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Questions and Answers

Facial fat

Q: Why does facial fat decrease with age? Is there any way to prevent fat from disappearing from facial features?

A: Lipoatrophy is a natural effect of the aging process. It generally begins around the fourth decade of life with the appearance of nasolabial folds and gradually progresses with the development of flattening of the mid-cheek, marionette lines and progressive loss of volume in the lower face, temples and orbit. This natural aging process can be accentuated and accelerated by excessive exposure to environmental pollutants such as smoke and sun exposure, extreme dieting, cancer, diabetes and HIV. A healthy lifestyle may slow the progression, but there is no therapy to prevent facial volume loss. Fortunately, volume loss can be restored through the use of filler substances such as fat and hyaluronic acid fillers. Sculptra is an FDA-approved therapy for facial lipoatrophy associated with HIV and is presently undergoing trials in immuno-competent individuals.

Give me lip

Q: When I look at pictures of myself, it appears as though my lips have shrunk. Is this possible, and if so, what can be done to restore my lips?

A: The thinning and flattening of the upper and lower lips is a common result of the natural aging process. Restoration of a youthful lip volume can be achieved with injections of temporary filler substances such as Restylane, Captique, Hylaform, Cosmoderm and Cosmoplast. The correction generally lasts for approximately three to four months.

Greasy food

Q: If you eat greasy foods can you get acne? How about if you work at a fast-food restaurant making fries all day?

A: Contrary to popular belief, a diet high in fatty foods has not been shown to cause acne. However, there is some data to suggest that dairy products and diets high in carbohydrates may increase one's tendency to develop acne. However, exposure to external oils can exacerbate acne in predisposed individuals. Use of hair products containing oils can also lead to pomade acne.

Bottom line

Q: No matter what I do, I still have some cottage cheese on my thighs. I've tried many solutions and have had only temporary, minimal results. What, in your opinion, is the best solution for cellulite?

Individuals with oily skin don't need to moisturize after they cleanse, but they should wear sunscreen daily.



A: Unfortunately, there is no uniformly successful solution for cellulite. Most women have some degree of cellulite. Individuals with a predisposition to cellulite should maintain an optimal body weight and exercise regularly to improve muscle tone in the areas of predisposition. Topical agents that thicken the dermis such as Retin-A, Tazorac and Differin can *continues*

improve skin quality and camouflage the appearance of early cellulite. Endermologie is a skin-fold rolling and massage technique that can improve the appearance of cellulite.

Soak it up

Q: It seems no matter what I do, no matter what I use, I still get very oily. Makeup that I put on in the morning wears thin and gets cakey by noon. How can you keep the skin from getting oily?

A: Accutane is the only treatment that can decrease oil production. It is an excellent solution in individuals with nodulocystic acne. Because of its potential side effects, it is not an appropriate therapy for those with only increased facial oil production. Smoothbeam laser can also lessen oil production in individuals being treated for acne. Topical agents such as Neova mattifying serum and Clinac OC can temporarily lessen the appearance of surface oil.

To cream or not to cream

Q: Do you really have to use a moisturizer? If you already have skin that's pretty oily, or is combination, is a moisturizer really needed every time you cleanse?

A: Individuals with dry or combination skin should use a moisturizer. Those with oily complexions do not require a daily moisturizer. Nonetheless, all individuals should apply a sunscreen daily. Individuals with oily skin should choose a lotion or gel formulation rather than a cream formulation.

Xanthasma can sometimes be indicative of elevated cholesterol—they appear as yellowish deposits that can develop on the upper and lower eyelids.

Supple smackers

Q: What is the best lip therapy for dry, chapped lips? It seems that with the dryness of the season, my lips have become like Brillo pads—they're rough and sometimes they sting and bleed.

A: Vaseline or Aquaphor healing ointment are excellent, occlusive moisturizers for dry lips. Ceralip (La Roche Posay) is another excellent therapy for dry lips. Individuals with excessively chapped lips may also benefit from a short course of a 1 percent, topical hydrocortisone ointment.

Smooth out bumps

Q: I have these little bumps on my face that don't look like they have a head. One of my coworkers said that I have something called milia. What is milia and how do you get rid of them?

A: Milia are closed comedones that result from decreased cell turnover associated with aging and photoaging. They can also develop in association with acne. Daily use of a retinoid such as Differin, Retin-A or Tazorac can lessen the tendency to develop milia. Salicylic acid cleansers can also be helpful. Simple incision and drainage is the best therapeutic approach to treat established milia.

Cholesterol indicator

Q: If I have some yellowish deposits around my eyes, which I think are cholesterol deposits, does that mean my cholesterol is high?

A: Xanthasma are yellowish deposits that can develop on the upper and lower eyelids. While they are not always associated with elevated cholesterol, they can sometimes be indicative of elevated cholesterol. If you have xanthasma, I recommend you obtain a fasting cholesterol level. ■

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