

# New Directions in Cosmetic Dermatology for 2007

Cosmetic dermatology is at a critical juncture in 2007, as new fillers are approved for usage and new forms of botulinum toxin are introduced. Additionally, laser medicine is advancing to include new, improved treatment options for common problems and is introducing more affordable lasers. At the same time, the US Food and Drug Administration appears to be inconsistent regarding dermatology-related products and medications, with some receiving seemingly easy approval while others go through lengthy periods of review or are earmarked for reanalysis (eg, hydroquinone). This is the milieu in which we find ourselves at this exciting but concerning moment in cosmetic dermatology history.

In addition, the phenomenon of competition from both within and without our specialty is a particular problem, and one that our society, the American Society of Cosmetic Dermatology & Aesthetic Surgery (ASCDAS), has faced in a unique manner. This will be elucidated further on in this editorial and over this coming year.

Lastly, educating dermatologists and dermatology residents, especially about how cosmetic dermatology will fit into their practices, is a very important point of discussion that should be addressed this year. Hopefully, discussion of education will lead to better direction for other societies and the American Academy of Dermatology in their efforts to responsibly and ethically disseminate information while controlling the growth of cosmetic dermatology in practices without a medical dermatology backbone.

In my tenure as president of ASCDAS, I intend to be an advocate for responsible attention to these concerns, with continued recognition that the public trust and welfare are, at all times, first and foremost.

## New Fillers

With the approval of new fillers from Allergan, Artes, BioForm, and Medicis, options for patients look even more alluring. With these new treatments, however, comes a responsibility on the part of dermatologists to portray these products honestly. We don't know all there is to know about the longevity or safety of some of the long-term or permanent fillers, and patients should always be informed of this prior to treatment. It is imperative that

the companies manufacturing these products conduct further research using long-term and permanent fillers in order to reassure both dermatologists and patients about potential side effects. One of the most important benefits dermatologists have to offer patients is our attention to detail. Continued surveillance of potential problems and benefits of already approved products puts this attention to detail into action.

## New Botulinum Toxin Preparations

As of 2007, there are no less than 3 alternatives to botulinum toxin under development in the United States. These alternatives will eventually offer expanded options for patients and dermatologists, but not without the input of significant time and effort on the part of corporate entities and positive results from these trials. For the past 3 years, the annual meeting of ASCDAS has detailed developments in new products, and the society will continue to educate dermatologists on upcoming treatments to ensure that we are the preeminently qualified and knowledgeable users of these products once they are approved.

## Laser Developments

At the 2006 annual ASCDAS meeting, Rox Anderson, MD, the renowned guru of laser medicine, lectured on advances in laser dermatology, including fat treatments with lasers. Although it is clear that this type of treatment is currently in a very early stage of development, one should remember that changes can sometimes come quickly in this field. As a society, we awarded Dr. Anderson the Albert Kligman, MD, Visionary Award in Cosmetic Dermatology for his past and ongoing work in this arena and were thrilled to have him lecture about novel laser developments.

## Competition

The society will address the concept of competition from both medical and nonmedical practices. The "medispa" entry into our field has altered the delivery of cosmetic services irreparably, and we must respond as a united profession if we want to remain relevant in this changed environment. ASCDAS addressed this issue by allowing only dermatologists to attend and learn at the annual meeting. Although this represented lost revenue to the

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society, it was a stand that we gladly took and one that we felt was completely warranted. We can't change competition in the marketplace, but we can make an ethical and moral decision when it comes to patient safety and keeping our profession for those who truly have the lifelong interest, training, and devotion to cosmetic dermatology.

### **Medical Versus Cosmetic Influence on a Practice**

Today, both medical and cosmetic dermatology are part of every dermatology practice. As residents graduate, it should be incumbent upon them to learn both medical and cosmetic dermatology, and we, as the society devoted solely to cosmetic dermatology, are embarking on educational introspective sessions wherein we will evaluate where we are and where we are going in teaching residents and dermatologists. As a society, we believe that medical dermatology is and will be the backbone of any successful cosmetic dermatology practice. We plan to teach the relevance of this to our members and residents. This year, we had 100 residents in attendance for our

annual meeting, and we will work toward having even more next year.

### **Summary**

In conclusion, ASCDAS will try to address these and other concerns during 2007 and will keep you informed via these pages as to the progress we have achieved in our quest to improve the fields of medical and cosmetic dermatology. Please feel free to contact me with your suggestions at any time (President@ASCDAS.org). I am appreciative of every e-mail and will read them with great interest.

Joel Schlessinger, MD  
President, LovelySkin.com  
Omaha, NE

Dr. Schlessinger is a consultant and researcher for Allergan, Inc; Artes Medical; and Medicis Pharmaceutical Corporation; and a researcher for Mentor Corporation and Merz Pharmaceuticals. ■