

*Skin colour
and
cancer risk*

*+ Choosing
the right
sunscreen*

*+ A word of
caution on
tanning*

SUMMER 2014

A CANADIAN DERMATOLOGY ASSOCIATION PUBLICATION

my skin

Avec des
articles en
français

SUMMER!

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UVA/UVB

What you need
to know

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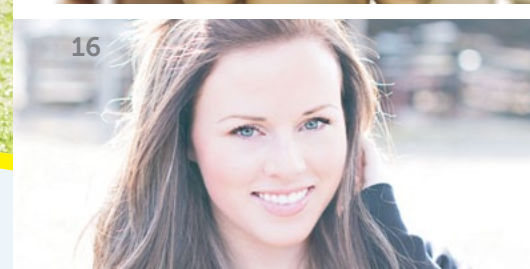
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Contents

my skin

SUMMER 2014



2 Welcome/Bienvenue
A message from the President of the Canadian Dermatology Association, Dr. Richard G.B. Langley
Message du Président de l'Association canadienne de dermatologie, Dr Richard G.B. Langley

3 Summer safety
Common sense precautions to help you avoid heat-related illnesses and injuries

4 Focus on sunscreen
Get the most out of your sunscreen and protect your skin

5 Chimique ou physique
Faites écran aux agressions du soleil

6 Are you at risk for skin cancer?
Know the factors – from skin colour to lifestyle choices – that increase your risk of skin cancer

8 UV radiation
Understanding UV radiation an important step in avoiding its potentially harmful effects

10 Phytophotodermatitis
Why sun exposure and citrus juice just don't mix

11 Âge et soleil
Deux ennemis qui veulent votre peau

12 Healthy lips
Minimize the likelihood of a cold sore this summer

14 Hydratez toute l'année!
Le secret pour avoir une peau douce et saine quelle que soit la saison!

15 Earned recognition
Canadian Dermatology Association-recognized sunscreens help shoppers navigate choices

16 Final word
Learning the hard way that no tan is a safe tan

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A MESSAGE FROM THE PRESIDENT OF THE CANADIAN DERMATOLOGY ASSOCIATION
UN MESSAGE DU PRÉSIDENT DE L'ASSOCIATION CANADIENNE DE DERMATOLOGIE

Dr. Richard G.B. Langley

Welcome!

Welcome to our second summer edition of *My Skin*, a publication of the Canadian Dermatology Association (CDA) to keep you up to date on sun safety.

At the CDA, we're dedicated to reducing the prevalence of skin cancer by educating Canadians on the importance of prevention and early detection. This publication helps us reach this goal, as does our ongoing Sun Awareness Program and the many outreach activities of our national Sun Awareness Week, held this year from June 2-8.

The following pages include important advice on how to protect yourself from the sun and why, what you should know when it comes to sunscreen, how your favourite summer drink could leave its mark and much more.

Be sure to visit our website for more information on how to keep your skin healthy. And if you have a dermatology question, you can submit it to us on our blog at blog.dermatology.ca.

As president of the Canadian Dermatology Association, I would like to wish you a sunny and safe summer. ■



Bienvenue!

Bienvenue à la deuxième édition estivale du magazine *Ma peau*, la publication de l'Association canadienne de dermatologie (ACD) dont l'objectif est de vous informer sur la sécurité au soleil.

À l'ACD, nous nous efforçons de réduire la prévalence du cancer de la peau en sensibilisant les Canadiens à l'importance de la prévention et de la détection précoce. Cette publication nous aide à atteindre cet objectif, comme le font notre programme Prudence au soleil et les nombreuses activités de notre Semaine nationale de prudence au soleil, qui aura lieu cette année du 2 au 8 juin.

Vous trouverez dans les pages suivantes d'importantes recommandations : Comment et pourquoi se protéger du soleil ? ... Ce que vous devez savoir à propos des écrans solaires ... De quelle façon votre boisson estivale favorite peut-elle laisser sa marque sur votre peau ? ... et beaucoup plus.

Pour plus d'information sur la façon de préserver la santé de votre peau, ne manquez pas de consulter notre site web ou de nous adresser vos questions sur notre blogue : blog.dermatology.ca.

En qualité de président de l'Association canadienne de dermatologie, je vous souhaite un été ensoleillé, en toute sécurité. ■

the facts

Melanoma is the 7th most common cancer diagnosed in Canada.

1 in 7 Canadians will be diagnosed with skin cancer in their lifetime...



and 1 in 74 will be diagnosed with **malignant melanoma**.

In women 15-29 years old, melanoma is the 3rd most common cancer. Growing evidence supports that this may be due to UV radiation exposure from tanning beds.



According to the Canadian Partnership Against Cancer, **it is estimated that the cost of treating skin cancer will be \$1 billion by 2031.**

my skin

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first aid

Even during the summer months, the Canadian Ski Patrol is there to help you play safely

Protect your hide when you run, jump or ride

By Sheila Reesor

When winter is over, Canadian Ski Patrol (CSP) volunteers may hang up their skis, but they continue to offer their first aid skills to outdoor enthusiasts and athletes. During the summer, CSP members volunteer at events ranging from local 5K runs to international marathons, cycling races and beach volleyball tournaments.

In the line of duty, these first responders treat a range of summer-related injuries and illnesses that include everything from heat stroke to sunburn. Dehydration and heat-related illness are very common, particularly during all-day, endurance or competitive outdoor activities in the heat. Many sports enthusiasts forget that basic hydration begins with water and starts days before an event.

Respiratory issues are also common in summer and often connected to existing conditions like asthma or allergies. That's why it's important for participants to wear a medic-alert tag, carry medication and write their medical history or details of any illness on the back of their race bib. This is the first place patrollers will look for information if, for any reason, a patient can't communicate.

Other common injuries result from falling, tripping or colliding with other people or objects. Accidents happen and can result in broken limbs, dislocated joints, concussions, contusions, sprains and deeper wounds.

Fortunately, serious injuries are rare. More common are skin irritations and injuries such as cuts, scrapes, stings, blisters, chafing and friction burns (often,

unfortunately, in tender areas). The key to treating these types of wounds is effective assessment, cleaning and covering. The ultimate goal is to reduce pain and the risk of infection.

Most active people can quickly address superficial injuries and continue their activity. One exception is sunburn, which can put a stop to any outdoor fun. Another activity-limiting injury is burned feet, which can occur at beach volleyball tournaments. It's not unusual to see second-degree burns on the bottom of players' feet – being barefoot on scalding hot sand can mean "game over."

For elite athletes and sports enthusiasts alike, the key to staying in the game or getting to the finish line unscathed has to do with prevention, preparation and planning. There are always a few who didn't train, wore brand new runners, forgot their asthma puffer at home, didn't dress for the weather, consumed unfamiliar gel packs, participated in spite of having pneumonia or knew they shouldn't run on that recent injury.

Nevertheless, most participants do show up hydrated and fuelled, lathered in sunscreen and well prepared to take on the terrain, distance, altitude or weather conditions. Without doubt, their skin takes less of a beating and they have the most fun. ■

Sheila Reesor is a freelance writer and director of communications for the Canadian Ski Patrol. Most weekends you will find her helping injured people on the slopes or at summer sporting events.



Canadian Ski Patrol

The Canadian Ski Patrol (CSP) is a national, not-for-profit charitable organization with 4,500 nationally certified, federally accredited volunteer members. With nearly 75 years of experience in providing first aid, injury prevention and rescue services to 230 ski resorts across Canada, the CSP is well known for providing services at outdoor sport and recreation events year-round. See www.skipatrol.ca for more information.



Summer has finally arrived, so it's definitely time for hats, sunglasses and sunscreen. Have you ever stood in the aisle at the drugstore facing row upon row of sunscreen, not knowing how to choose one from the next? Let's see if we can make your next purchase a little simpler.

Sunscreen: what you need to know

By Dr. Cheryl Rosen

What does SPF really mean?

All sunscreens are labelled with a sun protection factor (SPF) number. This relates to the amount of time it takes for your skin to burn without any protection and how long it would take if you used the appropriate amount of sunscreen. An SPF is the ratio between the amount of UV that will cause sunburn in sunscreen-protected skin compared to unprotected skin.

Remember that sunscreens should not be used to extend the amount of time you spend in the sun. They should be used with other forms of sun protection, such as shade, hats and clothing, to protect you as much as possible.

Do I need an SPF 30, 60 or 100?

It is logical to think an SPF of 30 is twice as good as an SPF of 15, and so on, but that is not how it works. To give you an idea of what the numbers mean, an SPF

15 sunscreen blocks 94 per cent of UVB rays, SPF 30 blocks 97 per cent, SPF 50 blocks 98 per cent and SPF 100 blocks 99 per cent. No sunscreen offers 100 per cent protection from UV rays.

Choose a broad spectrum sunscreen (one that protects against both UVB and UVA) with a minimum SPF of 30. When shopping, look for bottles with the Canadian Dermatology Association Sun Protection Program logo.

How much sunscreen do I need to apply?

A full shot glass (or two ounces) of sunscreen should do the trick. Try to remember to apply your sunscreen 20 to 30 minutes before heading outside. Be sure to reapply regularly to



evaporates, compromising the effectiveness of the product. Keeping sunscreen in hot temperatures – in the glove compartment of a car or in a beach bag in the sun – can accelerate its deterioration.

Are there any sunscreens for sensitive skin?

If you have sensitive skin, try a small amount of the product on your arm and check for any reaction up to 48 hours later. People allergic or intolerant to certain compounds in sunscreens should look for products containing titanium dioxide and zinc oxide that reflect and absorb the sun's rays and are much less likely to cause a reaction.

Making proper sun safety part of your everyday routine will not only save you from painful sunburns, it will, most importantly, reduce your risk of developing skin cancer. ■

avoid sunburn, especially after heavy sweating, swimming or towelling.

Don't forget about your lips; apply an SPF 30 lip balm too.

Does a sunscreen still work after the expiry date?

No. Sunscreens contain chemicals that eventually break down and the water in the product

Dr. Cheryl Rosen is the national co-chair of the Canadian Dermatology Association's Sun Awareness Program, head of the division of dermatology at Toronto Western Hospital, as well as a professor in the department of medicine at the University of Toronto.

PHOTOS: LEFT AND OPPOSITE TOP: ISTOCKPHOTO.COM



Chimique ou physique : Quel écran solaire est le bon pour moi?

Par Dr Jean-François Tremblay

Lorsqu'il s'agit de comprendre les écrans solaires, il peut être difficile de savoir ce que vous regardez. Il y en a essentiellement de deux grandes catégories les écrans : chimiques et physiques.

Les écrans solaires chimiques/organiques contiennent des ingrédients spéciaux qui filtrent et atténuent les rayons ultraviolets et en réduisent la pénétration dans la peau. Les filtres chimiques protègent plus que les écrans solaires physiques contre les rayons UVA et UVB,

mais l'étendue de la protection dépend de l'ingrédient actif en cause et de sa stabilité.

Les écrans solaires physiques/inorganiques sont des produits qui contiennent des ingrédients comme du dioxyde de titane et de l'oxyde de zinc, qui bloquent physiquement les rayons ultraviolets. Ces produits assurent une protection générale contre les rayons UVB et UVA. Les écrans solaires physiques ont en général tendance à être mieux tolérés par la plupart des types de peau parce que les filtres

chimiques utilisés dans les écrans chimiques peuvent irriter les peaux sensibles. Les écrans solaires physiques ont toutefois tendance à laisser des ombres ou des traces blanches après l'application et ils n'offrent pas la même protection que les écrans solaires chimiques contre les rayons UVA.

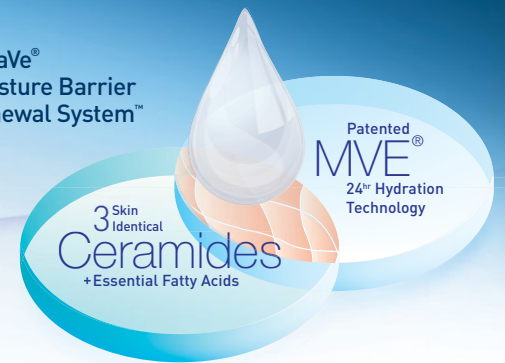
Comme chaque type a ses avantages et ses inconvénients, beaucoup des écrans solaires actuels contiennent des filtres UV tant physiques que chimiques et sont disponibles dans toutes sortes de formes : lotions, gels et aérosols. ■



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awareness

Your eye, skin and hair colour may increase your chances of melanoma

skin cancer: Know your risk

By Dr. Jason K. Rivers

It's only skin deep, but melanoma is a potentially deadly spot caused by exposure to ultraviolet light from either the sun or artificial light sources. There will be 6,000 new cases of melanoma in Canada this year, and another 1,050 people are predicted to die from this cancer. In North America, someone dies from melanoma every hour.

This malignancy does not affect everyone equally, and certain risk factors increase your likelihood of developing melanoma. Fair-skinned individuals with freckles and blond or red hair – who tend to burn easily and rarely tan – are at heightened risk. So too are those who have a large number of common and atypical-appearing moles (also known as melanocytic nevi) or who have one or more relatives with melanoma. Your risk also increases if you've had a non-melanoma skin cancer, such as basal cell carcinoma or squamous cell carcinoma.

Given that ultraviolet radiation plays a pivotal role in the genesis of melanoma, it should come as no surprise that having had outdoor summer jobs for three or more years as a teenager or regularly using tanning beds predisposes one to melanoma. Tanning bed use has proliferated across Canada and the United States in the past 20 years, and although they are marketed as a safe way to develop a protective tan, there is nothing safe about tanning beds. In fact, using a tanning bed can increase your risk for melanoma by 20 per cent, and that risk may be increased by 87 per cent if tanning started before age 35. In Australia, it has been suggested that up to 75 per cent of all melanomas occurring in those younger than 30 are attributable to tanning bed use.

! HOW BAD IS IT?

The Fitzpatrick Scale is used to determine sensitivity to ultraviolet light exposure based on skin colour:

TYPE I: Pale white:

Always burns, never tans

TYPE II: White:

Usually burns, tans minimally

TYPE III: Cream white:

Sometimes will develop a mild burn, tans uniformly

TYPE IV: Moderate brown:

Rarely burns, tans well

TYPE V: Dark brown:

Very rarely burns, tans very easily

TYPE VI: Dark brown to black:

Never burns, tans extremely well

Although you might think you have a reduced risk of developing melanoma if you have darker skin or tan easily, this is only partly true. The incidence of melanoma in people of colour is much less than it is for those with a lighter skin complexion, but darker-skinned individuals are certainly not immune.

In fact, the rate of melanoma is rising quite dramatically in North America's Hispanic population. While melanoma is uncommon in the Asian population, the disease may manifest in areas not always considered for melanoma, such as on the palms or soles or under a fingernail (where it appears in adults as a changing or new pigmented band). Although it is also uncommon in the African-Canadian population, melanoma may be a more aggressive tumour in this group.

Remember, regardless of your skin colour, everyone can develop this malignancy. The key to treating melanoma is early diagnosis – when you identify it in its early stages, it remains just a spot and one that will cause no harm. ■

Dr. Jason K. Rivers, MD, FRCPC, FAAD, is a clinical professor of dermatology and a past director of the dermatology residency training program at the University of British Columbia. He currently practices medical and cosmetic dermatology at Pacific Dermaesthetics in Vancouver, BC, and is the developer and founder of Riversol Skin Care.



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risk

The sun - the source of energy for life on earth - also emits potentially dangerous rays that damage our skin



Understanding ultraviolet radiation

By Dr. Mariusz Sapijaszko

Ultraviolet light is essential to life on earth – but it can also kill. Emitted by the sun, ultraviolet light warms the earth, is used by plants to store energy as carbohydrate molecules (which also releases life-giving oxygen as a waste product) and enables our bodies to produce vitamin D, an essential mineral for our health. However, ultraviolet light also has a dark side, causing damage to our cells that can lead to premature skin aging and cancer.

Although we can't see ultraviolet radiation, we can certainly feel it when we're out in the sun and our skin tans or burns. Tanning is our body's way of protecting itself from damaging radiation. When ultraviolet light strikes our skin, its energy is transferred to our cells. When the cells are damaged, they produce more of a protective pigment called melanin. However, if our cells can't produce enough melanin, the result is a radiation burn, more commonly known as a sunburn.

The severe tissue damage caused by ultraviolet radiation leads to inflammation and an alteration in basic cell functions. Over time, this results in skin ageing, including skin thinning, skin fragility, abnormal pigmentation, sagging and

wrinkles. It can also affect the functioning of our DNA, resulting in abnormal cell function, an inability to heal and cancer.

How our bodies respond to ultraviolet radiation varies from person to person and depends on many factors, including our genes, what we eat, what we apply to our skin and the medications that we take.

The severe tissue damage caused by ultraviolet radiation leads to inflammation and an alteration in basic cell functions.

The lighter our skin, eyes or hair colour, the more sensitive we are to ultraviolet radiation. Our skin can also become much more sensitive to the sun if we eat or are even in contact with certain foods, including limes, celery, carrots, figs, dandelions, parsnips or artichokes.

In addition, certain medications can make us more susceptible to the harmful effects of ultraviolet radiation. These include common heart medications (such as hydrochlorothiazide or amiodarone), anti-inflammatories (like ibuprofen), antibiotics (such as tetracyclines) and antidepressants (such as fluoxetine or St. John's wort).

Ultraviolet radiation is a double-edged sword: needed for life on earth, yet deadly at the same time. We need to respect the sun's power while taking precautions to minimize our individual risk from the damaging effects of exposure to ultraviolet radiation. ■

Dr. Mariusz Sapijaszko is a nationally and internationally trained dermatologist and cosmetic surgery and laser surgery expert. He is a medical director of the Western Canada Dermatology Institute and Youthful Image Clinic, and as a clinical associate professor at the University of Alberta Division of Dermatology he is involved in training future dermatologists.

UV radiation 101

Skin damage is caused by exposure to UVA and UVB radiation. Protect yourself by staying sun safe – use sunscreen daily, wear clothing that covers your skin and avoid peak hours of intense sun.

UVA

- 320 nm - 400 nm
- not absorbed by the atmosphere
- represents 95 per cent of ultraviolet radiation that reaches earth
- present every day, all day, and is not affected by weather
- penetrates deep into the skin, causing skin aging, tanning and cancer

UVB

- 290 nm - 320 nm
- much more powerful than UVA
- represents 5 per cent of ultraviolet radiation that reaches earth
- mostly absorbed by the atmosphere
- helps us make vitamin D
- responsible for tanning, sunburns, cancer and skin aging



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did you know?

Photosensitizing compounds in citrus juice, fruits and plants can result in temporary hyperpigmentation and painful blisters

Careful with that lime

By Dr. Joel DeKoven

You're on holiday, relaxing in the sun. You pick up a bottle of Mexican beer, put a lime wedge into it and shake the bottle – accidentally spraying lime juice and beer on yourself in the process. After continuing to spend the rest of the afternoon in the sun, you notice bizarre brown blotches and markings on your chest and abdomen.

What you're experiencing is phytophotodermatitis, a reaction between the chemicals in the lime juice and sunlight that can result in temporary red, blistered or hyperpigmented skin.

Just what is phytophotodermatitis?

Phytophotodermatitis – also called Mexican beer (or margarita) dermatitis – happens when certain plant chemicals called furocoumarins or psoralens come in contact with the skin, making that area light sensitive. A skin reaction occurs when the area is then exposed to ultraviolet light from the sun.

The juice of lime and other citrus fruit is a common cause of this condition. But skin contact with certain weeds and edible plants – such as giant hogweed, meadow grass, figs, carrots, parsnips, fennel, dill, anise and celery – can also trigger a reaction.

People may have unusual patterns on their skin where they've come into contact with lime juice or other sources of the culprit chemicals. This can be a real puzzle and cause for concern when, seemingly out of the blue, odd shapes appear on the skin. These shapes sometimes include outlines of a handprint or fingerprints on the exposed area. The reaction doesn't always happen the same day, which can make the symptoms even more puzzling; some people may only notice them for the first time on the plane ride home from a vacation in the sun.

In severe cases, there is a burning redness, and blisters can form within hours of contact with the chemicals and sunlight. The marks can be mistaken for an allergic reaction, child abuse or even jellyfish stings. After the inflammation subsides, there may still be brown marks or patches that last for weeks or months.

The sun's UVA light is responsible for the vast majority of photoreactions that result in phytophotodermatitis. This phototoxic skin reaction is entirely independent of the immune system, so it can occur in any individual, and without prior sensitization.

How can you prevent this condition?

- 1 Don't mix drinks while in the sun. And be careful when handling citrus fruit juice.
- 2 If you come into contact with the plant chemicals, wash your skin immediately so that no traces of the chemicals remain.
- 3 If you can't wash up, stay indoors after exposure.
- 4 Field workers and gardeners who work outdoors and handle plants that cause the skin condition should wear gloves, long sleeves and long pants.

How is phytophotodermatitis treated?

- 1 If the skin has blistered, apply cool wet compresses.
- 2 Topical corticosteroids can be used to reduce any redness. ■

Dr. Joel DeKoven is a consultant dermatologist and associate professor in the department of medicine at the University of Toronto. His clinical subspecialty interest focuses on the diagnosis and management of allergic contact dermatitis and the evaluation of complex allergic and work-related skin disease.



PHOTO: ISTOCKPHOTO.COM

Âge et soleil, les deux facteurs de vieillissement de la peau

Par Dre Chantal Chiasson

Le photovieillissement est un vieillissement prématuré de la peau causé par une exposition répétée aux rayons ultraviolets (UV) du soleil ou à des sources artificielles d'UV. Le photovieillissement est différent du vieillissement chronologique, car les effets dommageables des rayons UV du soleil (ou des sources artificielles de bronzage) modifient les structures normales de la peau.

Sur la peau exposée au soleil, 90 per cent du vieillissement est attribuable aux effets néfastes du soleil. Il suffit de comparer la peau d'un endroit du corps rarement exposé au soleil à celle du visage pour constater une différence de teint, de couleur et de texture.

Le vieillissement normal se traduit par de fines ridules, un teint uniforme et une peau qui devient plus mince au fil des ans. Les joues et les yeux se creusent

progressivement suite à une perte de tissu adipeux sous la peau. L'effet de la gravité, les changements de la masse musculaire et la perte de masse osseuse entraînent un relâchement progressif de la peau et la formation de rides.

Le processus de vieillissement naturel de la peau varie selon les effets du temps et les facteurs héréditaires; il est inévitable. Par contre, il est possible de prévenir le photovieillissement en adoptant de bonnes habitudes pour se protéger du soleil.

Il existe plusieurs traitements possibles pour la peau endommagée par le soleil. Les injections de toxine botulique, les agents de remplissage cutanés, divers traitements au laser, la dermabrasion et les peelings sont parmi les plus populaires. Il existe aussi des

produits pouvant aider à redonner à la peau une apparence plus jeune (préparations à base de vitamine A, vitamine C ou autre).

Le dermatologue, votre expert en soins de la peau, peut vous aider à choisir le régime de traitement le mieux adapté à vos besoins. ■



La Dre Chantal Chiasson est présidente et fondatrice de l'Institut Figurra (figurra.ca), une clinique dermato-esthétique située dans la région du Grand Moncton au Nouveau-Brunswick. Elle est également fondatrice du Service de dermatologie de l'Hôpital de Moncton et médecin consultante au Service de dermatologie du Centre hospitalier universitaire Dr-Georges-L.-Dumont.

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Photo concept courtesy of DLKonAvenue

It's prime time for cold sores

Tips for healthy lips

By Dr. Richard Thomas



Although we tend to associate cold sores with the winter season of colds and flus, they actually crop up more often during the summer months. Sun exposure weakens the immune system, which allows the herpes virus responsible for cold sore outbreaks to multiply. Too much sun and heat can also lead to dry lips, which are more prone to injury and susceptible to infection, like any broken skin.

Cold sores are caused by the herpes simplex virus-1, which is carried by about 80 per cent of the population. The virus is usually inactive, lying dormant in your body until something reactivates it. Triggers include stress, fatigue, sun exposure, fever, hormonal changes (e.g., menstrual cycle or pregnancy) and trauma, such as injury or dental work.

While many people have the virus and never develop cold sores, others get them frequently – usually on the lips or near the mouth, although they can develop elsewhere or spread to other parts of the body.

Cold sores are as common as they are annoying. Those who suffer from them would gladly try anything to get rid of them or at least make them go away faster. Over two million Canadians buy cold sore products each year, spending \$30.5 million to treat the painful blisters.

While you can't get rid of cold sores for good, there are many treatment options that can help reduce the uncomfortable symptoms and even speed up the healing process. Over-the-counter products generally relieve pain and itching rather than treating the virus. Active ingredients in these products include docosanol, zinc, heparin and lysine (also available in oral supplements).

Prescription products alleviate symptoms and treat the virus itself. A new prescription topical product, for example, combines an antiviral (to reduce viral reproduction) with hydrocortisone (to reduce swelling and pain). Your dermatologist can also prescribe oral antiviral treatments, such as acyclovir, valacyclovir and famciclovir, which may help shorten the outbreak's

duration and severity. These drugs target the virus, and work by slowing down viral reproduction.

If you're prone to getting cold sores, follow these tips to reduce your chances of another outbreak:

Protect your lips. Wearing lip balm can keep lips moist and prevent chapping and cracking.

Minimize sun exposure. Avoid long periods in the sun, and choose a lip balm with an SPF of 30.

Stress less. Stress weakens the immune system, which provides a welcome mat for cold sores. Try stress-reducing strategies such as walking, meditating, getting enough sleep and eating healthily.

Don't share. Cold sores are highly contagious. Reduce the chance of spreading them by washing your hands often, avoiding kissing and by not sharing towels, pillows, cups or food when you have a cold sore.

Leave them alone. Picking or squeezing a cold sore doesn't speed up healing and may worsen the symptoms.

Treat symptoms quickly. The best way to minimize cold sores is to start treating them as early as possible. The first signs are usually tingling and/or itching. ■

Dr. Richard Thomas is a dermatologist based in Vancouver, BC at the Face & Skin Clinic. Along with running his clinic, he is also involved in clinical trials and is the co-medical director of skininformation.com, a network of skincare-related websites written by dermatologists for patients.



Cold sores last approximately 10 days, moving through these common stages:

Tingling (1-2 days) Before you even see a cold sore, you may feel a prickling or burning sensation on your skin.

Blistering (2 days) A cluster of tiny blisters develops.

Weeping (1 day) Blisters break open and start to weep.

Crusting (2-3 days) A yellowish scab forms over the area that had blistered. It can sometimes crack and bleed.

Healing (2 days) During this final stage, a series of increasingly smaller scabs will form and flake off.

Skin Health Program

helping Canadians make informed choices about skin care products

The Canadian Dermatology Association (CDA) Skin Health Program helps consumers identify skin care products that are fragrance-free or unscented, have a low potential for irritation and don't contain the most common contact allergens. It also provides expert guidance for maintaining healthy skin, hair and nails. All facial products with the Skin Health Program logo have the added benefit of being non-comedogenic; that is, they won't clog pores or cause blackheads and whiteheads. Recognized products display the Skin Health Program logo on their packaging to help Canadians identify the most appropriate products for themselves and their families.

Consumers and industry members alike have long expressed the need for an effective, evidence-based program that reflects the most recent dermatological science. In response, the CDA developed the Skin Health Program, which is partly based on the successful Sun Protection Program, but broader in scope.

The Skin Health Program helps Canadians choose from various products designed to enhance and maintain skin health. These recognized products – cleansers, moisturizers, creams, cosmetics and more – are a good choice for any skin type, but particularly for sensitive skin. ■

Skin Health Program recognized products / Produits de soins de la peau reconnus

- CeraVe Moisturizing Cream
- CeraVe Moisturizing Lotion
- CeraVe Hydrating Cleanser
- CeraVe Foaming Facial Cleanser
- Eucerin Complete Repair Daily Moisturizing Lotion 5% Urea
- Eucerin Complete Repair Intensive Lotion 10% Urea
- Marcelle Ultra Gentle Cleansing Gel
- Marcelle Eye Make-up Remover Cloths
- Marcelle BB Cream
- Marcelle Cleansing Cloths
- Marcelle Soothing Cleansing Water
- Marcelle Oil Free Eye Make-up Remover
- Marcelle Ideal Skin Perfector
- Marcelle Oil Free Eye Make-up Remover Pads
- Marcelle Gentle Make-up Remover for Sensitive Eyes



SOMETIMES WHAT'S NOT IN A SKIN CREAM MATTERS MOST.

The CDA Skin Health Program recognizes skin care products that are fragrance-free or unscented, have less chance of irritating sensitive skin, and don't contain common allergens.

Look for the CDA Skin Health Program seal of recognition on your skin care products. Visit dermatology.ca to learn more about this program.



Le Programme de santé de la peau

aide les Canadiens à choisir en toute confiance les produits de soins de la peau

Un nouveau projet lancé l'Association canadienne de dermatologie (ACD) aide les consommateurs à reconnaître les produits de soins de la peau qui ne contiennent pas de parfum ou de fragrance, sont peu irritants et ne renferment aucun des allergènes les plus courants. Dans le cadre de ce projet, le « Programme de santé de la peau », on propose aussi dans la documentation des conseils experts pour conserver une peau, des cheveux et des ongles en santé. Tous les produits pour le visage qui portent le logo du Programme de santé de la peau présentent de plus l'avantage d'être non comédogènes – c'est-à-dire qu'ils n'obstruent pas les pores de la peau et ne causeront pas de comédons (points noirs ou points blancs). L'emballage des produits reconnus arbore le logo du Programme de santé de la peau afin d'aider les Canadiens à reconnaître les produits qui conviennent le mieux, pour eux-mêmes et leur famille.

Les consommateurs aussi bien que les membres de l'industrie réclament depuis longtemps un programme efficace, reposant sur des faits et représentatif des connaissances les plus récentes de la science dermatologique. C'est pourquoi l'ACD a mis sur pied le Programme de santé de la peau en s'inspirant de son populaire Programme de protection solaire, mais lui a donné une portée plus vaste.

Le Programme de santé de la peau aide les Canadiens à faire des choix avisés parmi les divers produits conçus pour améliorer et conserver la santé de la peau. Ces produits reconnus – nettoyants, hydratants, crèmes, produits cosmétiques, etc. – constituent un bon choix pour tous les types de peau, mais particulièrement pour les peaux sensibles. ■

sécheresse

Hydratez toute l'année!



Par Dr François Bouchard



Pendant l'hiver, nous utilisons de la crème hydratante contre la peau sèche et gercée; mais quand vient l'air humide de l'été, en avons-nous vraiment besoin?

En un mot : oui. L'hydratation ne sert pas seulement à soigner, mais à prévenir la sécheresse et il faut donc utiliser une crème hydratante toute l'année.

En été, la peau a soif. Même si l'air est plus humide, la chaleur déshydrate la peau par évaporation; et à l'intérieur, l'air conditionné absorbe l'humidité, ce qui rend également la peau vulnérable.

Nager dans un lac ou une piscine ne maintient pas la peau hydratée. Paradoxalement, la peau mouillée se dessèche, car lorsqu'elle est exposée à l'air chaud, l'eau s'évapore, et avec elle, l'humidité du corps.

Sans crème hydratante durant l'été, la peau risque de démanger, peler, se fissurer ou saigner et est exposée aux infections bactériennes, fongiques ou virales. De plus, la peau sèche rend les ridules et rides plus visibles, alors qu'une peau hydratée est tonique et souple.

Quand appliquer une crème hydratante?

Il est préférable d'appliquer la crème hydratante sur une peau encore humide : après le bain, la natation, ou s'être lavé les mains ou le visage, tamponnez doucement la peau avec une serviette éponge avant d'hydrater.

De nombreux écrans solaires approuvés par l'Association canadienne de dermatologie contiennent aussi des agents hydratants. Le moment idéal pour s'enduire de crème hydratante est après avoir nagé ou pris un bain.

Quel est le meilleur agent hydratant?

Les crèmes hydratantes contiennent des émoullissants comme la lanoline ou la vaseline qui retiennent l'humidité et empêchent l'évaporation. Elles contiennent aussi des humectants comme la glycérine ou l'urée, qui attirent l'humidité des couches profondes de la peau (le derme et l'hypoderme) vers la couche externe (l'épiderme). Une bonne crème hydratante contient des émoullissants et des humectants.

Il y a des crèmes hydratantes à base d'huile et à base d'eau. Les premières sont plus lourdes et contiennent de l'huile de jojoba, de l'huile d'olive ou du beurre de karité, retenant l'humidité de la peau de façon prolongée. Les secondes contiennent moins d'huile, sont plus légères et moins susceptibles de boucher les pores.

Pour une peau normale, ni trop sèche ni trop huileuse, choisissez une crème hydratante à base d'eau pour préserver l'équilibre naturel de l'épiderme. Pour l'été,

préférez les lotions ou les laits, qui sont plus légers.

Pour une peau sensible ou huileuse, sujette aux éruptions, choisissez une crème hydratante à base d'eau, non comédogène.

Pour une peau sèche, utilisez une crème à base d'huile, plus lourde, comme celles à base de vaseline qui préviennent l'évaporation.

Les adultes doivent utiliser une crème hydratante à base d'huile toute l'année afin de combattre la sécheresse de la peau. En effet, l'activité des glandes sébacées ralentit avec l'âge, ce qui assèche l'épiderme.

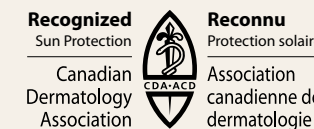
Les lèvres ne contiennent pas de glandes sébacées et sont donc particulièrement vulnérables à la sécheresse et aux gerçures. Utilisez un baume contenant de l'écran solaire pour protéger vos lèvres contre le soleil.

La crème hydratante n'est pas réservée à l'hiver : en l'utilisant toute l'année, votre peau aura une apparence saine, quelle que soit la saison. ■

Le Dr François Bouchard, dermatologue, a suivi sa formation à l'Université McGill et travaille à Alma (Québec). Il est actuellement chef du département de médecine interne du « Centre de santé et de services sociaux de Lac-Saint-Jean-Est », hôpital affilié à l'Université de Sherbrooke où il enseigne et exerce à titre privé.

PHOTOS: TOP, ISTOCKPHOTO.COM (2)

The following sunscreens are recognized by the Canadian Dermatology Association



Category:

- Sensitive skin
- Baby/Children
- Sport

- Aveeno Active Naturals Protect + Hydrate SPF 30
- Aveeno Active Naturals Protect + Hydrate SPF 45
- Aveeno Active Naturals Protect + Hydrate SPF 60
- Aveeno Baby Sensitive Skin SPF 50
- Aveeno Baby Sensitive Skin Mineral Sunscreen SPF 50
- Aveeno Baby Sunscreen Lotion SPF 55
- Aveeno Kids Sensitive Skin Mineral Sunscreen SPF 50
- Aveeno Sensitive Skin Mineral Sunscreen SPF 50
- Avène High Protection Emulsion SPF 40
- Avène High Protection Lotion SPF 40
- Banana Boat Baby Tear Free Sunscreen Lotion SPF 60
- Banana Boat Kids Tear Free Sunscreen Lotion SPF 60
- Banana Boat Ultra Defense Sunscreen SPF 30
- Banana Boat Ultra Defense Sunscreen SPF 60
- Bioderma Photoderm SPF 40 Spray
- Coppertone Sunscreen Lotion SPF 30
- Coppertone Sunscreen Lotion SPF 60
- Coppertone Kids Sunscreen Lotion SPF 60
- Coppertone Oil Free Sunscreen Lotion SPF 30
- Coppertone Oil Free Sunscreen Lotion SPF 60
- Coppertone Sport Sunscreen Lotion SPF 30
- Coppertone Sport Sunscreen Lotion SPF 60
- Coppertone Sport Sunscreen Lotion Face SPF 60
- Coppertone Water Babies Sunscreen Lotion SPF 60
- Hawaiian Tropic Sensitive Skin Face Sunscreen SPF 30
- Hawaiian Tropic Sheer Touch Lotion Sunscreen SPF 30
- Hawaiian Tropic Sheer Touch Lotion Sunscreen SPF 45
- Hawaiian Tropic Sheer Touch Lotion Sunscreen SPF 60
- Hawaiian Tropic Sheer Touch Oil-Free Sunscreen SPF 85
- IDC SPF 30
- IDC SPF 50
- La Roche-Posay Anthelios Dermo-Kids Velvet-Soft Lotion SPF 45
- La Roche-Posay Anthelios Dry-Touch Spray SPF 45
- La Roche-Posay Anthelios Melt-in Cream SPF 45
- La Roche-Posay Anthelios Targeted Protection Stick SPF 60
- La Roche-Posay Anthelios Ultra-Fluid Lotion SPF 60 Face
- La Roche-Posay Anthelios XL Melt-in Cream SPF 60
- La Roche-Posay Hydraphase UV SPF 30
- Life Brand Sunthera 3 Baby SPF 60
- Life Brand Sunthera 3 Kids SPF 50 Continuous Spray
- Life Brand Sunthera 3 Kids SPF 60 Wet & Dry Sunscreen
- Life Brand Sunthera 3 Lipbalm SPF 30
- Life Brand Sunthera 3 Sensitive Skin SPF 60 Continuous Spray
- Life Brand Sunthera 3 Sheer Lotion SPF 50
- Life Brand Sunthera 3 SPF 30
- Life Brand Sunthera 3 SPF 30 Sun Protection Lotion Face
- Life Brand Sunthera 3 SPF 60
- Life Brand Sunthera 3 SPF 60 Continuous Spray
- Life Brand Sunthera 3 SPF 30 Continuous Spray Mist
- Life Brand Sunthera 3 SPF 60 Sun Protection Lotion Face
- Life Brand Sunthera 3 SPF 100 Sun Protection Lotion
- Life Brand Sunthera 3 Sunscreen Stick SPF 60 Face
- Life Brand Sunthera 3 Sport SPF 30 Continuous Spray
- Neutrogena Beach Defense SPF 30 Sunscreen Lotion
- Neutrogena Beach Defense SPF 60 Sunscreen Spray
- Neutrogena Beach Defense Sunscreen Lotion SPF 60
- Neutrogena Beach Defense Kids SPF 60 Sunscreen Lotion
- Neutrogena Clear Face Sunscreen Lotion SPF 30
- Neutrogena Clear Face Sunscreen Lotion SPF 60
- Neutrogena Healthy Defense Daily Moisturizer SPF 30
- Neutrogena Healthy Defense Daily Moisturizer SPF 45 - Untinted
- Neutrogena Ultra Sheer Dry Touch Sunscreen SPF 30
- Neutrogena Ultra Sheer Dry-Touch Sunscreen SPF 60
- Neutrogena Ultra Sheer Dry-Touch Sunscreen SPF 110
- Neutrogena Ultra Sheer Water-Light Daily Face Sunscreen Lotion SPF 60
- Olay Complete Defense Daily UV Moisturizer Sensitive Skin (SPF 30)
- Ombrelle Face Cream XL SPF 30
- Ombrelle Face Cream XL SPF 45
- Ombrelle Face Cream XL SPF 60
- Ombrelle Face Stick XL SPF 60
- Ombrelle Kids Protection Milk XL SPF 60
- Ombrelle Kids SPF 30 Lotion
- Ombrelle Kids SPF 45 Lotion
- Ombrelle Kids SPF 30 Lotion Sensitive Skin
- Ombrelle Lip Balm Anti-Drying Transparent SPF 30
- Ombrelle Extreme Lotion SPF 30
- Ombrelle Multi-Positions Sport Clear Spray SPF 60
- Ombrelle Sport Gel SPF 30
- Ombrelle Sports Lotion SPF 30
- Ombrelle Sports Lotion SPF 45
- Ombrelle Sport Spray SPF 30
- President's Choice SPF 30 Sport Sunscreen Lotion
- President's Choice SPF 30 Sunscreen Continuous Spray
- President's Choice SPF 30 Sunscreen Lotion
- President's Choice SPF 50 Sunscreen Continuous Spray
- President's Choice SPF 50 Sunscreen Lotion
- President's Choice SPF 60 Kids' Sunscreen Continuous Spray
- President's Choice SPF 60 Kids' Sunscreen Lotion
- RoC Soleil Protexion Invisible Touch SPF 30
- RoC Soleil Protexion Invisible Touch SPF 45
- Vichy Capital Soleil Sun Protection Cream XL SPF 30
- Vichy Capital Soleil Sun Protection Cream XL SPF 45
- Vichy Capital Soleil Ultra-Fluid Sun Protection XL SPF 30
- Vichy Capital Soleil Ultra-Light Lotion SPF 50
- Vichy Capital Soleil Face and Body Lotion SPF 50
- Vichy Capital Soleil Sunscreen Cream SPF 60
- Vichy Capital Soleil Ultra Protection Sunblock Stick SPF 60

final word

When abnormal cells showed up from one mole and I had to have 12 stitches on my back to remove a large amount of tissue, I vowed to never step foot in another tanning bed or have another sunburn in my life.



save your skin
FOUNDATION



By Ashley Burnstad

I have been a sun lover since the age of 13, when my mother could no longer keep me slathered in sunscreen, cover-ups and hats. Once high school started, I spent almost every day in the summer basking in the sun with no sunscreen. I can't count the number of times I went home after hours in the sun burnt to a crisp, looking like a tomato.

At the age of 15, I discovered tanning beds to supplement my summertime addiction. I went several times a week, often going daily for weeks at a time, burning too many times

to count. The shop owner loved to talk about the "benefits" of indoor tanning. I wanted to believe her, but my gut told me that there was no logic to what she was saying – still, I kept going for the sake of vanity.

I continued to tan until the age of 24, when, at the doctor for a regular check-up, my GP recommended I see a dermatologist for a mole check. Not long after that, I found myself in a plastic surgeon's office having numerous moles biopsied.

He first asked me nonchalant questions about my health and sunburn history, but the look in

his eyes changed when I told him how much indoor tanning I had done. When abnormal cells showed up from one mole and I had to have 12 stitches on my back to remove a large amount of tissue, I vowed to never step foot in another tanning bed or have another sunburn in my life.

I try to live without regrets, but the years of tanning and burning is one regret I can't shake. I can now only rely on my own diligence to catch any skin cancer in early stage. Now at the age of 26, I do daily mole checks on myself and visit the dermatologist and plastic surgeon often for

biopsies. When compared to the possibility of having melanoma, all the scars mean nothing.

I understand what it feels like to think you're invincible, and to be more interested in short-term satisfaction than long-term health and longevity – I was there not long ago. My goal now is to educate as many people as I can about the dangers of indoor and unsafe tanning, with knowledge and real facts. ■

Ashley Burnstad is a melanoma survivor, skin cancer advocate and Save Your Skin Foundation committee member.

PHOTO: SUPPLIED

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The Canadian Dermatology Association's Skin Health Program's seal of recognition specifically identifies products that are **fragrance-free**, have a **low potential for irritation** and **do not contain the most common contact allergens**.

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For more information on the Canadian Dermatology Association and the Skin Health Program, visit: dermatology.ca



* Source: Drugstore Canada and the Medical Post 2013 surveys on OTC sampling and recommendations. ** CEGIM Strategic Data Study on Pediatrician OTC recommendations, January 2014.



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