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TOP

Reasons *To Call the Dermatologist*

She can zap a zit, fill a wrinkle, and stop fine lines in their tracks. A doctor can also give you samples and fine-tune your product stash. Why more and more women are making an appointment. By Cara Birnbaum

Women abuse their skin in all sorts of ways—smoking, sleeping in layers of makeup, toasting under the sun. But the most egregious offense may be simple neglect. A surprising number of people have never set foot (or face) in a dermatologist's office. Even those with skin issues often “rely on aestheticians, who don't have access to nearly

the same technology and information doctors do,” observes Rhoda S. Narins, clinical professor of dermatology at New York University Medical School. According to a 2003 study, the worst acne sufferers tend to consult a nonmedical specialist, such as a facialist, rather than a medical professional. And “some people figure that if they don't have acne, they don't need one,” Narins says.

Skin science goes far beyond the treatment of pimples, rashes, and moles. The dermatologist's office is loaded with equipment to fill wrinkles, lighten freckles, and remove or thicken hair. As more women realize this, those who never thought to seek professional skin help before are booking appointments, and dermatologic procedures are rising in popularity. Between 2002 and 2003, Botox injections increased by 37 percent and chemical peels by 46 percent, according to the American Society for Aesthetic Plastic Surgery (ASAPS). Physicians affiliated with the American Society for Dermatologic Surgery report that more than a quarter of their female patients are under 40. Neglect, it seems, is becoming a sin of the past. As for the rest of the abuses you've inflicted on your skin, the doctor is in.

1 YOU WANT THAT PIMPLE GONE. NOW.

You have a wedding tomorrow, but this morning you're practically married to the zit on your chin. A dermatologist can broker a quickie divorce by injecting the pimple with cortisone, a steroid that stops the swelling and reduces redness immediately, according to Katie Rodan, clinical associate professor of dermatology at Stanford University, who injects about 20 patients each month. "Within hours of the shot, a cystic pimple that would've taken two to three weeks to go away on its own will be at least 50 percent better," she says. "The next day, it's almost entirely gone. You're also less likely to scar or develop a dark mark than if you had let the blemish run its course."

Assuming, that is, that you find a doctor who knows how to wield a syringe. "Someone who uses too much cortisone can cause the skin to atrophy, leaving a slight depression," warns Howard Fein, attending dermatologist at Harbor-UCLA Medical Center. At about \$50 to \$100 a pop, injections are usually reserved for special occasions and monster zits. If you find you're requesting them more often than once a month, you may be a candidate for prescription retinoids or antibiotics, which can prevent pimples in the first place.

2 YOU WANT TO STOP FINE LINES IN THEIR TRACKS.

The fountain of youth has become one big flood of antioxidants, ceramides, enzymes, and acids. Sifting through the bold claims and cryptic ingredients in most anti-aging products practically requires a

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medical degree. It's no wonder 94 percent of women are confused by the anti-aging treatments on the market, according to a study by the American Academy of Dermatology.

Seeing a professional can help ensure your skin-care plan is based on legitimate hard science. Leslie Baumann, director of the University of Miami Cosmetic Center, starts by asking patients whether they're using a broad-spectrum sunscreen—the most powerful, and often overlooked, anti-wrinkle cream available—then recommends antioxidant supplements such as vitamins C and E, Coenzyme Q10, alpha lipoic acid, lycopene, and green tea, which “prevent free radicals from destroying collagen and damaging DNA,” she says. (Although it has not been proven, Baumann says there is “convincing evidence” that antioxidants taken orally are absorbed better by the body and remain more stable than those in creams.) She and her colleagues are especially optimistic about Prevege, a cream expected to get FDA approval soon, which contains the

antioxidant idebenone. Studies show it can reduce the number of sun-damaged cells by 38 percent when applied before UV exposure.

As for softening existing fine lines, even the most potent over-the-counter creams don't contain the high concentration of active ingredients in

prescription products. Retinoid creams such as Avage, Differin, and Tazorac are proven to stimulate the production of collagen, smoothing the skin significantly within a matter of months. They also have the potential to cause irritation. For those with deeper lines—or less patience—dermatologists have a growing arsenal of injectables, such as Botox, which paralyzes the muscles that cause lines in the upper portion of the

face, and wrinkle fillers. Many dermatologists employ both these methods together, using Botox to relax lines around the forehead and eyes and a filler to plump creases around the mouth and nose. “People usually come in three times a year for both,” Baumann says. She is particularly hopeful about the recently FDA-approved hyaluronic-acid filler Hylaform, “because it feels softer and more spongy than Restylane, Cosmoplast, and Zyplast.”

3 YOU WANT TO TRADE THE RAZOR FOR THE LASER.

Banishing body hair used to involve a 50-cent Lady Schick and a lot of prickly stubble. Now, a single round of high-tech fuzz busting costs about \$500 (and it usually takes three to six rounds for nearly permanent results). Approximately 700,000 women in the United States had laser hair removal last year, according to the ASAPS. And as newer, better lasers become more widely available, experts expect that number to climb. “In the past, we were really able to treat only

light skin tones and dark hair effectively," says Tina Alster, director of the Washington Institute of Dermatologic Laser Surgery in Washington, D.C. "But now we have lasers that bypass pigment in the skin, making it safe to treat darker complexions." While traditional lasers still work best on fair complexions and dark hair, the combination of a laser with radio frequency energy (in a machine known as the Aurora) is clinically proven to work on blonde and white hair, though many doctors say the results are uneven. "In general, white and blonde hair isn't half as responsive as dark," says Jeffrey Dover, associate clinical professor of dermatology at Yale University School of Medicine, "especially when it's fine, which light hair tends to be." Thin-skinned spots like the bikini area and underarms are easier to treat than areas like the chin and upper lip.

4 YOUR SKIN IS FRECKLED OR MOTTLED.

If a brown blob has taken up residence on your face, you may have melasma—a patch of skin cells whose pigmentation activity is in overdrive, usually as a result of sun exposure, birth control pills, or pregnancy. A drug-store fade cream will help brighten these areas over a period of months, but while they typically contain 2 percent hydroquinone, a lightening ingredient, prescription versions deliver double that amount for speedier results. Some, such as Lustra and Glyquin, also have glycolic acid to slough away surface cells, along with sunscreen to prevent future discoloration.

Freckles and individual sun spots—which are more sharply defined and more superficial than melasma, and may look lighter—usually do not respond to lightening cream, according to Dover, who sees an increase every spring in patients eager for more spotless chests, shoulders, and hands. "I use a laser to get rid of freckles and indi-

vidual spots and Intense Pulsed Light (IPL) to treat larger areas such as the whole face or hands or mottled areas," he says. "It can make someone look ten years younger." Doctors are achieving even more promising results with photodynamic therapy, in which a topical acid called Levulan enhances the potency of laser and IPL treatments. "This works really well for sun spots and generally cleaning up the skin," Alster says. Side effects include occasional peeling and redness, along with something more desirable: an overall tightening of the pores.

5 YOUR SKIN HAS GONE FROM OILY TO DRY OR VICE VERSA (OR IS SUDDENLY BOTH).

Sometimes skin plays against type: Dry skin erupts in zits, oily skin becomes flaky, normal skin starts act-

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ing sensitive. "Most women notice changes as they move through their 20s and 30s," says Fredric Brandt, a dermatologist affiliated with Mount Sinai School of Medicine in New York. "We often see people breaking out in their 30s, because of pregnancy or birth control pills, but at the same time, the skin is less oily, and the neck and eye areas may be easily dehydrated." A dermatologist can help you determine the cause and suggest a treatment. Since few people remember exactly what they use on their face right down to the concentration of salicylic acid, Dover recommends bringing "everything you routinely use to the appoint-

ment. That way, the two of you can select the products that are worthwhile and toss the rest."

6 THE SPIDER VEINS ON YOUR LEG HAVE TURNED INTO A WEB.

Sarongs and self-tanner might conceal a tangle of spider veins. But only a doctor can banish them for good. Sclerotherapy, also known as saline or detergent injections, dissolves both tiny veins and thick, ropey varicose ones. It takes three or four treatments (at \$250 to \$1,000 a session, depending on the severity and number of veins being treated), requires the wearing of godawful elastic support hose, and may need to be repeated after several years, but it's still the gold standard. While dermatologists can zap some veins with lasers, "the ones in the legs may run too deep or be too large for lasers to penetrate," Alster says. (Facial veins, which tend to be thinner and closer to the surface, are perfect victims for lasers.) For the needle-phobic, a newly redesigned version of the GentleYAG laser seems to eradicate leg veins more effectively than its predecessors—though doctors say it's too early to tell just how *much* better.

7 YOUR SKIN FLUSHES—AND STAYS THAT WAY.

Red wine makes it worse. So do spicy food, vigorous exercise, and hot showers. For the 14 million people who suffer from rosacea, only a dermatologist can offer relief. The condition is fairly difficult to diagnose without a professional, since its chronic facial flushing and small red bumps mimic sensitive skin or acne. No cure exists, but a combination of antibiotics, prescription creams, and lasers can dramatically minimize the symptoms. One of the latest weapons is Finacea, an azelaic-acid gel that reduces bumps and redness slightly better than the often-used Metrogel, according to a study in the *Archives of Dermatology*. (Finacea also causes irritation in some

patients, though.) While a laser won't do anything for rosacea bumps, several rounds can shrink the broken blood vessels that bring on the full flush. "A minimum of three treatments improves background redness," Dover says, "although you may have to come back in two to three years to treat new broken vessels and redness."

8 THE MOLE ON YOUR SHOULDER SEEMS TO BE GROWING.

An estimated 10,250 people will die from skin cancer this year, according to the American Academy of Dermatology—an especially alarming number considering that the disease has a one-in-five cure rate when detected early. Yearly checkups are crucial to catch lesions, which may hide on the lower back, the scalp, or between the toes, or masquerade as a patch of dry skin. "The difference between something and nothing can be quite subtle," says James Spencer, vice chairman of the department of dermatology at Mount Sinai School of Medicine. "All skin cancers begin on the surface, where they're both visible and harmless. You have to get to them before they start to grow downward."

The scalpel still removes most skin cancers, but photodynamic therapy (topical Levulan followed by a light-based treatment), an option only for very superficial, early skin cancers, produces less-severe scars, according to a Pennsylvania State University study. And it's now possible to treat precancerous cases (called actinic keratoses) with no scarring at all, using the topical cream Aldara, which was FDA-approved last spring. "This actually boosts the immune system where you apply it," Spencer says.

9 YOUR HAIR IS THINNING.

Stress, childbirth, tight ponytails, and cornrows can cause hair loss. And when that happens, all you care about is getting it back... yesterday. "When a woman comes into my office crying, it's usually because her hair's been falling out," says Narins. "This is much more common in female patients than people think." If hormone and thyroid blood tests are normal, Narins tries topical lotions like Rogaine

How to Get the Most for Your \$200

The average dermatologist allocates 15 minutes for each appointment—enough time to get your questions answered, wrangle some free product samples, and get a discount on a glycolic peel, if you play your visit right.

• **PICK YOUR BATTLES** Unloading a laundry list of complaints will prevent the doctor from addressing any issue thoroughly. "I tell patients to choose three concerns—and choose them wisely," says Dover, who also advises using a mirror to point out what is bothering you.

• **ASK FOR A FULL SKIN EXAM** This is no time to be bashful. "You wouldn't have the optometrist look at only one eye," says Fein, who recommends requesting a full skin exam when you book your appointment (many doctors won't volunteer unless you ask, and only 32 percent of patients get one, according to a recent study). It costs a bit extra, but examining the skin in its entirety allows the doctor to diagnose and treat—or rule out—any diseases of the hair, skin, and nails as well as monitor these areas better over time.

• **REQUEST SAMPLES** The only surefire way to know how you will react to an acne lotion or anti-aging cream is to try it yourself—especially because many come in a variety of forms that all react

differently with the skin. Doctors often keep a stash of sample prescription creams for patients who want to try before they buy. "If you're not certain your skin will tolerate a new medication, ask for a sample before filling the prescription," Fein recommends. "This is especially true for potentially expensive anti-aging remedies like Renova, Avage, and various bleaching creams." Many doctors also have trial bottles of over-the-counter moisturizer, sunscreen, and face wash for patients who ask nicely.

• **MAKE A DEAL** Though it may sound a bit brash, asking your doctor (or better, his nurse) if you can buy several treatments at once can save money. "There's no problem with asking, 'Do you offer these as a package or series?'" Fein says. "Some practices even advertise package prices." Chemical peels and microdermabrasion procedures are the most frequently discounted—often at 10 to 20 percent off. Doctors are less magnanimous with Botox and wrinkle fillers.

or formulas containing progesterone, but says they're best for halting hair loss, not coaxing new growth. An increasing number of women are choosing hair transplants instead—and paying about \$5,000 for the procedure. Far more advanced than the large plugs used in the past, the latest transplants consist of mini- and micrografts of hair "taken from the back of the scalp," Narins says. "They're not visible on the scalp, and they'll absolutely give you a fuller head of hair."

10 YOU FEEL A BUMP UNDER THE SKIN ON YOUR ARM OR LEG.

A gross piece of trivia: Acne may be red, inflamed, and take forever to go away, but these bumps differ from true cysts (called epidermoid cysts). While the former are nodules that materialize over a period of days, Howard Fein says, true cysts are "sacklike growths that

develop over months and years." They also rarely go away on their own. One of the most common, milias, found only on the face, look like tiny deep whiteheads. "You may be tempted to pick at them, but you'll only end up bruising the skin," says Rodan, who releases the hardened skin cells inside with a sharp instrument. "Most aestheticians can't take care of these because they're prohibited from breaking and entering the skin." Other epidermal cysts, which can appear on the arms, scalp, back, and chest, are almost always benign, "but they can become problematic as they start to grow, especially when they become irritated by clothing," Rodan says. To minimize the chance of infection and scarring, experts advise having epidermal cysts removed if they stick around and become bothersome. If the procedure requires stitches—and most do—healing time is about ten days. ♦