

The Skin after the Summer

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Most skin damage occurs during the summer. During this time we normally take advantage of enjoying outdoor activities i.e. playing sports while being exposed to the sun for a long time. Excessive perspiration is also a problem and, of course, we often do not use suitable clothing.

The first fact that happens in summer is the *loss of the lipidic film* of our skin. This lipidic film is characteristic in all mammals, has a pH 5.5 and important antifrictional, antibacterial and antifungal properties. Its loss is usually caused by baths or frequent showers and the inade-



Pityriasis alba: a whitish patch on the shoulder region after summer. The phenomenon is probably related to atopic diathesis.
Photo: Raimo Suhonen

quate use of bath gels. In the same way, swimming pools contain chlorides that dissolve the lipidic film. The loss of the lipidic film produces a dryness skin sensation, a fine exfoliation and tenseness. The presence of hypochromic patches areas in the trunk and extremities is the most frequent clinical manifestation. These issues are even more of a problem in atopic children, who present a delta-6 desaturase deficit and so they produce reduced amounts of linoic acid in their skin. In addition, higher rates than pH 5.5 predispose to infections by *malassezia furfur*.

The second important fact is the *epidermic hyperplasia* observed in the skin, consecutive to the solar exposition. Sunlight stimulates melanin production and the epidermis increases its thickness. In practice, it means a dry, heavy skin, little shining and of "coarse" aspect. In fact, it is one of the frequent complaints that our patients usually bring to us after the summer.

The third important fact is the *excessive perspiration* during the summer. The hair and skin are victims of the harsh rays of the sun and harmful polluted gases that inhabit the air. The situation is aggravated by sweat, which acts like a magnet and attracts dust particles and other polluted elements. To combat this, one must follow a beauty regime that will not only restore but also preserve your inherent beauty.

The fourth fact is the most important one, the *solar damage* that we have received during the summer. It is been shown that a lack of sunlight can cause depression. After all, most plants won't even grow without sunshine. And when the sun comes around and makes the days longer, our first instinct is to peel off our sweaters and bask in it. The p53 protein has an important extra work during the summer. The intermittent acute solar radiation has been related closely with both melanoma and non melanoma skin cancers. The problem of the solar damage resides in its cumulative effect, mainly in people with very low phototypes.

In order to repair all the former negative effects on the skin damaged during the summer, the following skin care is advised:

1. EXFOLIATION - Experts say the best way to get your skin ready for winter is with regular exfoliation.



Looking for news on skin?
Visit the EADV website :

<http://www.eadv.org>

This gets rid of dead, dry skin cells. We can use a chemical or physical exfoliation to keep your skin looking fresher and to get rid of dry flaky after summer skin. Washcloth, loofah, buff puff, or any number of the microdermabrasion creams or tools that are now on the market can be very useful in this way.

2. RE-CREATING A BARRIER - Because we lost the lipidic film during the summer, moisturizing your damaged skin is key. Emollients, moisturizer or similars are necessary to repair the lipidic layer and restitute our 5.5 pH. Switch to an oil-based moisturizer and moisturize frequently. The more oil a moisturizer contains the more effectively it protects against moisture loss. Moisturizers that come in ointment form contain the most oil because an ointment, by definition, consists of 80% oil and 20% water. This water-in-oil emulsion forms a protective layer on the skin and makes it more "moisturizing" than creams and lotions. Ointments are especially beneficial when humidity is low. Ointments should not be used on areas of the body that tend to get hot and sweaty. If your skin is only a little dry, you can use a liquid moisturizer and if it is very dry, you can use a cream moisturizer. Use it after you exfoliate, shave, and shower. In particular, moisturizing after shave puts the skin barrier back until your own body can do it. This year, tinted moisturizers are popular. Everyone wants a bronze look and these products are like a foundation for the body. Lastly, it is important that the moisturizer you choose is noncomedogenic.

3. APPLY SUNSCREEN, even after summer - and use enough - There are lots of things we can do to make

the skin looks good, but the most important thing is sun protection, even after the summer. The sun protection factor (SPF) required depends on how fair you are and how your sun-exposed activities are. People with fairer skin, lighter hair, and lighter eyes often need stronger sun block than their darker counterparts. After summer, apply a heavy layer of moisturizing broad-spectrum sunscreen with an SPF of 15 or higher to the face, hands, and any other area of the skin that may be exposed. This will act as a barrier helping to protect against the harsh elements and is especially important if you will be outside for any duration of time. Sunscreen is important in winter as the sun's reflective powers are great year round - 17% on the sand and 80% on the snow. Today, several products are available that combine oily, moisturizing cream with sunscreen. Some moisturizers have an SPF, but not all do. People tend to underapply sunscreen, and if you are playing any sport reapply it frequently, even after summer. And do not forget the scars. The sun can lighten or darken scars so make sure to be extra careful and use an SPF of 30 or higher on these parts.

4. PREPARE THE SKIN FOR THE WINTER TIME - The low humidity common in many parts of Europe during winter can cause dry, irritated skin. When skin becomes dry and irritated, eczema can flare. Winter months and cold weather can be harsh on your skin. During the winter months, the combination of lower temperatures and reduced humidity extracts moisture from your skin. Your skin needs moisture to stay hydrated and healthy. When moisture evaporates from the top layer of skin, your skin may look drier, redder, flakier and older.

United Colours of the World

by Adele Sparavigna (Derming, Monza, Italy)

Skin colour affects the lives of many people worldwide. The major relevant problem regarding skin colour is related to dark skinned people and is most often linked to migration phenomena. Migration of skin coloured people began in ancient times with the slave trade but nowadays the search for better conditions of life is moving people from countries that are not evolved or experience a worsening of their economical and/or political conditions.

Many of darker skin individuals desire to have a lighter skin, probably in order to better assimilate to the socially dominant groups of the countries they have moved to.

The cosmetic use of bleaching products is by now considered a common practice especially in dark-skinned women. A recent epidemiological study conducted on African women has found that at least half of the adult women asking for dermatological consultation do use bleaching products. Also Asian women want to be pale and white and tend to use bleaching products. It should be remembered that depigmentant treatments are conceived to treat

small areas of hyperpigmentation like melasma and spots and a more generalized use, with the purpose to change skin complexion, involves serious problems of side effects and toxicity. The active principles used include hydroquinone, glucocorticoids, Kojic acid, mercury iodide and even caustic agents.



Photo: www.danacentre.org.uk

Among the various side effects, exogenous ochronosis is a paradoxical hyperpigmentation of the skin caused by the long-term use of hydroquinone-containing bleaching creams. The lesions are characterized by an asymptomatic hyperpigmentation of the face with gradually progressive blue-black macular patches. Also stretch marks can occur in areas subjected to bleaching treatments. This phenomenon is

the outcome of the use of skin care products containing high concentrations of hydroquinone- and glucocorticoid-based products. Furthermore, prolonged use of glucocorticoids promotes skin infections like mycoses and scabies, both often unusually extensive and severe. Another important side effect of glucocorticoids is acne. Eczema, irritant dermatitis and dyschromia represent as well frequent consequences of bleaching treatments.

On the other hand, fair skinned people often desire to look tanned. In the common belief, people having leisure time and vacations all year around can show their tan as a status symbol. To look like well-off people many individuals use or, better, misuse artificial UVA sources (sun lamps, sunbeds, tanning boots, etc.). This leads to an increasing concern about the consequences on health of this self-imposed detriment to skin, especially skin cancers. Fortunately, the risk of cancer is relatively minor if compared to other voluntary activities associated with significant mortality, such as excessive exposure to the sun, smoking or drinking alcohol.

Nevertheless, cosmetic tanning using artificial UV sources should be discouraged because it

can cause other important consequences: burns, skin rashes, immune cell depletion, blood vessels impairment, skin laxity, early aging, ugly pigmentation of the skin, transmission of infectious disease (herpes simplex virus, fungi and bacteria). Regarding excessive exposure to the sun, this should be considered more dangerous based on the results of several epidemiological studies conducted all over the world. Excessive exposure is harmful not only when it is unprotected but sometimes the application of sunscreens gives a false sense of security. In fact sunscreens are often used incorrectly: this happens when the protection factor used is inadequate, the quantity of product applied is not sufficient. Besides, it has been observed that people who use sunscreens stay in the sun longer than those who do not.

Another way to obtain a darker skin is the use of sunless tanning preparations. These have been used for more than 50 years and are even more popular nowadays, with the outcome of new improved formulations. These kind of products provide temporary pigmentation resembling an ultraviolet-induced tan, although they do not induce the synthesis of melanin.

JEADV abstract on

Sensitive skin: psychological effects and seasonal changes

(L. Misery, E. Myon, N. Martin, S. Consoli, S. Boussetta, T. Nocera, C. Taieb, JEADV 2007)

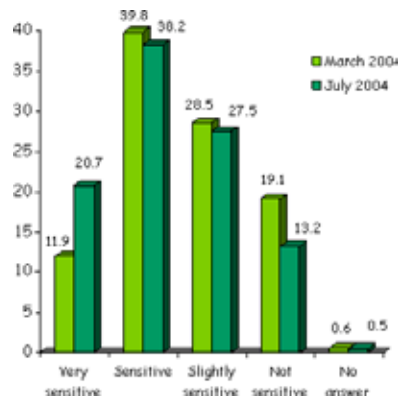
Sensitive skin is a frequent disorder, but its effects and its variability are unknown. Sensitive skin types are defined as the onset of pricking, burning, or tingling, sensation (possibly of pain or pruritus), due to various factors, which may be physical (UV radiation, heat, cold, wind), chemical (cosmetics, soap, water, pollution), psychological (stress) or hormonal (menstrual cycle). Erythema is frequently but not necessarily associated with sensitive skin.

The aim of our study was to investigate the effects of sensitive skin first on quality of life and the psyche, and secondly, on seasonal changes. The IPSOS (French opinion poll Institute) conducted two opinion polls in March and July 2004. Samples included respectively 1006 and 1001 individuals, from a representative national sample of the French population aged 15 years or older. The polling subjects were interviewed by phone and selected by the quota method (gender, age, occupation of household head, type of geographical area and region). Questions about their perception of their sensitive skin and about potential aggravating factors were asked. Quality of life was assessed using the SF-12 questionnaire and depressive symptoms using the Hospital Anxiety and Depression (HAD) rating scale.

The characteristics of the two samples were strictly similar. Persons with sensitive skin

and very sensitive skin were more numerous in summer than in winter. In both surveys, the degree of sensitivity was significantly higher in the female population. Quality of life was worsened in people with sensitive or very sensitive skin, above all in its psychological component - the more sensitive the skin, the more the quality of life deteriorated. There was no significant relationship between depressive symptoms and skin sensitivity in the "very sensitive" or "sensitive" groups.

Our study was the first to show seasonal changes in skin reactivity and to study the psychological impacts of sensitive skin.



Graphic showing skin sensitivity as a function of season (overall population)

JEADV abstract on

Impact of cosmetic care on quality of life in breast cancer patients during chemotherapy and radiotherapy: an initial randomized controlled study

(G. Titeca, F. Poot, D. Cassart, B. Defays, D. Pirard, M. Comas, P. Vereecken, V. Verschaevic, P. Simon, M. Heenen, JEADV 2007)

Breast cancer is the most common cancer in women and represents therefore a major problem in public health. Data from patients' self-report questionnaires provide valuable information about side effects that patients may view as having a significantly detrimental impact on their Quality Of Life (QOL) and yet are not always recognized as important by healthcare professionals. Cosmetology is a specific care for patients and there is actually no scientific evidence regarding effects on QOL for women with breast cancer.

The purpose of this study is to assess the impact of cosmetic care on QOL in breast cancer patients during all the treatment. We developed a study including 27 patients. All the patients had to fill in a French questionnaire to compare the QOL

of the 2 groups, the cosmetic group (group of patients with cosmetic care) and the control group (group of patients without cosmetic care), at 3 different times of the treatment.

The results show a difference between the two groups in 2 areas of QOL: mood state and self-perception of the disease. The cosmetic group keep better mood state and better hope for the future and then, this study emphasizes the interest of cosmetic care in breast cancer patients. However, further larger trials are needed to confirm this study.

Dermatology Bridging the Continents

Invitation to the 5th EADV Spring Symposium in Istanbul, Turkey

- 22-25 May 2008 -

The EADV and the Local Organizing Committee invite you to the 5th EADV Spring Symposium that will take place in Istanbul, Turkey, from 22-25 May 2008.

"Bridging the Continents" will be the main theme of this Spring Symposium where specialists from East and West will come together to exchange their knowledge and latest findings.

The academic programme prepared by the local Scientific Committee in conjunction with the EADV Scientific Programming Committee is a superb one laying emphasis on both the science and the art of general problems of Dermato-Venereology as well as focusing on particular diseases that are more frequent in the region.

The Congress is open to all dermatologists and venereologists, as well as trainers or residents in dermatology, in good standing in their national organizations.

You would like to report from the 5th EADV Spring Symposium?

For further information or registration, please contact the Congress Secretariat Figür:

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EADV Info Sheet

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