UConn Health Center Skin Deep Eifer

Spring/Summer 2013 - News and information from the Department of Dermatology

CALENDAR

HARTFORD PSORIASIS NETWORK MEETINGS

June 7, July 5, & August 2 at 7pm First Church of Christ, 12 S. Main St. West Hartford Hartford Psoriasis Network 1-877-546-5558 x209 hartford@support.psoriasis.org

UCONN DERMATOLOGY GRAND ROUNDS, 8 AM, WEDNESDAYS

June 5, July 3, & August 7 Dermatology Waiting Room 21 South Rd., 2nd Floor, Farmington

UCONN DERMATOLOGY JOURNAL CLUB, 12:15 pm, WEDNESDAYS

May 15 & 22, June 19 & 26, July 17 & 24 & August 14 & 21 Dermatology Conference Room 21 South Rd., 2nd Floor, Farmington

We update our Calendar and Events on a regular basis. To submit an event or for more information, feel free to contact our main line at 860-679-4600.

Letter from our Chairman

Caveat Promisor: The Potential Pitfalls of Clinical Guarantees



to navigate the difficult waters of reassuring anxious patients without making promises or guarantees that might not be realized.

When I share a potentially life threatening diagnosis with a patient, often they will ask me: "Will I be okay doc?" I always want to guarantee them that they will be in the percentage of patients that do well. However, I also need to be honest. Historically, doctors sheltered patients from statistics and potential complications. Today patients not only want to know, but demand to know the data. This leaves the physician trying to walk the delicate balance of being encouraging while needing to be, on occasion, brutally honest. In life, we need to remember that we should be careful what we ask for! If you ask your physician a question, we will answer it even if you might not like what we have to share with you. That is our obligation despite the fact that we want to comfort and console you.

George Bernard Shaw wrote in The Doctor's Dilemma about an unscrupulous physician who reveals that "just two words" brought him financial success: "Cure guaranteed". You will not likely hear those words in any good medical or surgical practice. Even if you do not ask us, we are likely to share with you data on outcomes and potential pitfalls in therapy and prognosis. This may not be what you want to hear, but this is part of our job that encompasses partnering with you in making therapeutic decisions and planning our course of treatment.

The good news is that in dermatology, the overwhelming majority of our patients do very well. And even those with skin cancer have a great prognosis if diagnosed early and treated definitively and appropriately. Therefore please remember to keep your appointments with us and follow our directions. We are in this together!

- Jane Grant-Kels, MD





The true price of "beauty": an inside look into tanning

- Mona Shahriari, MD, PGY2

As doctors, we are dedicated to ensuring the safety of our patients, and as dermatologists, skin safety becomes paramount. But what do we do when our patients elect to go to tanning salons?

Indoor tanning is a potent source of UV radiation, especially UVA. The UVA radiation emitted by tanning beds is as much as 10-15 times more powerful than midday sunlight. This radiation makes tanning beds much more dangerous than natural sunlight. As a result, the World Health Organization has classified tanning beds as a "known human carcinogen."

The concern is that more and more young people are using tanning facilities each year without full knowledge of the risks associated with this behavior. Melanoma is now the most common form of cancer in the 15-29 year old age group, and unfortunately, its growth rate has increased by 50% since the 1980s. One study reported that 76% of the melanomas in this age group were attributable to tanning bed use. To further stress the importance of this issue, the American Academy of Pediatrics recommends a ban on the use of tanning devices by individuals under the age of 18.

Despite our current knowledge, the use of tanning beds amongst fair skinned youth, the most vulnerable population, is still on the rise.



So, why is this? In order to investigate this issue further, several ranking members of the House Committee on Energy and Commerce Subcommittee on health investigated the accuracy of the information provided to teenage girls who are interested in tanning services. The investigators called 300 tanning salons nationwide and asked a series of questions including risks/benefits of tanning as well as the salon policies on such. The results were alarming:

- 90% of the salons stated that tanning presented no health risks.

- Four out of five salons falsely claimed that indoor tanning is beneficial to a young person's health.

- Salons downplayed the health risks of indoor tanning stating that "it's got to be safe, or else the government wouldn't let us do it".

- Tanning salons target teenage girls in their advertisements: student discounts, prom/homecoming/back to school specials. They allow frequent, even daily tanning with "unlimited tanning" options.

In short, there are no health benefits to indoor tanning that outweigh the risks associated with the practice. There is no such thing as a safe or moderate tan. ANY degree of tanning can lead to DNA damage and consequently, poses a serious health risk. Through educating children and adolescents about the dangers of unsafe UV radiation exposure, we will allow them to live the life they are entitled to.

Research

Nutrition and the Skin

- Karren Slade, APRN

"You are what you eat" is true of your general health, and applies to your skin's health too. Although there are thousands of creams, potions, and treatments available for purchase today, none will help your skin maintain its youthful appearance if your basic nutrition is inadequate. The nutrients found in foods such as fruits, vegetables, whole grains, nuts and seeds, are essential to your skin's function and appearance.

Skin is a dynamic, living organ, constantly responding to both the internal and external environments to protect, regulate, repair and communicate. As the largest component of the immune system, the skin is called upon to block and filter external pollutants, and to metabolize and excrete internal toxins. To do its job efficiently, skin requires dietary nutrients to assist in the constant remodeling and rebuilding processes. Important skin nutrients include:

Carotenoids are stored in the layer of fat directly below the skin and can contribute to a healthy appearing complexion. They are also powerful antioxidants, reducing damage from free radicals that can be caused by overexposure to sunlight and pollution. Researchers are investigating the role of dietary antioxidants in protecting the skin from ultraviolet

radiation. Carotenoids are best consumed in whole foods including deep yellow, orange and red foods such as carrots, sweet potatoes, and red and yellow peppers.

Lycopene is a red pigment found in fruits like tomatoes, pink grapefruit and watermelon. Lycopene functions in your skin as a potent antioxidant, which can help reduce skin-aging through free radical damage.

Omega 3 fatty acids are "essential fatty acids," (EFAs) meaning they are necessary for good health and cannot be synthesized in adequate amounts by the body. EFAs have many functions, including anti-inflammatory activity. They are also important for cellular health, supporting the skin's role as a barrier to keep external toxins out. Good sources of EFA's include flax seeds, walnuts, sesame seeds, spinach, salmon and tuna.

Selenium is also a strong antioxidant and may help protect the skin from the signs of aging. Its role in the prevention of skin cancer is being investigated. Selenium rich foods include Brazil nuts, sunflower seeds, canned tuna and whole grains.

Vitamin C is another powerful antioxidant, helping to neutralize the damage free radicals can cause to our skin's supportive structures. Foods high in vitamin C include red and green bell peppers, guava, kale, parsley, kiwi fruit, and broccoli.

Q&A

Lasers - Justin Finch, MD

Lasers have revolutionized our treatment approach to a wide range of skin disorders, including birth marks, age spots (sometimes referred to as "liver spots"), wrinkle reduction, and hair reduction. Lasers are often the treatment of choice for rosacea, spider veins, broken blood vessels, and tattoo removal. Even stubborn acne scars, once nearly impossible to improve, can be treated with these state-of-the-art devices.

Lasers work by producing a highly energetic beam of intense light that can selectively target areas of the skin. A laser pulse may be as fast as a few billionths of a second, and during that brief time the laser can emit more energy than the entire city of Boston uses. This tremendous amount of energy, upon entering the skin, can seal blood vessels and lift brown pigment from the skin in a safe, controlled manner. Or, in the case of laser resurfacing, targeted areas of skin can be completely vaporized.

Laser resurfacing can improve the color, tone, and skin texture caused by sun damage and acne scars. In years past, laser resurfacing meant significant "down time" to allow the vaporized areas of skin to heal. Newer fractional ablative CO2 laser resurfacing at UConn dermatology dramatically improves the healing time and can actually tighten the skin. The fractionated CO2 laser, as the name implies, targets only a fraction of the skin. Microscopic columns of tissue are precisely vaporized, intentionally leaving the skin in between untouched. These tiny treatment zones are just enough to activate the skin's healing processes and cause new collagen formation and skin tightening. This technique results in significantly faster healing and fewer side effects. Because UConn has been building its laser practice for many years, we have a wide range of devices available to tailor your treatment needs. Currently our armamentarium includes Q-switched lasers, pulsed dye laser, fractional CO₂, IPL, Nd:YAG, KTP, alexandrite, and excimer. And we continue to grow!



Laser treatment of solar lentigines





Laser treatment of facial talengiectasia (blood vessels)

Sun Protective Clothing

- Irene Bent, RN, HP



There are over 3.5 million new skin cancers every year and most are caused by ultraviolet radiation. Ultraviolet radiation is also responsible for causing 90% of the visible changes commonly attributed to aging such as wrinkles, brown spots, and sagging skin.

"Clothing is the single most effective form of sun protection. It is our first line of defense against the sun's harmful ultraviolet rays." - SKIN CANCER ORGANIZA-TION

If you "Google" sun protective clothing you will find over twenty sites that offer a variety of styles, shapes and sizes. You will also note differences in pricing.

Clothing that is classified as sun protective is rated for the level of ultraviolet protection it affords. Sometimes just having the cloth cover the skin helps but there are materials that are pre-treated with an ultraviolet inhibiting ingredient during manufacturing. A UPF (ultraviolet protection factor) varies on UV blockage. UPF 15-24 is rated good. It provides around 93-95% blockage of UV radiation. UPF 25-39 is rated very good. It provides around 96-97% blockage of UV radiation. UPF of 40-50 is rated excellent. It provides around 97.5-99% blockage of UV radiation.

Other factors effect the protection level. Linen is a big hit in the summer but a tighter weaved material is better. Light colors seem cooler but darker colors offer better protection. Polyesters absorb UV light so natural materials would be better for protection. If the clothing gets wet the protection level can decrease by 50%.

When selecting sun protective wear you should make sure that the style is appropriate to provide full coverage of the skin most susceptible to ultraviolet damage. Examples are long sleeved shirts, full collars, hats with 3-4 inch brims, full length trousers or skirts. Also remember that sunglasses are rated for UV protection. Wearing UPF clothing is not the total answer. Sun block use is still necessary. Sun screen is rated differently. The SPF is determined by the probable time it takes the skin to redden. The higher the number, the longer it takes.

With some common sense and good skin protection, many skin cancers could be preventable. Remember to protect yourself and your children.

Highlights

Who we are

What's new...

Congrats to the following physicians on their most recent awards:

CONNECTICUT TOP DOC 2013, as listed in Connecticut Magazine

Dr. Mary Chang - Pediatric Dermatology Dr. Jane Grant-Kels - General Dermatology Dr. Douglas Albreski - Podiatry

BEST DOCTORS 2013, as listed in Hartford Magazine Dr. Jane Grant-Kels - General Dermatology Dr. Hanspaul Makkar - Procedural Dermatology Dr. Marti Rothe - General Dermatology Dr. James Whalen - Procedural Dermatology Dr. Diane Whitaker-Worth - General Dermatology

Congratulations to Irene Bent, RN, HP who received the prestigious 2013 Nightingale Award. Irene is a Clinical Nurse III here in our department. We wish her continued success in her dedicated profession and appreciate all she does here at UConn Dermatology.

We wish our 2 graduating residents **Dr. Julia Anderson and Dr. William Holmes** much success in their future as Dermatologists. Dr. Anderson will be practicing in Massachusetts, while Dr. Holmes will continue here at UConn as a Procedural Dermatology fellow for one year. Congratulations to the both of them!!

For more information or to schedule an appointment, please contact:

UConn Dermatology Associates 21 South Road, Second Floor Farmington, CT 06030-6231

Main Line: 860-679-4600

Web: dermatology.uchc.edu

Justin Finch, MD

Dr. Finch joined our faculty in September of 2012 as the Director of the Center for Cutaneous Laser Surgery. He received his medical degree from the University of Minnesota and recently completed his dermatology residency here at UConn. He is a member of the American Society for Laser Medicine and Surgery, Dr. Finch spends a significant portion of his time performing laser



treatments and ensuring that UConn remains at the forefront of this cutting-edge area of dermatology. Outside of the clinic, his interests include camping, backpacking, and photography. He has an extensive background in photography, and in fact used to be a wedding photographer before he went to medical school. Some of his work can be seen on the walls throughout the dermatology clinic. This photographic expertise translates to dermatology, where Dr. Finch oversees clinical photography, ensuring that the images that we employ for diagnosis and management of skin cancer, research, and medical education are detailed and accurate.

Mona Shahriari, MD - PGY 2

Dr. Shahriari graduated from the University of Connecticut where she majored in Biological Sciences with a focus in physiology and neurobiology and then completed her medical education at the University of Connecticut School of Medicine. She completed her preliminary medicine year at Baystate Medical Center in Springfield, Massachusetts. Her clinical interests include pediatric dermatology, pigmented lesions, and



public policy/advocacy. Dr. Shahriari is currently working with a team on a piece of legislation here in Connecticut. It is Senate Bill 872 which is meant to ban tanning for individuals under 18 years.

Dermatology Nurses

Our nurses here at UConn Dermatology are a treasured asset to our department. They enhance our practice every day by offering their nursing expertise and amazing care not only to our dermatology patients, but to our dermatology providers as well. Our nurses work in all phases



of our practice; supervising the phototherapy unit, assisting with surgeries, administering and monitoring patients on medications, and teaching patients in the clinic every day. Their willingness to share their knowledge and expertise make them the best of the best. Their personal and professional support for both our patients and providers is truly appreciated.