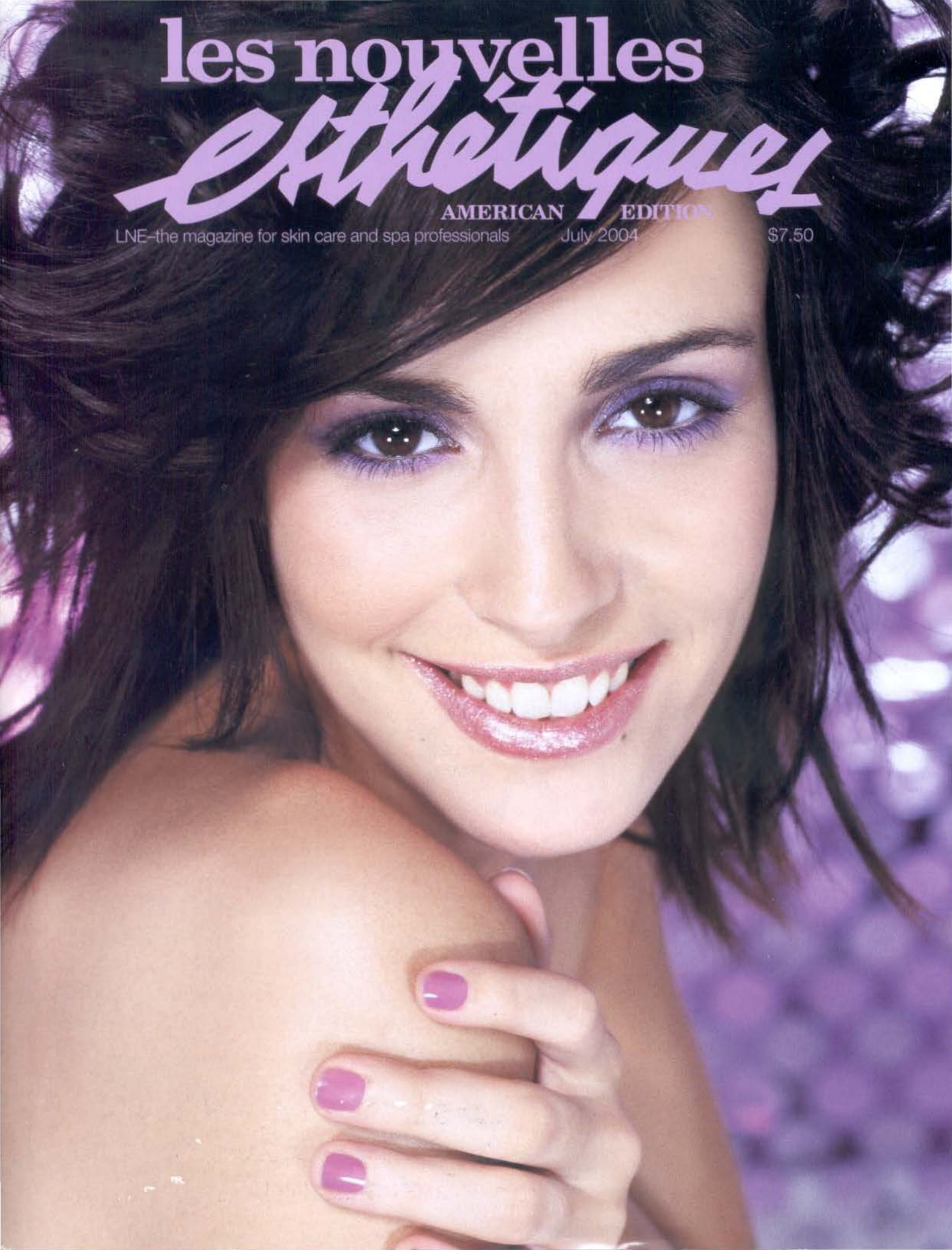
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10 Questions and Answers

Rosacea treatments

Q: What is the best treatment for rosacea?

A: Optimal management of rosacea involves a combination of medical therapy and avoidance of factors known to exacerbate the condition. The latter includes hot, spicy foods, caffeine, heat and stress. For individuals with the papulopustular form of rosacea, tetracycline is the antibiotic of choice. Other effective oral antibiotics include Doxycycline, Minocin, Zithromax and Periostat. Milder papular outbreaks can be treated with topical therapies such as Noritate, Metro lotion and Finacea. A recent addition to the rosacea therapeutic armamentarium is a topical anti-inflammatory therapy, Nicamide. The erythematous and telangiectatic form of rosacea is best managed with laser therapy.

Goodbye, puffy eyes

Q: Several of my clients want to know the best remedy for puffy eyes without plastic surgery. What do you recommend? Why do people's eyes get puffy?

A: The etiology of puffy eyes is multifactorial. Individuals with allergies are predisposed to

swelling of the lower eyelids. Cool packs and chamomile tea pads can be helpful. Avoidance of high salt diets and adequate sleep can also lessen the propensity to eyelid swelling.

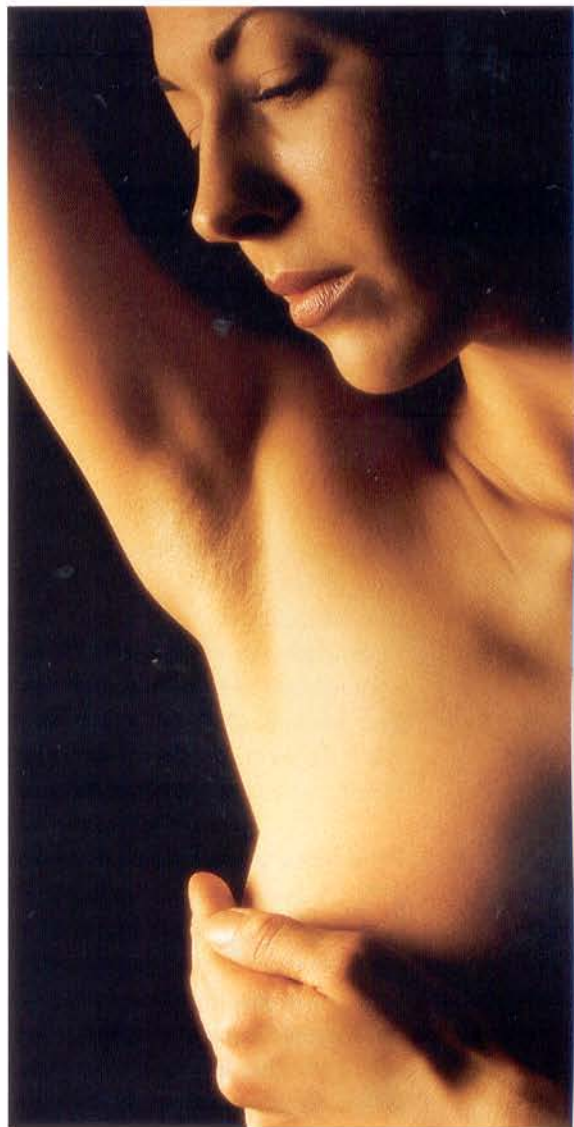
No more blackheads

Q: Every year, there are so many advancements for skin. Have there been advancements in removing and preventing blackheads? What is the best way to treat blackheads?

A: Current techniques for blackhead extraction are effective and have not undergone significant change. A traumatic technique, whether by manual extraction or the utilization of a comedone extractor, is essential. Biore is a wonderful adjunct for patients to use at home, but they should be cautioned against overusage. Prevention of recurrence of comedones through the regular use of a prescription retinoid is important. Individuals with a propensity to comedones should also cleanse their skin with a salicylic acid-based cleanser.

Hyperpigmentation

Q: With the summer here, I'm seeing so many clients with hyperpigmented skin who want me to "fix" it for them. I don't know what to



tell them other than "Use an SPF 15 sunblock." If they're going to continue to photodamage, couldn't the problem become worse if I do microdermabrasion or alpha hydroxy peels on them? What do you recommend?

A: Any procedure that peels the skin increases one's susceptibility to sunburn and photodamage. Individuals who undergo superficial chemical or physical peels in association with medical therapy for treatment of hyperpigmentation should be cautioned to use sunscreen. I generally recommend a physical block with an SPF of 30 or greater. The addition of topical prescription therapies such as Tri-Luma, Alustra and retinoids will hasten resolution of hyperpigmentation.

continues

Laser concerns

Q: How permanent is laser hair removal really? Do you have to have more than one laser session to fully remove hair? Does it hurt?

A: Laser hair removal can be permanent, but the response to treatment varies by individual and area treated. Multiple treatments are always required to achieve maximal response. Pain associated with treatments is generally mild. Topical anesthesia can lessen discomfort associated with treatments. While most individuals will experience a reduction of hair following laser hair removal, some individuals can develop a paradoxical increase in hair growth. This contradictory response is more likely to occur in individuals of Mediterranean descent.

Telangiectasia, regardless of the cause, are best treated with a laser.

Post-wax woes

Q: I have several clients who constantly experience problems after waxing, such as hyperpigmentation and ingrown hairs. Are some people just not meant to wax?

A: Waxing can sometimes be associated with ingrown hairs and postinflammatory hyperpigmentation. The latter is more likely to occur in darker-complected individuals.

Individuals who experience recurrent problems with waxing should consider laser hair removal.

Fill 'em up

Q: There are so many new fillers on the market that it is difficult to determine which one to choose. What are your favorite ones?

A: The newest filler substances to be introduced in the United States include Cosmoderm, Cosmoplast, Restylane and, most recently, Hylaform. Unlike bovine collagen, these new filler substances do not require skin testing. The optimal filler choice depends on the depth and location of the problem being corrected. Frequently, a combination of fillers is most advantageous.

Oily skin and wrinkles

Q: How do you treat a mature client who wants wrinkle reduction but also has excess sebum?

A: Individuals with oily complexions tend to tolerate prescription topical therapies for photoaging better, allowing for more frequent application and earlier improvement. Sometimes, oily skin care regimens need to be modified to accommodate the effects of retinoid therapy.

Zap it

Q: What causes broken capillaries on the sides of the nose, and is there a non-invasive way to get rid of them?

A: Telangiectasia are caused by trauma, rosacea, aging and sun damage. Regardless of the cause, they are best treated with a laser.

Vitamin E

Q: I heard that vitamin E can actually hurt skin. Is that true?

A: It's an excellent moisturizer and preservative, but it can cause contact dermatitis and can increase bruising. Contrary to popular belief, it does not enhance wound healing or the appearance of scars. ■

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