

SUN

AWARENESS

When it comes to your skin, it pays to play it safe.

In Canada's often chilly climate, nothing is more welcome than sunshine. But when it comes to preventing skin cancer and premature aging, it is vital to remember that the sun's radiation is dangerous, particularly at higher levels of exposure.

"When we talk about sun awareness, what we're really talking about is skin cancer and sunburn prevention," says Dr. Cheryl Rosen, head of dermatology at Toronto Western Hospital and University Health Network Hospitals, and national director of the Canadian Dermatology Association's Sun Awareness Program. "We're also talking about wrinkle prevention and 'looking old before you have to' prevention, but most important is skin cancer prevention."

Dr. Rosen says that ultraviolet radiation from sunlight is involved in the development of basal cell and squamous cell carcinoma and melanoma. "With squamous cell carcinoma, it seems to be cumulative

exposure that is most important – but for basal cell cancers and for melanoma, it seems that intermittent hits of intense exposure are very important," she says.

Research conducted on the development of skin cancers looks at mutations that have ultimately led to the cancer, says Dr. Rosen. "There is a certain kind of mutation in the DNA that is only caused by ultraviolet radiation, and so if that mutation is there, it's been caused by sun exposure. Like tobacco, ultraviolet radiation is a cancer-causing substance. The difference is that it is ubiquitous – and it is also nice to go outside every day. We have to find a balance between living an enjoyable, active life out in the sun and being careful."

For most people, says Dr. Rosen, that balance can be achieved reasonably easily. "Be physically active, have a good time, and enjoy the Canadian summer, because it's too short. Enjoy your southern

holidays. But protect yourself as best as you can."

Some of the strategies she recommends require only sound planning and a bit of thoughtfulness. "If you're going to play tennis, play it early in the morning rather than at noon. If you're going to sit outside and read, sit under a tree. If you're going to go for a long walk, wear protective clothing if you can."

When protective clothing is impractical, she says, because it's just too hot, use sunscreen, sunglasses and a hat. "It certainly isn't necessary to stay indoors all the time. Let the UV index that is part of the weather forecast in spring, summer and fall be your guide in terms of how stringent your sun protection is, or how much protection you use."

For the many Canadians who spend a lot of time outdoors working or playing, sun protection is even more essential.

Dr. Elizabeth O'Brien,

CDA regional director for Quebec, says, "For people who spend more than an average amount of time outdoors, it's important to recognize that sun damage is cumulative. You don't have to be out for long periods – people who are just in and out also accumulate damage. That's particularly important for people such as golfers who spend hours outside. Added to day-to-day exposure, it certainly increases the danger of skin cancer."

To minimize the dangers, says Dr. O'Brien, people who are in the sun for longer periods need to minimize exposure. "Cover up whatever areas you can with clothing, and use sunscreen on areas that aren't covered. Time activities, if possible, so you are not out midday when the sun is stronger. If you can play golf or go for a walk or a bike ride early in the morning or in the evening, it is going to take longer to accumulate the same amount of damage."

In Canada, the sun is

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There is a certain kind of mutation in the DNA that is only caused by ultraviolet radiation, and so if that mutation is there, it's been caused by sun exposure. Like tobacco, ultraviolet radiation is a cancer-causing substance.

strong enough to damage skin from the beginning of April to the end of October, and the importance of sun protection can't be overestimated. (In winter, sunlight reflected by snow can also be damaging.) "Many people seem to think the sun is only harmful if you're sunbathing or vacationing – they don't realize they're exposed to the sun anytime they step out the door. Parents of children in sports may put sunscreen on their kids, but forget to put it on themselves when they're on the sidelines watching."

"We know that sunscreens do prevent precancerous changes. As I often say to my patients, we don't have any control over the factors that cause breast cancer or prostate cancer: if you had a cream you could put on once a day to reduce your risks, wouldn't you use it? We know that sunscreens are both safe and beneficial, so there is absolutely no reason not to use them," says Dr. O'Brien. ■

UV exposure and immunosuppressant drugs factors

Organ transplant recipients are at risk of developing skin cancer

Dr. Mariusz Sapijaszko regularly sees firsthand one of the most potentially deadly and vexing complications of transplant surgery. What may be surprising, however, is that Dr. Sapijaszko is not a surgeon nor is he a family physician. He is a dermatologist and medical director of the Western Canada Dermatology Institute in Edmonton.

His specialty is skin cancers.

"I have a female patient who underwent a kidney transplant 25 years ago," he says. "She came into my clinic with literally dozens of skin

cancers on her face, neck and arms. I removed them but she was back two or three months later with dozens more.

"Now we maintain a watching brief. She comes in regularly, we examine her and remove any new cancers or pre-cancerous growths."

Skin cancers, not organ rejection, are the leading cause of death in men and women who have undergone successful transplant operations, he warns. Post-transplant patients are the highest risk group in the entire Canadian population for both squamous cell carcinomas, which are the most common in

transplant patients, to the more deadly melanomas.

Skin cancer is directly related to unprotected exposure of the skin to the sun's damaging UVA and UVB rays. Canadian dermatologists are acting aggressively to make health care practitioners, transplant patients, their families and the general public aware of the dangers and offering some very practical advice to prevent the situation.

"With 150,000 people in North America having successfully gone through transplant surgery, and with the

See **Transplants** page SA 6

Exposure promotes skin damage

Protect your youth from tanning studios say dermatologists

Despite widespread awareness that sun tanning is linked to skin cancers and premature aging of the skin, many people can't resist the temptation of soaking up UV rays. But the World Health Organization recommends that no one under the age of 18 use a tanning bed, and in Canada, leading dermatologists are advocating regulation to protect youth from this risky behaviour.

"We know that ultraviolet radiation – from whatever source – is a carcinogen. Meta-analysis of studies of people who have had skin

cancer seem to indicate that there is a causal association between UV exposure from artificial tanning sources and skin cancer, and there seems to be a greater risk if you have the artificial exposure earlier in life," says Dr. Cheryl Rosen, head of dermatology at Toronto Western Hospital, associate professor of dermatology at the University of Toronto, and national director of the Canadian Dermatology Association's Sun Awareness Program.

Tanning salons continue to be popular in part because of misunderstandings about their benefits and risks. "This whole

notion of getting a base tan before you go south, for example, is unsound. You're causing damage to get too little benefit. A tan provides a skin protection factor (SPF) of about 2 to 4, so it's not providing much protection," says Dr. Rosen.

Dr. David McLean, a professor of dermatology at the University of British Columbia and head of cancer prevention programs for the BC Cancer Agency, says sun tan beds mainly emit ultraviolet A, or UVA – the primary cause of wrinkling of the skin, and the

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This is what the sun can do to your skin.

Be sun safe!

See back of newspaper for details.

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Advocacy, action

Dermatologists - your skin experts

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The economic, social and psychological burdens of skin diseases are indeed heavy and come at great cost to the country, the patient and the families involved. Our goal is to alleviate as much as possible the misery engendered by these diseases.

Dr. Jack Toole,
President,
Canadian Dermatology
Association

The Canadian Dermatology Association's mission is to ensure that the Canadian public has equal access to timely and exemplary dermatologic care. Ultimately, our goal is to ensure each patient who needs dermatologic care – for skin, hair and nail disease – will have access to a dermatologist and to appropriate information on the treatment and management of skin diseases, no matter where in Canada he or she may live.

The CDA's Sun Awareness Program, now in its 20th year, is a perfect example. It teaches the Canadian public how to avoid skin cancer and prematurely aging skin. We have had great success with adults starting around age 28, when the first fine lines appear, and with parents and guardians of younger children. "Immortal" youth still remains a challenge – tanned skin still outweighs the risk of skin cancer in many young people's minds, despite the fact a tan is the sign of skin damage and not of glowing good health.

CDA members conduct public skin cancer screenings annually from coast to coast and consistently discover multiple cases of previously undiagnosed skin cancers. CDA has developed literature to alert patients to the warning signs of skin cancer – visit our website at www.dermatology.ca,



which we are in the process of expanding and refining, for more information.

The economic, social and psychological burdens of skin diseases are indeed heavy and come at great cost to the country, the patient and the families involved. Our goal is to alleviate as much as possible the misery engendered by these diseases.

Looking ahead, we will broaden our scope of public outreach over the next few years by implementing public education campaigns on the treatment and management of skin, hair and nail diseases, both common and the more esoteric. In this context of public outreach, CDA enthusiastically supports the recently formed Canadian Skin Patient Alliance (www.skinpatientalliance.ca) in its efforts to ensure access to excellent care for patients with skin disease in Canada.

To call oneself a "dermatologist" in Canada requires not only an MD degree, but also the completion of a further five years' residency training (that includes in-depth training in medical, surgical dermatologic and cosmetic procedures)

followed by successful completion of the Fellowship certification examinations of the Royal College of Physicians and Surgeons of Canada or the Collège des Médecins du Québec. Some dermatologists add further specialist training in surgical, cancer, cosmetic and other procedures: as the skin experts, these specialists are particularly suited to provide expert care for the increasing number of Canadians who seek these treatments. For its part, CDA will remain committed to providing high-quality and relevant accredited continuing professional training for dermatologists, in terms of both medical education and leadership development. The well-trained dermatologist can provide the best possible care to patients.

As we continue to advocate for better access to dermatologic care for Canadians, we are very concerned about a shortage of dermatologists in Canada and the need for an increase in dermatology residency training positions to ensure Canadians have timely access to dermatologists. Unfortunately, the number of new dermatologists coming into the profession are not replacing, let alone increasing, those who are now retiring – and this at a time when skin cancer is on the rise. According to the Canadian Cancer Statistics 2008, we can expect 4,600 new cases and 910 deaths from melanoma, and 73,000 new cases and 260 deaths from non-melanoma

skin cancer this year alone.

Internationally, Canadian dermatologists have taken a leading role in research leading to the development of major advances in the management of psoriasis, skin cancer, eczema and acne, as well as cosmetic procedures, and the association is working to ensure the Canadian public has access to treatment advances that are now available. In particular, Canadians

have been leaders in the development of biologic therapies for the treatment of psoriasis, and it is gratifying to see that two Canadian provinces, Nova Scotia and New Brunswick, have already agreed to include these new therapies for coverage under the provincial formularies. These agents have had a dramatic impact in improving the quality of life of psoriatic patients worldwide. ■



Canadian dermatologists possess not only an MD degree, but have also completed a further five years' residency training in medical, surgical dermatologic and cosmetic procedures, and successfully completed the Fellowship certification examinations of the Royal College of Physicians and Surgeons of Canada or the Collège des Médecins du Québec. PHOTO: ISTOCKPHOTO.COM

Myths and facts

Vitamin D, get informed and get your dose

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Just 10 to 15 minutes of unprotected skin exposure a day in summer is likely plenty of time for face, neck, arms and hands to absorb enough UV rays to keep the body's supply of vitamin D in line.

The role of vitamin D in building and maintaining healthy bodies is well

known. But for many Canadians, that is where fact ends and myth takes over, says



Get the facts on vitamin D

Want the facts on vitamin D and sun? Here is what leading dermatologists have to say.

- * Vitamin D is essential. It helps the body absorb calcium to maintain healthy bones, especially in the young and elderly.
- * The main sources of vitamin D are the sun's UVB rays, a healthy diet rich in milk and fish such as salmon, and vitamin supplements, which can come in easy-to-swallow pills.
- * Incidental unprotected exposure to sunlight from late spring to early fall should give most people enough UVB exposure to make adequate vitamin D in the skin. The length of exposure to the sun to make adequate vitamin D depends on things such as skin colour and the strength of the sun. Darker skin requires more time in the sun to make the same amount of vitamin D.
- * Increasing the amount of time spent in the sun is not recommended as a way to increase a person's vitamin D.
- * For those whose culture demands clothing that covers all but parts of the face, best rely on vitamin D supplements.
- * For anything more than incidental sun exposure, slap on the sunscreen and follow sun safety rules to avoid skin damage.
- * For those who are very careful about sun exposure, 1,000 IUs of vitamin D per day is recommended all year round. From mid-fall to late spring, 1,000 IUs of vitamin D a day will ensure most Canadians have adequate vitamin D levels. The winter sun in Canada cannot produce vitamin D in the skin.

Dr. Cheryl Rosen, head of the division of dermatology at Toronto Western Hospital and the University Health Network.

"It is one of those areas where a good many people need more information," she says. "They know sunlight helps the body produce vitamin D; they know they need vitamin D because it helps the body absorb calcium to create strong bones and prevent fractures in the elderly."

However, many people think that more sunlight is better because the body can store vitamin D for long periods. However, after a certain amount of sun exposure, the skin stops making vitamin D and makes inactive compounds instead. Many of us assume that even during our Canadian winters, sunlight-generated UVB rays – the ones that help produce vitamin D – will do the trick, and

further, that what we lack in sunlight we can make up through diet.

Wrong on all counts, say dermatologists. Many suggest incidental exposure of unprotected skin in the summer is likely plenty of time for face, neck, arms and hands to absorb enough UV rays to keep the body's supply of vitamin D in line.

Science clearly shows that vitamin D can be stored in body fat but after a certain period of time the stockpiles decrease, says Dr. Rosen. She points out that people lacking exposure to natural sunlight such as submariners, begin to show low levels of the vitamin after several months at sea, as do many Canadians in mid-winter.

Canadian winters pose a challenge, adds Dr. Larry Warshawski, a professor at the University of British Colum-

bia's department of dermatology and skin science.

"Depending on where you live, you often just can't get enough strong sunlight and UVB rays to produce the vitamin D the body needs during the period from late fall to late spring. What dermatologists advise is taking 1,000 international units (IUs) of a vitamin D supplement a day."

Diet can help bring a person's intake to 1,000 IUs a day, adds Dr. Warshawski. Make sure your weekly diet includes vitamin D-rich foods such as salmon and milk, he says.

Balancing the need for vitamin D with protecting the skin from the damaging effects of the sun is straightforward, say dermatologists. First, separate myth from fact, then follow the advice of professionals by taking a supplement rather than relying on the sun. ■

Tanning studios from SA 1

primary cause of premature aging. "If you shine UVA on mice, their skin begins to droop quite quickly into large folds, and the same thing occurs in people. That's why many dermatologists, me included, refer to tanning salons as 'wrinkle parlours' – because that is the end result."

Tanning lamps also emit some ultraviolet B, the ultraviolet light that causes the most deadly skin cancers, melanomas.

People who tan regularly, or obsessively, expose themselves to an increased risk of skin cancer as well as very aged skin at a relatively early age, says Dr. McLean. "Both aging from ultraviolet and skin cancer take a while to develop. The younger you are when you have major overdoses of ultraviolet exposure,

the sooner you will develop cancers of the skin, and the more likely you will have 80-year-old skin at 35. If you are 90 years old and begin to use a tanning salon, there aren't too many short-term problems – but when you have 13-year-olds going to tanning salons prior to spring dances, that damage can express itself quite significantly, medically, before the age of 25. We see lots of melanomas occurring in 18-year-olds, 19-year-olds to 22-year-olds. It's always very sad, and it is preventable."

The public health officers of British Columbia have voted unanimously to ask the government to restrict access to a tanning salon to those 18 and over, he says. "France, Ireland, Britain and eight American states currently restrict access. It is good pub-

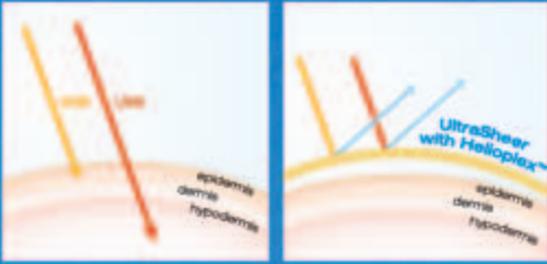
lic policy – just as cigarettes are not sold to minors, minors should not go into a tanning salon. After the age of 18, people could do as they wish, but the judgment of a 13-year-old or a 14-year-old is not the same as that of an adult." Sun safety groups in Ontario are also working toward such legislation, which is based on the recommendations of the World Health Organization and supported by the Canadian Dermatology Association.

Preventing access would protect young people from potential early onset melanoma and from premature aging. "We are protecting them from making the wrong choice at a time when they are possibly not capable of making the right choice – and are particularly vulnerable to the effect of those choices." ■

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Combined approach essential

Sunscreens and sun protection go hand in hand

“When dermatologists make a list of ways to protect yourself against the sun, we generally get to sunscreen last.”

When dermatologists make a list of ways to protect yourself against the sun, we generally get to sunscreen last.



When we think of sun protection, we generally think of sunscreen – but as important as it is, it's only one of the many ways that we can protect our skin from cancer and early aging.

“When dermatologists make a list of ways to protect yourself against the sun, we generally get to sunscreen last,” says Dr. Cheryl Rosen, head of dermatology at Toronto Western Hospital and University Health Network Hospitals, and national director of the Canadian Dermatology Association's Sun Awareness Program.

The elements she suggests considering first relate to when, where and how we enjoy outdoor activities.

“Shade is important, both ‘built and natural.’ Trees, umbrellas and buildings all provide shade.”

We also need to think about the sun protection we wear.

While clothing with built-in ultraviolet protection is becoming more widely available, she says, the protection factor rating tag isn't strictly necessary. “Some countries have standards for evaluating fabric, but we know that densely woven fabric is very protective. Not much is going to get through a pair of jeans,” says Dr. Rosen.

Another essential element of sun protection involves

planning. “Try to schedule your outdoor activities at times of the day when there is less sun, like nine in the morning or the evening,” she says. “If you're an outdoor worker, try to schedule your paperwork around noon.”

Protecting the eyes is also vital, says Dr. Rosen, as UV radiation increases the risk of cataracts. “Wear sunglasses; wear a wide-brimmed hat because it shields the face as well as the back of the neck.”

Once these basic precautions are addressed, it is time to put on the sunscreen. “A lot of people are outdoors running, kayaking or swimming – they're not going to wear long sleeves or long pants. You can't be completely covered up for everything you do, and it might be too hot for that anyway.”

When using sunscreen, says Dr. Rosen, the key is to use it appropriately and reapply after swimming or perspiring. “When studies of sunscreens are conducted, they use a certain thickness to determine the protection level. We know that human beings generally tend to put it on quite sparingly, and to miss their necks and ears.”

The sun protection factor, or SPF, of sunscreen is also important, says Dr. Rosen. The SPF indicates the degree of protection against sunburning.

“Some dermatologists recommend a minimum SPF of 15; others say that a minimum SPF of 30 is best. It's also essential to choose a sun-



When enjoying the outdoors, choosing a shady place to sit is important. Wearing clothing made from densely woven fabric or with built-in UV protection is another important consideration.

PHOTO: ISTOCKPHOTO.COM

screen that provides broad-spectrum protection, which means it protects against ultraviolet A as well. Because ultraviolet B is about a thousand times more able to cause sunburn than ultraviolet A,

the SPF really tells you much more about protection against UVB than it does protection against UVA.”

“You have to read the label. It's also worthwhile to look for the Canadian Derma-

tology Association's seal of recognition, because it means CDA has reviewed independent testing of that particular sunscreen product. It provides an additional level of confidence,” says Dr. Rosen. ■

Prescription therapies required for restorative results

Cosmetics effectiveness typically limited to a good cover up

“Some products, especially those containing Retinol (an alcohol-based vitamin A derivative), may do some good, but without proof of rigorous scientific testing in humans it is impossible to say.”

Some products, especially those containing Retinol (an alcohol-based vitamin A derivative), may do some good, but without proof of rigorous scientific testing in humans it is impossible to say.

Today's cosmetic products may work wonders covering up sun-damaged skin, but when it comes to actually repairing that damage, forget it, say some of Canada's leading dermatologists.

“Products that make such claims are just dreams in a jar,” says Dr. Alastair Carruthers, clinical professor at the University of British Columbia and founder of the Carruthers Dermatology Centre in Vancouver. “There just isn't the rigorous scientific proof behind any of them to support those claims.”

Products may suggest studies have been conducted on their efficacy, but the real value of that work is questionable, adds Dr. Wayne Carey of the Carey Wang Centre for Dermatology and Dermatologic Surgery in Montreal. “Manufacturers' testimonials may have a scientist conducting tests on laboratory rats in an obscure lab and then saying the product restores collagen, the skin's connective tissue.

“The problem that cosmetic makers face is that if the claims they make are too strong, the Health Protection Board may step in and say this is a pharmaceutical and make it subject to all the rigorous testing and controls true restorative products demand.

“Some products, especially those containing Retinol (an alcohol-based vitamin A derivative), may do some good, but without proof of rigorous scientific testing in humans, it is impossible to say.”

Bottom line, anyone wanting to address sun-damaged skin should seek the advice of a dermatologist. They do indeed have a wide range of prescription products and techniques that can work wonders helping to restore and even undo the damage years of sun exposure have caused.

“Dermatology has made enormous leaps in the past five years,” says Dr. Vince Bertucci, president of the Canadian Society for Dermatologic Surgery and medical director of the Bertucci

MedSpa in Woodbridge, just north of Toronto. “We now have a wide range of products designed to prevent, repair and maintain sun-damaged skin.”

There are even specific products for specific problems. And when prescription products cannot totally resolve a problem, dermatologists also have special make-up preparations, which can make blotchy, darkened skin look fresh and vital.

There are for example, creams and gels containing the acid form of vitamin A (retinoic acid or tretinoin, not to be confused with the alcohol-based derivative, retinol) that do indeed increase collagen production. “We have the science behind it to show it works,” says Dr. Carruthers. “It started 20 years ago as an acne treatment, but then researchers found it actually had an effect on sun-damaged skin as well.”

Tretinoin addresses the enzymes that break down collagen in the skin. When that collagen starts to shrink or disappears, faces sag and wrinkles appear. Applied shortly after sun damage takes place, tretinoin can slow or stop those enzymes.

Dr. Carey points out that treatment with topical products can remove rough, scaly patches known as actinic keratoses. They are considered pre-cancerous and run the risk of turning into squamous cell skin cancers.

Topical products are applied on the affected area as a liquid and then when you shine a type of blue light on it, the active ingredient destroys the abnormal cells and the keratoses starts to disappear,” he says.

There are also products containing glycolic acids. “They too have been shown to improve the skin,” Dr. Carey says.

While preparations containing vitamin C are receiving a great deal of attention, Dr.

Carruthers says that not only is vitamin C extremely difficult to formulate in a stable form but that there is not strong science to suggest it has any positive effect.

The bottom line is that

while over-the-counter cosmetics may prove effective in covering up skin damage, reversing that damage may require the more advanced treatment available in a dermatologist's office. ■



Made in the shade

On a hot summer day, there is nothing like the cool comfort provided by a large shady tree. According the Canadian Dermatology Association, however, there are many other ways to achieve the same effect.

Shade can reduce overall exposure to the sun's harmful ultraviolet (UV) radiation by about 75 per cent. In playgrounds, outdoor work environments and sports fields, well-planned shade can provide sun protection where and when it's most needed. Built shade structures include permanent structures such as gazebos and portable structures like large tents and marquees as well as lightweight tension membrane structures, adjustable systems that provide flexibility as the sun moves throughout the day and in different seasons, and shade sails. For smaller-scale protection, simple solutions such as parasols and beach shelters provide quick and economical protection.

For a longer-term solution, the most beneficial trees have a dense leaf canopy and sufficient clearance to allow access.

Whether natural or built, the quality of shade is important. Dr. Cheryl Rosen, national director of the CDA Sun Awareness Program, associate professor of dermatology at the University of Toronto and head of the Division of Dermatology at Toronto Western Hospital, says, “If you can see a lot of light coming through, there's a lot of ultraviolet radiation coming through too.”



Dermatology has made enormous leaps in the past five years, resulting in a wide range of products designed to prevent, repair and maintain sun-damaged skin. PHOTO: ISTOCKPHOTO.COM

It pays to take action

Safety precautions can help protect athletes' skin

Tips for athletes

While it may not seem intuitive golf, swimming and indeed anything that takes place on the water can prove a high-risk sport. The risk in this case is skin damage, including skin cancers.

"I see maybe 1,000 skin cancers a year at my clinic with a great deal of them related to golfing," says Dr. Mariusz Sapijaszko, medical director at the Western Canada Dermatology Institute. "Edmonton has a relatively short summer so people are increasingly heading to sunspots like Arizona and Palm Desert in California in the winter.

"They spend four to six hours a day in the blazing sun. They don't take the proper sun protection measures and the result can be anything from premature skin aging right up to melanomas. We are undergoing a dramatic upsurge in skin cancers right across North America."

The same can be said of swimmers, says Dr. Sapijaszko, himself a dedicated golfer and swimmer. Swimming is an activity where most people wear only a bathing suit, spend hours in the water, which reflects and intensifies the sun's UVA and UVB rays, and even if they wear sunscreen, the water soon wears it off.

Dr. Sapijaszko offers the following tips to swimmers and golfers:

- * The sun's rays are most intense between 11:00 a.m. and 4:00 p.m. Schedule activities early in the morning or later in the afternoon or evening.
- * Wear protective clothing. For swimmers, that means wearing a cotton shirt as well as a bathing suit and maybe even a hat when snorkelling. For golfers, opt for long-sleeved cotton shirts and forget baseball caps; they only partly shield the face, leaving ears and neck exposed. Do what Sammy Snead and Greg Norman used to do, sport broad-brimmed hats.
- * If you are a golfer, wear a glove on both hands, not just one.
- * Apply sunscreen liberally and re-apply frequently. Dr. Sapijaszko suggests once before the first nine holes and again after that clubhouse break at the end of the first nine.

One of the home truths about sports, indeed any form of athletics, is that they can take a toll on the body, especially the skin. If you have doubts, ask any dermatologist; they are experts on a body's single biggest organ – and the one most often exposed to damage – the skin.

"The list of potential problems is long indeed," says Dr. Benjamin Barankin of The Dermatology Centre in Toronto. "Athletes can get blisters, calluses, scrapes, infections, sun damage and some pretty unique skin conditions."

For example, dissolved copper in swimming pools can cause the hair of fair-haired swimmers to turn green. Ear infections can take up residence thanks to bacteria in swimming pools; athletes of all kinds can contract plantar warts and fungal infections on their feet just from walking across change room floors.

Skiers face sun and wind burn, chapped lips, increased herpes outbreaks, rosacea flare ups and even frostbite to ears, cheeks and the tips of noses.

Many sports take place in extreme conditions, points out Dr. Mariusz Sapijaszko, medical director at Edmonton's Western Canada Dermatology Institute. An avid golfer and swimmer, Dr. Sapijaszko admits that even he has suffered athletics-related skin problems when he neglected to take proper safety measures.

"In the bright tropical sun of Cancun I went snorkelling and while I wore a shirt to protect my back, I forgot about

the exposure to my head and neck," he says. "What that experience did was drive home once again the need to practice sun safety anytime you are exercising outdoors."

Dr. Barankin says skin protection for athletes breaks neatly into three parts: What to do before, during and after sports. "It all starts with understanding what damage a particular sport can do to the skin and then to prevent it," he says.

First, if possible, schedule outdoor sports before 11 a.m. or after 4 p.m. to avoid maximum sun exposure. Make sure all equipment fits correctly to avoid friction and the inevitable blisters. Check equipment to ensure it contains nothing that might cause an allergic reaction. Nickel allergies, for example, affect between 15 per cent and 20 per cent of women. Leather,

black dye and adhesives used in leather goods like baseball gloves can produce an allergic reaction as well.

Dermatologists recommend other precautions as well. For example, wearing absorbent cotton socks will help draw sweat away from the feet, while protective clothing and sunscreens plus a wide-brimmed hat will help guard against sun damage. It is equally important to reapply that sunscreen every two to three hours as sweating and swimming can dilute its effectiveness or even wash away the product.

Lastly, after sports take a warm shower; hot showers damage the skin's natural protective coating. Applying a moisturizing cream will act as a protective barrier to keep the moisture provided by your shower in your skin. ■

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* Survey among Canadian dermatologists by IFOP/Canada market research from 1998 until 2007, mandated by L'Oréal Canada. (Pharmacy Post's 1998 - 2007 Survey on OTC Counselling & Recommendations.)



Canadian Dermatology Association
Association canadienne de dermatologie

Basal cell, squamous cell and melanoma

Skin cancers not all the same, but all are dangerous

“We are now seeing skin cancers in men and women as young as their 30s.”

Each spring we welcome the sun's returned warmth, but the sun has a dark side too. Its invisible UVA and UVB rays can cause skin cancers.

One serious sunburn as a child may result in a basal cell cancer or a deadly melanoma 40 or more years later. Prolonged unprotected exposure can mean squamous cell cancers.

While dermatologists have a range of therapies that can effectively deal with skin cancers, prevention is by far the best medicine, say doctors.

“One in seven Canadians will develop a skin cancer, and unfortunately the incidence is rising,” says Vancouver-based Dr. David McLean, head of

cancer prevention at the BC Cancer Agency.

The sun's rays penetrate exposed skin and damage cellular DNA. With basal cell, the most common form of skin cancer, and the more serious squamous cell cancers, the skin's keratinocytes are affected. These cells form hair, nails and the bits of white skin that regularly flake off our body, Dr. McLean explains.

With melanoma, the skin's melanocytes are affected. These cells lend hue and colour to skin, and usually form part of our body's natural protection against the sun. People of darker skin have more active melanocytes; those with red or blond hair and fair skin have fewer.

Like almost all cancers, skin cancers grow slowly. Exposure in childhood can mean cell damage that will not show up until middle age, although the incidence of skin cancers among the young is rising.

“We are now seeing skin cancers in men and women as young as their 30s,” says Dr. Larry Warshawski, of the Skin Care Centre at the University of British Columbia's Department of Dermatology and Skin Science. Great advances in dermatological procedures, however, mean that cure rates for most skin cancers are now well into the 90 per cent range, dermatologists say.

Basal cell cancers, while not fatal, most often appear as red blemishes that refuse to heal and can bleed regularly. They gnaw at the skin, destroying underlying tissues. Dermatologists can remove them through a variety of procedures including minor, in-office surgery.

Squamous cell cancers are more dangerous and can metastasize. They appear first as actinic keratoses, rough scaly patches of skin, which can grow into nodules, often with a scaly patch on top. Those actinic keratoses can be removed in early stages with a liquid nitrogen freezing or special creams, which inflame the keratoses and cause it to disappear. In later stages, they can be surgically removed.

Melanomas are the most potentially deadly. They bear a similarity to moles and are characterized by irregular shapes, colours that can range from black to red and blue, and the speed with which they grow and change shape.



The ABCDEs of Melanoma

Melanoma commonly appears on the back and legs in lighter skinned people and on the hands, feet and nails in darker skinned people. If you are concerned about changes in a specific mole, see your dermatologist.

In the meantime, watch for these signs:

Asymmetry

The shape on one side is different than the other side.

Border

The border or visible edge is irregular, ragged and imprecise.

Colour

There is a colour variation with brown, black, red, grey or white areas within the lesion.

Diameter

Diameter growth is typical of melanoma. It is usually more than 6 mm, although it can be less.

Evolution

Look for change in colour, size, shape or symptom (i.e. itching, tenderness or bleeding)

For additional information, please consult www.dermatology.ca.



Today, one in seven Canadians will develop a skin cancer, and the incidence is rising. The leading cause: UVA and UVB rays.

PHOTO: ISTOCKPHOTO.COM

“If melanomas are under one millimetre in depth, the cure rate through surgery is about 90 per cent,” says Dr. Warshawski. “Deeper than 4 mm and it falls to 40 per cent.”

To reduce the risk of developing skin cancer, derma-

tologists first advise practicing sun protection. Should a person spot unusual skin conditions on their body, they should immediately visit their physician or dermatologist. Speedy diagnoses and treatments save lives and potential disfigurement.

Vulnerability to sun

People of colour also at risk

When it comes to sun damage, most lily-white skinned people are well attuned to the painful consequences of unprotected sun exposure, but that doesn't mean that Caucasians are the only ones who should be concerned about the sun's rays.

“Just because you have dark skin doesn't mean that you don't need to use sun protective measures,” says dermatologist Dr. Jensen Yeung. “Over that past 10 or 20 years, skin cancer has become increasingly common in dark-skinned people – in everyone really.”

Dr. Yeung, a member of the University of Toronto medical faculty, routinely treats Asians and other dark-skinned people. It is partially out of

necessity, he explains, that he and others have become very familiar with the unique issues and challenges of looking after dark skin as today the majority of people in the Greater Toronto Area are not Caucasian.

While people of colour have increased melanin – the pigmentation that makes their skin dark and helps protect them against the sun's UV rays – it doesn't make them immune to the sun's damaging effects. Both Dr. Yeung and Dr. Eric Goldstein, who runs a private dermatology practice in downtown Toronto, agree that while basal cell and squamous cell carcinoma – the cancers most associated with sun exposure – are less common in darker skinned people, these

diseases are still prevalent.

According to both doctors, an even bigger concern for dark-skinned people is melanoma. It's the most dangerous and deadly form of skin cancer because it has great potential for metastasizing (spreading). In dark people, it often shows up in non-sun-exposed areas – sometimes it's just a single streak under a nail that can easily be missed or misdiagnosed.

“Things look different in black people – red lesions can look dark brown and most common skin disorders can look more dusky or pigmented in dark-skinned people,” says Dr. Goldstein. “Black people really need to check their skin and especially their palms, soles and under their nails.”

Transplants from SA 1

frequency of transplants increasing, the awareness of the need for sun protection is absolutely vital,” says Dr. Jason Rivers, a clinical professor at the University of British Columbia medical school and a practicing dermatologist at Pacific Dermaesthetics in Vancouver.

“Prolonged unprotected exposure to the sun's rays is the most likely cause of squamous cell cancers. Drug-induced immunosuppression coupled with UV radiation and in some cases certain strains of wart virus leads to skin cancer at a rate 80 times the normal population.”

He adds that the incidence of both melanoma and basal cell carcinoma are increased in the transplant population, but to a lesser extent than for squamous cell carcinoma.

The cause of this worldwide outbreak seems directly related to the sun's effects as

an immunosuppressant. UV rays in contact with unprotected skin can shut down the body's natural surveillance mechanisms in the area of skin being exposed, Dr. Rivers says. While the decrease in the immune function of sunlight can be harnessed for great benefit to treat conditions such as psoriasis, it can also place men, women and children in mortal peril.

“The problem is that transplant patients are already on immunosuppressant drugs for the rest of their lives,” says Dr. Cheryl Rosen, head of the division of dermatology at Toronto's Western Hospital and University Health Network Hospitals, and the national director of the Canadian Dermatology Association's Sun Awareness Program.

“That one-two punch of drugs and sunlight leaves them much more vulnerable to all forms of skin cancers.”

And yet protection against skin cancers can be astonishingly simple, the dermatologists say. Just follow the common sense sun protection tips that all dermatologists advocate:

Avoid outdoor activities in peak sunlight hours, wear protective clothing such as long-sleeved shirts and wide-brimmed hats, make best use of shade and always, always apply sunscreen with a minimum sun protection factor (SPF) of 30 before going outdoors.

“Studies show that the incidence of skin cancers in transplant patients increases by between 3 per cent and 4 per cent a year starting just six years after the transplant operation,” says Dr. Rosen. “Everyone involved in the care of organ transplant patients needs to be aware of the risk and what to do to stop the dramatic rise in incidence.”

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Long-term effects

Active kids at high risk of sun's harmful rays

The kids are outside playing soccer, getting a little fresh air and exercise. It all sounds good, but unless children's skin is adequately protected from the sun's harmful rays, outdoor play could inadvertently be leading to an unhealthy future.

Kids who play outside – like anyone who does anything under the sun – need to be adequately protected from the sun's ultraviolet rays. Left unprotected, children's skin suffers cumulative damage. Beyond leading to wrinkles and other aging features, unprotected exposure to the

sun could eventually lead to one of a number of forms of skin cancer years down the road.

When it comes to kids and skin health, a little effort today provides long-term benefits.

"Most people get 80 per cent to 90 per cent of their total lifetime sun exposure by the time they're 18," says dermatologist Dr. Eileen Murray. "By the time you're an adult, you don't have the time to spend outside. Adults are off working."

Dr. Murray, who practised in Winnipeg for 30 years and now teaches at the University

of British Columbia, says kids hitting the soccer field or doing any outside activity should be well armed with protective clothing and SPF 30 sunscreen. Ideally, she says, people should avoid being in the sun between 11:00 a.m. and 4:00 p.m. because that's when UV rays are strongest. Since that isn't always possible, sunscreen is a must.

"We know in order for a cell to become cancerous it has to be damaged twice – which can be by the sun," says Dr. Murray. "One blistering sunburn – with watering blisters – will double the risk of

melanoma, which is the worst kind of skin cancer."

As Dr. Murray explains, all types of sunburn, whether serious or mild, can cause permanent skin damage and increase the risk of skin cancer. Even gradual tanning is not healthy. When people tan, she says, the UV rays they've been subjected to eliminate certain cells in the skin and this actually suppresses the immune system for up to a couple of weeks after the sun exposure.

According to Dr. Richard Haber, division head in dermatology for the University of Calgary and the Calgary Health Authority, there is some suggestion this dampening of the immune system has a systemic effect on general health. It is, however, understood to be detrimental as it contributes to the development of skin cancer.

Sunscreen, says Dr. Haber, is rated by its sun protection factor – SPF. A sunscreen rated SPF 15 gives 93 per cent protection, allowing people to stay 15 times longer in the sun than they could without. SPF 30 gives 97 per cent protection. The problem, says Dr. Haber, is that most people don't put enough of it on to be that effective.

He recommends parents liberally apply SPF 15, and preferably 30, half an hour before kids hit the field or pool then reapply it throughout the day – particularly if activities involve water or sweating. Children under six months should just be kept out of the

Protecting kids

The most harmful effects of sun exposure often occur during early childhood. The following tips offer helpful ways for parents to offer their little one's sun protection.

Keep babies under one year of age out of direct sunlight, either in a covered stroller, under an umbrella or in the shade. Shield their skin with hats and loose-fitting clothing.

Teach your children how to identify shade (made by trees, buildings, porches) and urge them to seek it out.

When in the sun, remember to protect your child with:

- * comfortable long shirts and pants to cover most of your child's body
- * wide-brimmed hats
- * sunglasses – 100% UV protection, wraparounds are best
- * sunscreen (Ask your pharmacist for a minimum SPF 15 sunscreen that offers UVA and UVB protection specially formulated for babies or children, ideally one with the Canadian Dermatology Association logo)

Lead by example. Practice what you preach.

For more, please visit www.dermatology.ca.



Left unprotected, children's skin suffers cumulative damage, that in time could lead to skin cancer, not to mention wrinkles and other aging features. PHOTO: ISTOCKPHOTO.COM

sun altogether.

For parents concerned that sunscreen and sun avoidance will prevent kids from getting enough vitamin D, Dr. Haber assures this likely won't be the case. It takes as little as 15 minutes of sun exposure, three times a week to get enough. And just to be on the safe side, he recommends people daily take a 1,000 IU vitamin D supplement. Breastfed babies,

who shouldn't be in the sun at all, should be given a 400 IU vitamin D supplement.

"There's no question cumulative ultraviolet ray exposure contributes to non-melanoma skin cancer – and very likely melanoma. Most of this is common sense," says Dr. Haber. "If you can't keep out the sun, do your activities early in the day, and if you can't, use sunscreen."

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Canadian Dermatology Association
Association canadienne de dermatologie

Modern techniques deliver results

Treatments of sun-damaged skin enter new era

“The past five years or so have seen major improvements in the way we deal with skin problems. Today, there is little discomfort, little recovery time and all it requires is a quick office visit.

When it comes to repairing the ravages of sun-damaged skin – everything from wrinkles, through discolouration to skin cancers – dermatologists can now work what many patients would consider near miracles.

Better yet, most of those treatments and procedures can be done with considerable speed and require little or no healing time.

“There is no question the past five years or so have seen major improvements in the way we deal with skin problems associated with sun damage,” says Dr. Ian Landells of the Landells Clinic in St. John’s, Nfld. “In the past, our major tools were resurfacing lasers or skin peels where we literally removed the upper layers of skin from the face and the result was a raw and weeping look, much like a burn, which might last 10 days.

“Today, there is little discomfort, little recovery time and all it requires is a quick office visit.”

Dr. Alastair Carruthers of Vancouver’s Carruthers Dermatology Centre puts it another way. “We are getting very close to the Holy Grail of skin care, which is totally eliminating the need for facelifts,” he says. “We have a whole range of procedures that can address specific problems with non-invasive, non-ablative techniques, with no potential for scarring and no down time for patients.”

These techniques often start with a variety of prescrip-



Formerly, dermatologists relied on resurfacing lasers or skin peels to treat damaged skin. Now, a range of procedures can address specific problems with non-invasive, non-ablative techniques, with no potential for scarring and no down time for patients. PHOTO: ISTOCKPHOTO.COM

tion creams and lotions for minor problems and to maintain skin health, firmness and natural glow,” says Dr. Vince Bertucci of Bertucci MedSpa in Woodbridge just north of Toronto. Some are based on tretinoin, a vitamin A derivative that stimulates the growth of collagen – the skin’s connective tissue – and restores skin texture and colour while reducing fine lines. Such topi-

cals are followed by a variety of techniques to resurface the skin of the face, neck and arms. These treatments, which expose fresh new skin, can include chemical peels, dermabrasion or the use of specific types of lasers or intense pulsed light.

“We have specific lasers to deal with specific problems such as broken blood vessels, discoloured patches or other

skin issues,” says Dr. Benjamin Barankin of The Dermatology Centre in Toronto. “Treatments can last anywhere from six months to a lifetime, depending on the problem.”

“Previously, we had to use a different type of laser for each problem, and treating the whole face was a tedious and uncomfortable prospect,” says Dr. Landells. “Now we have a complete range of lasers, each

designed for a specific purpose, or for treating multiple problems simultaneously. We can treat a single broken blood vessel, a tiny patch of discoloured skin, or an entire face or body area quickly and easily.”

One of the newest approaches is fractional resurfacing. Here an intense beam of light resurfaces tiny sections of the skin, as small as a hair’s breadth wide and then automatically moves on to another leaving an equally tiny untreated space between sections. The overall effect is to enhance skin texture, colour and tightness.

The human eye cannot differentiate between the miniscule treated and untreated sections of skin and the result is faster, safer and easier on the patient, says Dr. Bertucci.

There are fillers such as hyaluronic acid, which with collagen creates firmness to the skin, and newer Poly-L-lactic acid treatment, where treatments can restore fullness and firmness to the lower face for up to two years.

And, of course, there is Botulinum toxin A, where harmless natural bacterial agents are injected under the skin. They, in effect, paralyze the facial nerves that cause the muscles to contract and produce wrinkles.

Dr. Carruthers is the man who introduced these treatments to skin care with his wife Jean, an ophthalmologist. “It has revolutionized the cosmetic world,” he says. “It is safe, simple and immediately produces amazing results.” ■

SPF and other factors matter

Sunscreens, wear them well and follow the directions

“Sunscreens offer good protection – as long as used as directed.

Dr. Benjamin Barankin, medical and cosmetic dermatologist at The Dermatology Centre in Toronto, offers a clear message about sun safety: put on sunscreen just as you would any other necessary safety equipment.

Parents would not think of letting their children – or themselves for that matter – ride a bicycle without a safety helmet. Nor would they think of going for a ride in the car without first fastening safety

belts, says Dr. Barankin.

“Everyone young and old should take the same attitude towards sunscreen,” he says. “It is essential to avoid premature aging of the skin, sunburns and skin cancers.”

Sunscreens protect exposed skin against the sun’s potentially damaging UVA and UVB rays as effectively as a raincoat protects against the wet but with a good deal more comfort. Sunscreens create an invisible coating on the skin’s surface that can last for anywhere

from half an hour to four hours depending on the activity.

“Sunscreens offer good protection – as long as used as directed,” says Dr. David McLean, head of cancer prevention at the BC Cancer Agency in Vancouver. “The problem is that too many people don’t follow the instructions on the label.”

To be effective, all sunscreens must be liberally applied, dermatologists advise. That means one palm-full for each arm and one for each leg, for example. Then remember to reapply regularly. If you are swimming, the sunscreen may last just 20 to 30 minutes; reapply when you leave the water.

If you are golfing, reapply during that clubhouse break after nine holes. If perspiring freely, then follow the same regimen you would if swimming. While some sunscreens claim to be waterproof, all that means is that they will not immediately wash off, says Dr. Barankin.

A 110-millilitre bottle or tube should be good for maybe four applications “And yet you see people on vacation with the same sunscreen they used for the previous three years,” says Dr. Barankin.

When it comes to choosing a sunscreen, look for products that carry a seal of recognition from the Canadian Dermatology Association – that ensures you get both UVA and UVB protection – and opt for one with at least a 30 SPF (sun protection factor). Those with fair hair and light skin would be advised to bump the SPF up, says Dr. McLean.

“I usually suggest an SPF of 60, mainly because people usually only apply a quarter as much as they need,” he says. “At least with a 60 SPF you get factor of 15 coverage.”

And what of those with a dark tan who feel that is enough to ensure protection? Forget it, says Dr. McLean. “A deep tan gives you the equivalent of an SPF of about 4.” ■



Dr. David McLean, head of cancer protection at the BC Cancer Agency in Vancouver, says too many people don’t follow the instructions on the labels of the sunscreens they use.

PHOTO: SUPPLIED



Choosing sunscreen

Sunscreens come in a wide variety of forms – creams, lotions, sprays, gels and sticks. With so many to choose from, it pays to shop armed with knowledge. The following tips from the Canadian Dermatology Association provide a good start. Consulting with a pharmacist can also help ensure you choose a sunscreen wisely.

How do I choose a sunscreen?

Look for a product with a minimum SPF 15 that protects against the sun’s UVA and UVB rays. Broad-spectrum sunscreens help protect against both.

What is an SPF?

The sun protection factor (SPF) number relates to the amount of time it takes for your skin to burn without any protection. The SPF is the ratio between the amount of UV that will cause sunburn in sunscreen-protected skin, compared to that in unprotected skin.

What distinguishes a sport sunscreen?

Sunscreens labelled as sport products are formulated to stay on the skin despite activities such as sports that result in sweating.

Are there any sunscreens for sensitive skin?

People allergic or intolerant to the chemicals in sunscreens should look for products labelled “chemical-free.” These products usually contain ingredients such as titanium dioxide or zinc oxide and are typically less likely to cause a reaction.

Does a product still work after its expiry date?

Most sunscreens contain chemicals that eventually break down, compromising their effectiveness. It’s best to not rely on a sunscreen after its expiry date. Storing sunscreens in hot places such as a car’s glove compartment accelerates deterioration.

To learn more, visit www.dermatology.ca.

SUN AWARENESS

No need to look older than your years

Sun, not age, the primary culprit of skin damage

While most people tend to write off wrinkles, sagging skin, broken blood vessels and nasty little discoloured spots as the natural product of age, they are often dead wrong, say Canada's dermatologists.

"In the main, they are the result of sun damage to skin," says Dr. Wayne Carey of the Carey Wang Centre for Dermatology and Dermatologic Surgery in Montreal. Granted there may be other factors at play such as heredity, smoking and to a lesser extent stress, but when it comes to the main culprit, it is simply unprotected exposure to the sun.

Anyone with doubts should compare the top of their forearm with its underside or the skin on buttocks and thighs

with those of face and neck, adds Dr. Benjamin Barankin of The Dermatology Centre in Toronto.

"The tops of forearms in many people over 50 have started to show brown spots, patches of dried, sometimes flaky skin. Yet the undersides of their arms remain smooth and blemish free," he says.

"Their faces have wrinkles; cheeks and necks may have begun to sag. And there may be patches of discoloration. At the same time, buttocks and thighs, which have seldom if ever seen the sun, remain smooth and blemish free."

Areas of the body exposed regularly to the sun's UVA and UVB rays suffer damage; those protected by clothing do not.

It is those invisible UV rays that do the damage, the dermatologists say – and it may not take more than one incidence of bad sunburn in childhood to start the premature aging process.

The sun's rays pack a one-two punch on skin, Dr. Carey points out. They can damage the DNA of skin cells so that slowly, over decades, those skins cells mutate or die. Repair mechanisms slow. Production of collagen – the skin's connective tissue and the substance that gives firmness and fullness to face and neck – breaks down. Skin sags and wrinkles for lack of support.

At the same time, those rays also interfere with the skin's immune system, its natural protection against damage

and the way it attacks and disposes of unwanted matter.

"The sun's rays affect Langerhans cells, which influence the immune system," says Dr. Barankin. "It is one of those paradoxes that while we use sunlight beneficially to treat skin diseases such as psoriasis, it can also be an agent for great damage."

In the elderly you often see bruising on the forearms. It is not from falls or bumping themselves against hard objects, Dr. Barankin says. It is the result of blood vessels damaged by sun exposure over the years.

Adopting safe sun protection measures as a baby and maintaining them throughout life is the best way to ensure healthy, relatively wrinkle and

sag free, unblemished skin well into old age, the dermatologists say. But failing that, dermatologists do have a wide range of prescription medications and procedures to restore that look of youth to sun-damaged skin.

"There are topicals such as Imiquimod that can boost the body's immune system when applied in specific areas, Imiquimod repairs actinic damage," Dr. Carey says.

He also says vitamin A-based creams and lotions can help increase collagen production and help restore what the sun has destroyed.

"Men and women no longer need look old beyond their years," Dr. Carey says. "It can come down to something as simple as sun protection." ■

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Buttocks and thighs, which have seldom if ever seen the sun, remain smooth and blemish free.



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