

Sun Protection: Making Sure Your Patients Are Covered

BY LISE MILLAY STEVENS
Contributing Writer

NEW YORK — Several factors contribute to patients' poor use of sun block, including vague package instructions, a lack of understanding about proper use, and the perception that a little sunscreen goes a long way, Heidi A. Waldorf, M.D., said at the Atlantic Dermatological Conference.

"The analogy I use for patients is that if you have a car

that has a great safety record, has airbags all over, and has been crash tested, you still shouldn't drive 95 miles an hour on a slick road," Dr. Waldorf of Mount Sinai School of Medicine, New York, explained. "That analogy is to say that just because you have a good sunscreen on, you shouldn't lie out or stay out all day. Sunscreen is just part of protection."

The proper application of sunscreen is the key to adequate protection, Dr. Waldorf said.

"People generally apply only 25%-50% of the sun block needed to provide the SPF they think they are getting. A product with an SPF of 30 may be affording them an SPF of 15 or 8 if they are applying it incorrectly." She suggested giving patients seven tips to ensure the proper use of sunscreen. (See box.)

A recent study in the Archives of Dermatology found that despite campaigns promoting early detection of skin cancer and the merits of avoiding prolonged sun exposure, the rate of the most deadly and aggressive form of melanoma has remained the same over 12 years (from 1988 through 1999).

So what's a doctor to do?

Start by telling patients to cover up while in the sun. "Think of the Bedouins—they swathe themselves in clothing," Dr. Waldorf said.

It's also important to address recent coverage about the need for sun exposure for vitamin D supplementation. "People only need 10-15 minutes of exposure a day on the tops of the hands, face, or upper back to fulfill the daily requirement. Most people will get that much just running an errand or walking to their cars," she said at the conference, sponsored by the Dermatologic Society of Greater New York. ■

Seven Reminders About Effective Sunscreen Use

1. Apply sunscreen at least 30 minutes before planned exposure.
2. Wear only a bathing suit or underwear during initial application to avoid skipping spots that may result in sunburn.
3. Reapply sunscreen within the first 30 minutes of exposure.
4. Make sure each application equals a shot glass of product (a minimum of a half teaspoon for each limb and other areas).
5. Reapply a full application of sunscreen every 1-2 hours.
6. Reapply water-resistant sun block after getting wet and toweling off.
7. Know which active ingredients to look for. "The active ingredients should include zinc oxide, titanium dioxide, and avobenzone or Mexoryl. (Mexoryl is not available in U.S.-made products but is in products available over the Internet or abroad.)

Source: Dr. Waldorf

Higher Income, Binge Drinking, Student Status Tied to Sunburn

BY MICHELE G. SULLIVAN
Mid-Atlantic Bureau

ST. LOUIS — Higher income, binge drinking, and student status are all independent risk factors for sunburn, Tamu Brown reported at the annual meeting of the Society for Investigative Dermatology.

"We suggest targeting young adults, students, and those with higher socioeconomic status for preventive measures," said Ms. Brown, a medical student at the University of Pennsylvania, Philadelphia.

Not only is sunburn a significant risk factor for melanoma, it has significant economic impact, Ms. Brown said. A 2003 study published in the Archives of Dermatology concluded that sunburn might account for as many as 93,000 lost workdays each year in Galveston, Tex., alone (2003;139:1003-6).

Ms. Brown analyzed data from the 2003 Behavioral Risk Factor Surveillance System, a nationwide telephone survey administered annually by the Centers for Disease Control and Prevention. In the survey, sunburn was defined as sun exposure that left even a small portion

of the skin reddened for at least 24 hours.

The 2003 survey included more than 248,000 people; the respondents' mean age was 45 years. Of those, almost 34% reported having had at least one sunburn within the past 12 months; 22% reported have had two sunburns; 13% reported three sunburns; and 8% reported four or more.

The highest prevalence of sunburn occurred in those aged 18-24 years (49%). Compared with respondents aged 45-55, this represented an increased risk of 2.6.

Student status and higher socioeconomic status were also associated with an increased risk of sunburn, Ms. Brown said. Respondents with a college degree had an increased risk of 1.6, compared with those with a high school diploma. Those making more than \$50,000 per year had an increased risk of 2.7, compared with those making less than \$20,000 per year. Students had an increased risk of 1.4, compared with those who were unemployed.

Alcohol consumption—particularly binge drinking (more than five drinks per day anytime within the past 30 days)—was also a risk factor. The association with smoking was statistically significant but of a low magnitude, she added. ■

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A 62-year-old retired coal miner was hospitalized in West Virginia for a weeklong history of symmetric necrotic lesions with blisters on the dorsum and palmar aspect of both hands. Herpes zoster was diagnosed. A consultation was sought with the University of Virginia department of dermatology when his condition failed to improve with intravenous acyclovir. A biopsy was taken and the patient was treated with oral prednisone, 40 mg/day for a potential diagnosis of Sweet's syndrome. What's your diagnosis?



WAILEA, MAUI — Histology revealed changes consistent with allergic granulomatous vasculitis, or Churg-Strauss syndrome, an eosinophilic condition that has been reported in rare cases in patients who use inhaled fluticasone propionate and other inhaled corticosteroids.

Microscopic changes included epidermal necrosis and an extensive superficial and deep granulomatous dermal infiltrate with numerous eosinophils.

Some evidence for granulomatous vasculitis also was noted.

Occasional granulomas, radially arranged around degenerated collagen bundles and cellular debris, were also present.

Churg-Strauss syndrome is a small-vessel, systemic vasculitis that can result in eosinophilia, vasculitic rash, worsening pulmonary symptoms, cardiac complications.

Neuropathy may or may not be present.

Persistent questioning by telephone revealed that this patient used an oral inhaler, Advair Diskus, for pulmonary disease associated with his former occupation as a coal miner in West Virginia, reported Kenneth E. Greer, M.D., professor and chair of dermatology at the University of Virginia in Charlottesville.

The active ingredi-

ents in Advair Discus are fluticasone propionate, a corticosteroid, and salmeterol, a long-acting bronchodilator.

The medication was discontinued, and the patient's lesions resolved within 2 weeks, as shown in the picture below.

The patient's prescription for prednisone also was discontinued.

Dr. Greer presented this case at the annual Hawaii dermatology seminar sponsored by the Skin Disease Education Foundation.

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—Betsy Bates

