

The Vitals - Winter Skin Deep R2 Transcript

00:00:00:01 - 00:00:23:51

Dr. Nicholas Brownstone

Are certain things going on in the winter that affect our skin? Our number one is a more trans epidermal water loss, which means water's leaving our skin, leaving our skin more dry. Our skin cells are turning over less frequently. We have less new skin cells going on in the colder weather. So if you think about brick and mortar, a brick wall, the bricks are the keratinocytes, the skin cells, the mortar, the material in between is kind of the surmise the lipids.

00:00:24:00 - 00:00:38:35

Dr. Nicholas Brownstone

So many things are going on during the winter, and it's not really about maybe changing up your regimen, but just making sure you're sticking to a good skincare regimen, taking care of your skin.

00:00:38:40 - 00:00:58:18

Leslie Schlacter

It's sensitive, but tough. It keeps you cool and keeps you warm. It can be dark, it can be light, it can stretch, and it and it can shrink. It's much heavier than you think. It is our most visible organ. It's the skin. And we're here to talk about it today. Hello, and welcome back to the vitals. The Mount Sinai health System's groundbreaking roundtable video podcast.

00:00:58:19 - 00:01:24:33

Leslie Schlacter

I'm your host, Leslie Schachter, a neurosurgery physician assistant here at the Mount Sinai Hospital. As we navigate the coldest stretch of the year, our skin often feels the impact first tightness, dryness, unexpected flare ups, and that constant battle to keep moisture in and irritation out. Today, we're diving into what really happens to our skin, especially in cold weather, and how to protect it with strategies rooted in dermatologic science, not skin care myths.

00:01:24:37 - 00:01:46:24

Leslie Schlacter

We'll explore the essentials of barrier repair. Why your routine might need a seasonal shift, and how medical and cosmetic dermatology intersect when it comes to keeping skin healthy, resilient, and comfortable all winter long. To walk us through this, we're joined by doctors Helen, he and Doctor Nicholas Brownstone, two dermatologists here at the Mount Sinai Health System. Welcome. I'm so happy to have you guys here.

00:01:46:24 - 00:01:47:33

Leslie Schlacter

Thanks for being here.

00:01:47:38 - 00:01:48:49

Dr. Helen He

Thank you for having us.

00:01:48:50 - 00:02:04:51

Leslie Schlacter

I have waited a year for this topic. I asked for this like over a year ago. Not that I don't love other things about health care, but I really care about my skin and I think a lot of people care about their skin. It's beginning of winter now. It's changing. So I want to I want to talk about skin care.

00:02:04:53 - 00:02:17:48

Leslie Schlacter

There's so much to talk about with skin. But I want to talk about skin care. But I want to start off with, like, winter skin care. So, why don't you guys kind of just generally talk about, like, the basics of skin care, and then we can kind of get deeper as needed.

00:02:17:52 - 00:02:32:27

Dr. Nicholas Brownstone

Sure, sure. Well, first of all, it's great to be here. I love dermatology, love talking about dermatology. So this is really, really a pleasure to be here. So we can talk about winter skin care. But we have to talk about basic skin care first which is winter skin care as well. And I'm a simple guy. I like simple things, straightforward things.

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Dr. Nicholas Brownstone

So I talk about the Kiss method with skin care. Okay, keep it simple, stupid. Okay? We can make skin care so complicated. There are thousands of skin care products out there, but there's three important things when thinking about skin care. It's, cleanse with a cleanser. Okay? Support with a moisturizer, and then protect with SPF sunscreen. Okay, those are the three most basic things of any skincare regimen.

00:02:54:00 - 00:02:56:54

Dr. Nicholas Brownstone

If you do those three things, you're going to be doing a pretty good job. And if.

00:02:56:56 - 00:03:02:54

Leslie Schlacter

You just put like a half the skincare industry, like out of business with just that, because there's like a million other things they want you to buy.

00:03:02:56 - 00:03:24:14

Dr. Nicholas Brownstone

There's a million other things. And I'll just add one more thing before I really jump into this. So important. Okay. As I said, there's thousands of skincare products out there that claim to slow aging or reverse aging. There's dozens of devices, lasers, energy based devices. Doctor, he's an expert in these. I do these as well, but there's two things you can do over your lifetime to significantly enhance the beauty of your skin and the health of your skin.

00:03:24:14 - 00:03:43:03

Dr. Nicholas Brownstone

Okay. And I call these the ultimate skincare secret because they're so simple but so important, often overlooked. And these two things are don't smoke and wear sunscreen, okay? If you do these two things, they will be better for you than any cosmetic lotion moisturizer out there, and any cosmetic procedure. Even though these things do work and they're important.

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Dr. Nicholas Brownstone

But these two things are very important. I'm sure, doctor, he would agree with that.

00:03:46:06 - 00:04:07:49

Dr. Helen He

Yeah. And I just want to add to your point that there are millions of products out there. So how do we, you know, pick between those. You really want to keep it targeted to your skin needs. Just because something works for your friend or for somebody else, does not mean it's the right product for you. So you have to think about what my skin needs, what my concern, my what my skin concerns are.

00:04:07:51 - 00:04:11:58

Leslie Schlacter

I like that where it really skin concern concerns, concerns.

00:04:11:58 - 00:04:15:19

Dr. Nicholas Brownstone

Yes that's okay. In Webster that's a new it's trademarked.

00:04:15:21 - 00:04:16:55

Dr. Helen He

Yeah.

00:04:17:00 - 00:04:38:18

Leslie Schlacter

Yeah I mean that's hard to do because that's not the way products are marketed to us. You know, they you you see, I am for sure a product of marketing. I will absolutely buy the product that looks fancy or that TikTok says for me to buy. So how do you know what the right products are for you? Like is it ingredient specific or is it just like dry skin, oily skin?

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Leslie Schlacter

How do you know?

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Dr. Helen He

So, for me it's ingredient specific. So like Doctor Brownstone said, the foundations are cleanser, moisturizer and SPF. Those are non-negotiable for everything else. The serums to toners. I like to look for what ingredients are in them and whether those ingredients are beneficial for the skin concerns that I have. So if I have, acne prone skin, for example, I want to find ingredients in my skincare that can come back, that can come back acne.

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Dr. Helen He

If I have hyperpigmentation, I might want to find products that contain ingredients that can help fight pigment. So that's just an example of, you know, how we want it or.

00:05:20:58 - 00:05:24:03

Leslie Schlacter

Some of those ingredients. Let's go acne first.

00:05:24:03 - 00:05:53:06

Dr. Helen He

Yeah. So for acne, for example, retinoids, salicylic acid, there's certain antimicrobials, certain, anti-inflammatories that you can incorporate into your skincare, in the winter months. Also, one trick is that you want to find a thick moisturizer, but you want to make sure it's non-comedogenic. So whether it's makeup or skincare, you want to make sure all of the products that you have, or that you're using are not containing organic ingredients.

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Leslie Schlacter

That word means like blocking. Yeah, exactly.

00:05:56:45 - 00:06:11:53

Dr. Helen He

Exactly. So ointments, for example. They can clogged pores and people can break out for them. So that's just an example of, customizing customization of skincare. If you're acne prone, maybe don't do an ointment, don't do a Vaseline.

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Leslie Schlacter

Yeah, right. And then what about, you know, my age group, the 45 and up, and I'm looking to

reduce wrinkles, keep my skin plump, and get rid of my hyperpigmentation like products. Only right now I know there's, like, lasers and all that.

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[Dr. Nicholas Brownstone](#)

Stuff, right? Right. Yeah, it's a good question. The cornerstone of skincare, cosmetic skincare is tretinoin, a retinoid which doctor he knows a lot about. And dermatologists know a lot about that. Retinoids are vitamin A derivatives. They have a wonderful array of effects in the skin, helping the skin cells turnover faster. Thinning out the top layer of the skin, building collagen, blocking some of the enzymes that break down collagen in our skin.

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[Dr. Nicholas Brownstone](#)

So so to no one is a wonderful product. Now over the counter. It's adapalene. It's a weaker retinoid. You might get a prescription from your doctor for treating no one a little bit of a stronger retinoid. And these worked great. Okay. So everyone should be using tretinoin if they want the anti-aging effects, wrinkle reduction and pigment reduction. It also helps with acne which is great.

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[Dr. Nicholas Brownstone](#)

The issue is though, it does cause redness, peeling and dryness, which are exacerbated in the winter. So we tell patients to use tretinoin to start slow maybe once every third night, once every other night, and then once daily if you can work up to that.

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[Leslie Schlacter](#)

So you build up your tolerance.

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[Dr. Nicholas Brownstone](#)

Level up your tolerance. That's right. And it's especially important to moisturize in the winter and be aware of this in the winter because tretinoin acne medications, they're extremely drying. Whether we put topical acne medications on or take oral acne medications, namely isotretinoin, commonly known as Accutane this is extremely drying, only going to make things worse in the winter.

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[Dr. Nicholas Brownstone](#)

So for an acne prone patient, when you're asked about skincare being customizable, if you're prone to acne or taking acne medications in the winter, you have to be aware of these things that they'll be worsened.

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Leslie Schlacter

What are your thoughts on all of these new estrogen face creams that are coming out that they've been out now? It's been like two years now, like heavily marketed towards my generation, and I use them there. A lot of women have been estrogen replacement for a long time, but now there's estrogen creams that you can put on your face that specifically are target.

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Leslie Schlacter

They target you to say, this is what's going to improve the collagen, the fiber in the air. It's going to boost your skin because it will.

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Dr. Nicholas Brownstone

Yeah. You know, you're totally right, I think yeah, what you're getting at is the studies have not been exhaustive yet. There's not been randomized, double blind, placebo controlled trials with these medications, which is the gold standard of medicine for testing a new product. We don't have a ton of research supporting.

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Leslie Schlacter

All right. So before we go into does it work? Do you think it's harmful.

00:08:34:21 - 00:09:05:49

Dr. Helen He

Yeah. So when it comes to some of these hormonal therapies, there is of course HRT, systemic estrogen replacement. And there are definitely studies that have shown that estrogen replacement for those who are candidates, if there are no contraindications, can be beneficial for skin health. Topical estrogen products can be an alternative to systemic hormonal replacement. For those who, are concerned about systemic hormonal effects.

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Dr. Helen He

When it comes to topicals, there are plant derived estrogens. There are selective acid and receptor modulators. There is even a product on the market that's able to deliver the effects of, the beneficial effects of estrogen to the dermis of the skin, but then it gets metabolized so that we're bypassing some of the systemic hormonal effects that are unwanted.

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Leslie Schlacter

46 I really care about my skin. I stopped going into the sun. I mean, I wear sunscreen, hats and all of that now for the past decade, two years ago, I looked at myself in the mirror and was like, okay, yeah, I see it. So I called my dermatologist here at Mount Sinai and said, what can I do?

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Leslie Schlacter

We went on a more aggressive tretinoin journey. We talked about lasers. But I did a telehealth visit with a company where I then received this estrogen cream. They also do regular estrogen replacement and stuff like that, progesterone and testosterone. But I use an estrogen based cream, estrogen on my face. And I would say I think it's made a difference.

00:10:09:52 - 00:10:21:47

Leslie Schlacter

But if I really did not look into the research for it, but I just hope I'm not hurting myself. Can't imagine I am, because everything seems okay. I think there's very little systemic uptake.

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Dr. Helen He

Right? So when it comes to these, estrogen creams, estrogen medications in general, you know, when, when a so starting with hormone replacement for those who are candidates, it can actually be very beneficial for the skin. But with that there is the concern of hormonal intake and, unwanted systemic hormonal effects with the topical estrogens. Are they going to be quite as effective for your skin health as the systemic estrogens, or systemic hormone replacement?

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Dr. Helen He

Probably not. Is there, a lot lower risk of systemic absorption and therefore this unwanted hormonal side effects? Yes. So, for all intents and purposes, I think they're quite safe.

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Leslie Schlacter

It sounds like your skin regimen should change as you age and with your skin type. But what about seasonal? Should you be using like the same regimen all year long? Or should you be rotating based on season?

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Dr. Nicholas Brownstone

It's a good question. Now of course, when the seasons change, the weather changes and there's certain things going on in the winter that affect our skin. Number one is a more trans epidermal water loss, which means water leaving our skin, leaving our skin more dry. Keratinocytes or skin proliferation. It's also affecting the winter. Skin cells are turning over less frequently.

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Dr. Nicholas Brownstone

We have less new skin cells going on in the colder weather. The lipid bilayer that makes up our

top most layer of the skin is affected. So if you're thinking about brick and mortar, brick wall, the bricks are the keratinocytes, the skin cells, the mortar, the material in between is kind of the surmise, my lipids that, integrity of that bilayer is also affected.

00:11:56:47 - 00:12:15:23

Dr. Nicholas Brownstone

So many things are going on during the winter, and it's not really about maybe changing up your regimen, but just making sure you're sticking to a good skincare regimen, taking care of your skin. When you're thinking about a moisturizer, there are two main categories. There's humectants, and there's occlusive. So occlusive prevent water from evaporating off the skin.

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Dr. Nicholas Brownstone

Humectants draw water in. Okay. The best moisturizer that's been studied is, petrolatum. Petroleum jelly, Vaseline. Very greasy. We're all aware of that. This is an occlusive. It blocks water from, leaving the skin. As doctor, he mentioned, this could be a genetic, though, in some cases so.

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Leslie Schlacter

Very uncomfortable. Yes. Like your hair sticks to it. Your clothes stick to it. That's not. It's not fun.

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Dr. Nicholas Brownstone

But let me tell you, it's the most effective vehicle, the most effective moisturizer. And a lot of doctors in dermatology give a topical medication. We're all aware of that. For, for different kind of skin diseases. We have lotions, we have creams, we have foam solution shampoos. I always tell patients to use an ointment, and they get mad at me sometimes because ointments are the least cosmetically agreeable, vehicles.

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Dr. Nicholas Brownstone

But they're the most effective at penetrating ingredients and blocking water. So. So get back to your question about what happens in the wintertime. Not so much different products, but just sticking to really good skincare. And this is what you're going to want to do. And these are some mistakes I see from patients all day long in clinic.

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Dr. Nicholas Brownstone

I see this these mistakes at least once a day. One is hot, long showers and I'm guilty of this. I love doing this after a day, cold day outside, whatever. Walking around, you know, taking a long, hot shower. It's going to really going to dry your skin out. Okay. All year round, especially in the winter, using harsh soaps, high alkaline soap.

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Dr. Nicholas Brownstone

We want gentle dove soap. Okay. In addition, we want to moisturize properly. Okay. That's twice a day after you bathe. Ideally. And I tell patients, you know, you have a nice apartment, a nice car. Yes, I do. Do you clean it? Do you upkeep it? Yes, I do. Well, there's. Your skin's the same thing, right? You got to put work into your skin and upkeep it like anything.

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Dr. Nicholas Brownstone

Like flossing your teeth, brushing your.

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Leslie Schlacter

Teeth, all the skin.

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Dr. Nicholas Brownstone

All your the whole your whole body. So the way you do it is ideally twice a day, especially after you bathe, you're going to want to patch your eye and then moisturize when your skin's a little bit damp to really lock that moisture in with a good occlusive, type moisturizer. And then, you know, if you stick to those things in the winter, that's really going to help support your skin.

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Leslie Schlacter

To go to bed, like slathered in.

00:14:12:25 - 00:14:15:16

Dr. Nicholas Brownstone

Aquaphor. I do sometimes, yes. And it's uncomfortable.

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Leslie Schlacter

I feel bad for your sheets. Like the sticking to everything.

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Dr. Nicholas Brownstone

Yes. It's uncomfortable sometimes. And sometimes I've overdone the aqua for the Vaseline on my face, on my body. But, it's all it's all a balance, you know? So those those are some good skincare tips. Mistakes that I see wasted to support your skin. And extremely important if you a patient who suffers from eczema or atopic dermatitis, we want to make sure we're doing those things as well in the winter time.

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Leslie Schlacter

So products is just like one part of it. And we're lucky now that there's a lot of technologies that we can use. There's like lasers and lights and all these things. You specialize in this, right?

00:14:47:34 - 00:14:49:44

Dr. Helen He

Yes. I do a lot of cosmetic dermatology.

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Leslie Schlacter

Right. So can you talk a little bit about I want to do like technologies, lasers and then make our way into like Botox, fillers, injections and things. How can there's looking better and then actually improving the skin. Can you kind of talk and break them up.

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Dr. Helen He

Yeah. So I do a lot of fun things in my clinic. As you said, plenty of lasers and devices that can address a variety of skin concerns. And I just have so many in my arsenal. So I have lasers to help with anti-aging and rejuvenation. So on the histological level, that equates to increased collagen production helps with the appearance of fine lines, wrinkles, skin texture and quality.

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Dr. Helen He

I have devices that help with skin laxity, so loose skin, I have lasers for hyperpigmentation, for redness, for acne, scars for removing hair. Probably more than ten.

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Leslie Schlacter

Yeah, 30. You keep all these lasers.

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Dr. Helen He

We we have space in I clinic. We make space for these. Exactly. And, these really can treat a myriad of different skin concerns. So we really target the treatment plan, whether it's skincare or with these laser procedures or these devices for the individual patient. And hopefully. And that helps the not only, you know, look more youthful, look more rejuvenated, but hopefully feel more confident in their own skin as well.

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Dr. Helen He

With lasers, I think we are also kind of shifting away from just one off cosmetic procedures or shifting away from just treatment and correction to also prevention and providing holistic care

with these devices. Also in the context of skin care and cosmeceuticals lifestyle modifications, in some cases, medical treatments.

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[Leslie Schlacter](#)

So if you're like drinking and smoking and sitting out in the sun all day, like it's like taking double Lipitor because you want to eat pizza, you don't just like, show up to the clinic and and laser yourself. Yeah.

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[Dr. Nicholas Brownstone](#)

Patients come in and I, I do some of these too. They ask for lasers, energy based devices. And I say if you're not wearing sunscreen and if you're smoking, then I wouldn't even waste my time and effort with this.

00:17:04:35 - 00:17:05:36

[Leslie Schlacter](#)

Because I want to take your money.

00:17:05:36 - 00:17:05:50

[Dr. Nicholas Brownstone](#)

Right.

00:17:05:58 - 00:17:12:01

[Dr. Helen He](#)

It's a whole package. Because otherwise, like you says, taking one step forward, two steps back. What's.

00:17:12:01 - 00:17:13:25

[Leslie Schlacter](#)

Your favorite laser?

00:17:13:30 - 00:17:24:45

[Dr. Helen He](#)

Oh, that's so hard. Lately, I've been loving this seal to laser. You do, you do get some downtime. You do look a little bit crazy for a few days. But it does.

00:17:24:55 - 00:17:28:18

[Leslie Schlacter](#)

Is it also like, painful? Like sunburn? Painful?

00:17:28:22 - 00:17:42:18

[Dr. Helen He](#)

Maybe for doing the procedure, it can be a little spicy the day afterwards. It can be a little bit, you could be kind of red, swollen. Like, it kind of feels like you had a sunburn. But the results can be really dramatic. Yeah.

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Leslie Schlacter

Do we do patients when they come in? Are they generally coming in saying, like, hey, I'm interested in laser or are you guys generally providing, like, I think you would do great with the laser. How does it usually work?

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Dr. Helen He

Sometimes they'll come in asking for a specific device, but in most cases, you know that information isn't necessarily out there. And there's just so many options. It's kind of like information overload really. So it's more so more commonly a patient will come in and just say, hey, you know, I'm not really feeling my best. I'm not looking my best.

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Dr. Helen He

I feel I feel like I look tired, I feel like I look older, you know, what can I do? And then that's where this combination, combination multimodal approach comes in, where, often it's one procedure. Often it's a mixture of different procedures, both lasers and injectables. I do like Botox and fillers. That category of things as well.

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Dr. Helen He

But we're having a discussion even beyond that to the skincare they're doing to, you know, lifestyle modifications. So it's kind of a holistic care type of approach.

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Leslie Schlacter

Are are the injections still as popular as they were years ago, or are we kind of fading away from it? There's still these lasers.

00:18:55:12 - 00:19:19:58

Dr. Helen He

They're still quite popular. I do plenty of neuromodulators, Botox being the most popular one for relaxing wrinkles, for softening the appearance of fine lines, fillers for volume loss. I think one trend with injectables that we're seeing is a little bit of a little bit less of filler and a little bit more of what we call injectable bio stimulator.

00:19:19:58 - 00:19:32:31

Dr. Helen He

So bio stimulators are injections to help to promote collagen. So it's basically stimulating your body to do its own work of making new collagen and making. What's the last one of those.

00:19:32:36 - 00:19:35:06

[Leslie Schlacter](#)

So it's brand like brand new. It's okay to say brand.

00:19:35:06 - 00:19:39:09

[Dr. Helen He](#)

Name brand names. Okay. Yeah. So sculpture and radios are the most common ones.

00:19:39:16 - 00:19:42:27

[Leslie Schlacter](#)

So they don't just like take up space, they actually don't work to improve.

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[Dr. Helen He](#)

Exactly. They don't just take up space, they don't just volume wise the way filler does, but they're actually inducing your body's own collagen and production. So that way, many people prefer that because it gives you more natural and longer lasting results compared to.

00:20:00:54 - 00:20:17:09

[Leslie Schlacter](#)

The rest of the body, because we're focusing on the face, but it is what we look at most every day. But like all these things that we talk about, like improving face because that's what's outward facing. Do we like we have to also talk about that with like the neck, the chest in the hands. Like these are also things that get as much sun and damage.

00:20:17:09 - 00:20:17:29

[Leslie Schlacter](#)

Right.

00:20:17:29 - 00:20:40:06

[Dr. Helen He](#)

Very valid points. So when it comes to just preventative care, SPF for example, everyone cares about the face. Remember to SPF your neck, your hands, all the sun exposed sides. Also to doctor brownstones point we so many people, they'll make sure to always moisturize their face, especially in a winter time. Like after, like a long, hot shower.

00:20:40:13 - 00:20:47:08

[Dr. Helen He](#)

That moisture is just going to be sucked out of your skin, so you really have to keep your entire body moisturized.

00:20:47:13 - 00:20:51:40

[Leslie Schlacter](#)

I moisturize my face, my neck, my chest, my hands, and then I go elbows and knees.

00:20:51:45 - 00:20:52:54

[Dr. Helen He](#)

Honestly, I'm guilty sometimes.

00:20:52:55 - 00:20:56:06

[Leslie Schlacter](#)

Like I like elbows and knees. I'm like, well, that's the driest.

00:20:56:11 - 00:21:13:37

[Dr. Nicholas Brownstone](#)

You know? We have something in our skin called Natural Moisturizing factor. Okay. And this is pretty straightforward. It's naturally occurring on our skin and it naturally moisturizes our skin. As we get older, this natural moisturizing factor starts to decrease. Okay, and not that I'm old, but I'm older than I was ten years ago, obviously, and I've noticed this in myself.

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[Dr. Nicholas Brownstone](#)

I need more moisturizer now. More lip balm. My hands are drier. You know, as as I've gotten older, I think every nearly every patient I see in my practice who's elderly with wrinkles and sunspots has dry skin. Cirrhosis is the medical term for dry skin. You know, cracked, you can almost look like.

00:21:29:56 - 00:21:31:28

[Leslie Schlacter](#)

Little, like fingers. Heels.

00:21:31:28 - 00:21:49:34

[Dr. Nicholas Brownstone](#)

Yeah, like cracked dry skin. Less luster, less skin, dull skin. Flaking skin. These are all signs of cirrhosis and dry skin. And nearly every patient I see has their noses, has dry skin to some degree because of this natural moisturizing factor. Another thing that's kind of impacted by colder weather as well.

00:21:49:39 - 00:22:15:01

[Leslie Schlacter](#)

What is your recommendation? It's so frustrating for me because I see a lot of older patients as a neurosurgery, just the demographic that I find myself taking care of is, you know, the older over 6070 crowd and the skin on their shins makes me crazy, right? So they develop peripheral

vascular disease. The skin, it's paper thin skin and it like, it gets damaged, it bleeds.

00:22:15:01 - 00:22:19:10

[Leslie Schlacter](#)

It's bruised. Like, what's your recommendation for protecting that skin?

00:22:19:15 - 00:22:20:18

[Dr. Nicholas Brownstone](#)

That's a difficult problem.

00:22:20:18 - 00:22:20:58

[Leslie Schlacter](#)

It's is it's.

00:22:20:58 - 00:22:21:28

[Dr. Nicholas Brownstone](#)

It's a really.

00:22:21:28 - 00:22:21:55

[Leslie Schlacter](#)

Difficult.

00:22:21:55 - 00:22:23:24

[Dr. Nicholas Brownstone](#)

If you can figure that out, you'd be a billionaire.

00:22:23:25 - 00:22:47:51

[Leslie Schlacter](#)

Well, I was thinking here's my thought. You know, how we have, first of all, I never understood why. Like, old men always wear their white socks all the way, pulled up, and I realize, oh, they're just, like, protecting their skin from getting banged. What about, like, a compression sock? But the actual inside of the sock from, like, the ankle to the top has, like, like a, like a gooey plastic coating in it, almost like it's an Aquaphor, but it's not.

00:22:47:51 - 00:22:48:36

[Leslie Schlacter](#)

That's what I want.

00:22:48:46 - 00:22:50:58

[Dr. Helen He](#)

That's kind of patent pending I think. Yeah.

00:22:51:03 - 00:22:53:47

Leslie Schlacter

So I guess my, my father in law to wear every day. Yeah.

00:22:53:49 - 00:23:09:07

Dr. Helen He

So not compression stockings, but that actually is very similar to a tip that I give for patients during the winter. Those who have very dry, cracked hands and cracked feet where no matter how much they moisturize, it's not sufficient.

00:23:09:07 - 00:23:10:09

Leslie Schlacter

Yes. It's not enough.

00:23:10:13 - 00:23:33:43

Dr. Helen He

So one thing that I recommend patients do in that case is I'll have them before bed time, slather a thick moisturizer on their hands or their feet, let's say, right, and then put on clean, 100% cotton, gloves or socks and go to bed in them. It's basically like a socks. Yeah, exactly. So just something 100% cotton, something breathable.

00:23:33:55 - 00:23:45:48

Dr. Helen He

It's almost like a mask for your hands or a mask for your feet. And it just really allows those beneficial Sarah minds and, moisturizing, moisturizing ingredients to penetrate that sleep.

00:23:45:57 - 00:23:47:49

Leslie Schlacter

With your hands rather than Aquaphor just sitting.

00:23:47:49 - 00:23:48:46

Dr. Nicholas Brownstone

And that's kind of fun.

00:23:48:46 - 00:23:50:07

Dr. Helen He

It's surprisingly comfortable.

00:23:50:18 - 00:23:51:41

Leslie Schlacter

Yeah, I can imagine that.

00:23:51:41 - 00:24:08:07

Dr. Nicholas Brownstone

Could blackmail me if they found that picture of myself. But yeah, to answer your question, it's very hard to to treat thinning skin. It's happens as we age. Bruising of the skin the skin gets. And that's extremely hard to treat. We don't have any great therapies for that. But as doctor he said that's a great tip for dry skin, especially in the winter.

00:24:08:07 - 00:24:34:33

Dr. Nicholas Brownstone

Our hands get very dry especially. We have many people that do, have difficult jobs in the service industry bartenders, restaurant, workers, cleaning, house cleaners. And they're constantly exposed to wet work, washing dishes, harsh soaps, cleaning fluids that are, could damage the skin. These patients need even more support. And the best way to support them is to have them put a very thick moisturizer on with a glove overnight.

00:24:34:48 - 00:24:56:00

Dr. Nicholas Brownstone

I think there's been studies done. The medication penetrates or the, the medication works like 100 times better because of just that occlusive effect of that plastic wrap or that glove on patients that have medical skin disorders like psoriasis, like atopic dermatitis. You can even put a topical medication on and wrap it with saran wrap. And that will also help that medication penetrate 100 times more.

00:24:56:00 - 00:25:12:56

Dr. Nicholas Brownstone

Just don't you just saran wrap on your food afterwards. Please be sure to throw it out. Yeah, but yeah, it's a great trick. In the wintertime for very dry, cracked hands, very dry, cracked feet. Wrap it in Saran wrap, put put a medical glove over your hands and then go to sleep in the morning. I think, be a big help.

00:25:13:01 - 00:25:22:03

Leslie Schlacter

This is this is such a diverse topic because I'm sitting here, I'm thinking like, how are we going to make our way to skin cancers, skin disorders like eczema and psoriasis? This has this has to be a two part series.

00:25:22:10 - 00:25:41:00

Dr. Nicholas Brownstone

For this could be this could be a whole 12 part podcast series on skin. I mean, there's over 3000 diseases that a dermatologist has to learn how to diagnose at the histological level on the skin in the graduate residency, as well as addressing cosmetic concerns. I mean, many doctors think dermatology is easy, but dermatology is actually very difficult because of the amount of diseases that we have.

00:25:41:15 - 00:25:43:39

Dr. Nicholas Brownstone

And it's not like in some fields where, okay, your blood.

00:25:43:39 - 00:25:47:38

Leslie Schlacter

Breaks, it's a sign for a million other diseases that the skin is just a symptom.

00:25:47:38 - 00:26:04:09

Dr. Nicholas Brownstone

Yes, you can catch an internal cancer or an internal condition and then dermatology, a lot of things on the skin. It's not it's not that straightforward. You know, the hard thing about dermatology is we have a couple of pictures in our textbook, many pictures in our textbook of skin disease, but it can present in so many different ways in the skin.

00:26:04:13 - 00:26:06:20

Dr. Nicholas Brownstone

And that's what makes dermatology difficult.

00:26:06:25 - 00:26:24:00

Dr. Helen He

Right? The skin is also the only organ of the body that's directly exposed to the outside environment. So with that, I think that the skin can often be a lens for what's going on on the inside, whether it's systemic, diseases, whether it's just your overall health, it can tell you a lot. Actually.

00:26:24:09 - 00:26:42:23

Leslie Schlacter

I posted something on my Instagram a couple of weeks ago about because I, when I, when I meet with patients, I said, who is your primary care doctor who does this? Who does that? And they're like, oh, you know, so I did a series of telling patients who they're supposed to be seeing every year. You're supposed to see your dermatologist, every year, you're supposed to get checked and make sure everything looks okay.

00:26:42:36 - 00:26:47:44

Leslie Schlacter

What age does that start like? What age do you say to patients like, you really should come in every year?

00:26:47:49 - 00:27:15:34

Dr. Helen He

It's going to depend a lot. For those who have a family history of skin cancers, especially history of melanoma, because that can kind of, that can often be genetic. You want to start at a very early age. For those with lighter skin types, where their skin is just going to be more sensitive to

the sun, because many of these skin cancers are a direct result of UV exposure for the sun, you might want to start at a later.

00:27:15:48 - 00:27:17:40

Dr. Helen He

At an earlier age as well.

00:27:17:49 - 00:27:24:58

Leslie Schlacter

So it's like no risk, not super light 3040. What are you saying?

00:27:25:03 - 00:27:52:48

Dr. Nicholas Brownstone

Really, really. At any age, because skin disease affects one third to one fourth of American citizens, over 100 million Americans have skin disease just by the fact that acne 90% of patients, 95% of patients in their life will get acne. You know, no one ever died from acne, but it's extremely life ruining. And even mount acne can become scarring so patients can come in at any age for a skin exam, not necessarily for skin cancer, but to look for things like acne.

00:27:52:53 - 00:27:56:13

Dr. Nicholas Brownstone

Look for things like warts. Look for things like eczema, ringworm.

00:27:56:15 - 00:28:02:26

Leslie Schlacter

Yeah, I'm like on the beach. And I want to be like, do you not see that? Do you not see the ringworm on your body? Go to a dermatology.

00:28:02:27 - 00:28:03:05

Dr. Nicholas Brownstone

Come on as well.

00:28:03:05 - 00:28:12:38

Leslie Schlacter

I haven't learned how to actually say that out loud to a stranger. Like, by the way, that's ringworm extreme. You do. You see, someone on the beach clearly has ringworm. Do you say something?

00:28:12:43 - 00:28:14:09

Dr. Helen He

I've been tempted before.

00:28:14:13 - 00:28:16:13

Dr. Nicholas Brownstone

Yeah, ringworm. Maybe not.

00:28:16:13 - 00:28:16:33

Dr. Helen He

Well, not.

00:28:16:33 - 00:28:42:59

Dr. Nicholas Brownstone

Specifically. If it's a skin cancer, then I would say something. But yeah, you know, so in terms of coming in for a skin exam for skin cancer, there's no guidelines on that. As doctor, he said, she she's correct. If you have a family history of skin cancer, if you've grown up in a very sunny environment, if you've not worn sunscreen, if you have a lot of moles, especially, we call dysplastic moles, which moles that don't look exactly 100% normal if you're, have freckles, if you have red hair, if you have blue eyes, fair skin.

00:28:43:06 - 00:28:55:03

Dr. Nicholas Brownstone

These are all risk factors for skin cancers. You might want to be seeing a dermatologist in your 20s, in your 30s versus somebody who doesn't have those features. 30s and 40s might might be reasonable, but it's all tailored based on your individual risk.

00:28:55:17 - 00:29:05:21

Leslie Schlacter

How close are we to like, you know, you go to the airport and you stand like this. How close are we to like the eye dermatologist that does like a 3D scan and says, you're good.

00:29:05:25 - 00:29:26:33

Dr. Helen He

I think tools are getting more advanced and they can aid us in diagnosis and making treatment plans. But frankly, you really want to have a professional like a dermatologist, looking over your skin because you really don't want to rely on a machine or eye tool to be the final verdict for whether you have a skin cancer.

00:29:26:33 - 00:29:28:37

Leslie Schlacter

So no technology yet for you guys know.

00:29:28:37 - 00:29:42:09

Dr. Nicholas Brownstone

I always say AI is going to support but never replace. And this is these are very, very complex things we're dealing with a lot of subtle differences under the microscope and and on the skin. I don't think I ever get there to totally replace, but it will support.

00:29:42:14 - 00:29:48:25

Leslie Schlacter

Yeah. There's nothing like laying there naked in front of your dermatologist. And they say flip, right? We don't want to give that up.

00:29:48:25 - 00:30:12:05

Dr. Nicholas Brownstone

Right, right. I, I, you know, I really enjoy them because you get to pick up things if you catch a skin cancer. It's very gratifying. You get to pick up other skin diseases. That patient may not be aware of an early work that may spread, you can educate them about good skincare and good sun protection, which is ultimately the most important thing, in skin cancers, it's to prevent, right, is to have a good skincare regimen, and just tell patients things they might not even really be aware of.

00:30:12:05 - 00:30:20:12

Dr. Nicholas Brownstone

For example, going up high in higher altitudes, skiing in the winter, your UV exposure is a lot greater. At higher altitudes, there's more UV exposure.

00:30:20:16 - 00:30:20:58

Leslie Schlacter

Even if it's cold.

00:30:20:58 - 00:30:35:11

Dr. Nicholas Brownstone

Yeah, the UVs bouncing off the snow and hitting your face and causing a greater degree of sunburn. There was a study that was done years ago, which I love. It was a split face study, which means they took patients in Vail, Colorado who are skiing. Wonderful place to go in the summer. In the winter. But these were skiers in the winter.

00:30:35:11 - 00:30:49:24

Dr. Nicholas Brownstone

They put SPF 50 on one half of the face, SPF 100 and the other half of the face that said, go ski. And they found out that the SPF 100 side of the face got less sunburned, got less sun. In reality, SPF 50 versus SPF 100. Not a huge difference in.

00:30:49:24 - 00:30:52:17

Leslie Schlacter

Terms of like that should have been like 1570 or.

00:30:52:17 - 00:31:13:55

Dr. Nicholas Brownstone

Something. They did 5100, because the sun's so much stronger at higher altitudes. So the point is that 50 versus 100, maybe SPF 50, you're getting 98% blocking of UV, SPF 199%, but that's ideal use. Okay, no one uses sunscreen like they ideally should. Okay. Patients come to me and they say like slather. They say my sunscreen last me the whole summer.

00:31:13:55 - 00:31:36:09

Dr. Nicholas Brownstone

I'm like, you're using it wrong, you know? Yeah. So with, with ideal use, patients aren't using sunscreen, properly as they should. So higher SPF is better in that case because you're getting some expert detection, especially up higher. The UV, is more powerful. It's bouncing off the the snow hitting your skin. So patients might not know things like that if you practice in an area in the mountains.

00:31:36:14 - 00:31:53:47

Dr. Nicholas Brownstone

Good point for education. Educating about, ABCd of melanoma, what melanoma looks like, what to be concerned for because ultimately it's it's a team sport here. You know, as a dermatologist, I see you maybe once, twice a year for a skin check. You know, your skin way more than I do. And you know what's changing? What's bleeding, what's at.

00:31:53:47 - 00:31:54:18

Leslie Schlacter

Least what we can.

00:31:54:18 - 00:32:14:47

Dr. Nicholas Brownstone

See. Right. I have to let you know what to look out for so we can help each other out. That's very important to, And, you know, there's many professions that are just have a higher risk of skin cancers if the two, professions. I have a high risk of melanoma. Our firefighters and airline pilots, firefighters are in the sun a lot, exposed to carcinogens and burning buildings.

00:32:14:47 - 00:32:32:07

Dr. Nicholas Brownstone

All these pollutants. And the airline pilots are again hopping up at high UV, ranges. You know, all day long with, the window does block some sun, but not not the harmful rays. The sun's bouncing off some of the white clouds, and, you know, it'd be a good time to educate them. You need maybe more skin exams, more frequent skin against than the average person.

00:32:32:07 - 00:32:33:39

Leslie Schlacter

Because I would never have thought about a pilot.

00:32:33:54 - 00:32:34:13

Dr. Nicholas Brownstone

Yes.

00:32:34:26 - 00:32:35:15

Leslie Schlacter

Yeah.

00:32:35:20 - 00:32:42:28

Dr. Nicholas Brownstone

Wow. So there's a lot of opportunities to intervene early on skin exams beyond just looking for skin cancer. Which which I really enjoy as part of my.

00:32:42:28 - 00:33:06:27

Leslie Schlacter

Job, I had a patient last year, who presented with seizure. It was found to have a very large, intrinsic brain tumor. Looks like, glioma path came back melanoma prior to the visit. You know, anyone who presents with a first ever tumor with no other underlying disease? It's typically a high grade tumor. However, if they have a history of some other cancers, 90% likely to be a met.

00:33:06:32 - 00:33:24:36

Leslie Schlacter

Well, this guy had no history of cancer of any kind. And so I said to him, this is either going to be a high grade glioma or you have a melanoma we don't know about. And once we got the path back, I immediately sent him to derm and they found the lesion. And like that probably could have been caught like that's why you get your skin checked.

00:33:24:41 - 00:33:28:17

Leslie Schlacter

You know, this is this it's serious. I mean, melanoma can be deadly.

00:33:28:30 - 00:33:51:16

Dr. Nicholas Brownstone

Yes. You know, stage one melanoma 99% survival rate. Stage four. You know, 2,015%. It's getting better with new immunotherapies. But melanoma is preventable. And if it's caught early it's better prognosis. That's just a general principle in medicine. Catching a cancer early. So you have educating on preventing educating on what to look out for. And having skin exams is very, very important for sure.

00:33:51:21 - 00:34:13:45

Leslie Schlacter

So I'm going to I want to I want you guys both to answer our closing question. And I'm going to make it difficult. You already said like cleanse, moisturize, SPF, don't smoke, wear sunscreen. Yeah. Wear sunscreen. What would be one thing that you want people to know about their skin

that we did not discuss today?

00:34:13:49 - 00:34:16:27

Dr. Nicholas Brownstone

Doctor who do you want to start?

00:34:16:31 - 00:34:44:20

Dr. Helen He

So one thing that I want people to know is that the wavelengths of light, that penetrate and reach the skin extends beyond just UV radiation. We now know that there's also visible light. There's also infrared light and visible light spectrum. Actually is the spectrum of light that's most responsible for causing hyperpigmentation, for inducing pigment disorders like melasma.

00:34:44:31 - 00:35:02:36

Dr. Helen He

So beyond just, general SPF, for those who are prone to melasma, prone to hyperpigmentation, and really, you know, don't like that, I highly recommend using a tinted mineral sunscreen to protect against those specific wavelengths of visible light.

00:35:02:45 - 00:35:06:01

Leslie Schlacter

That's what I use. So exciting. Very good. What about you?

00:35:06:14 - 00:35:27:01

Dr. Nicholas Brownstone

Totally agree with that as well. Yeah. You know, just, I love doing dermatology. Skin's the largest organ, you know, there's ways to treat it, enhance it cosmetically. And we of course treat many skin diseases. And that I just, you know, tell patients again the kiss method. Keep it simple, stupid. You know, cleanse, support, protect. If you do those three things, you're already doing a great job.

00:35:27:01 - 00:35:43:40

Dr. Nicholas Brownstone

And there's ways to get fancier. There's ways to tailor your skin care for your specific skin. But if you do those three things, you're already doing a heck of a job. A heck of a great job with with skin care in general. And the more things you introduce into your regimen, the more compliance goes down. So I want people to, worry about that and know about.

00:35:43:51 - 00:35:49:01

Leslie Schlacter

How, well, teenagers. Yeah, I have a 17 year old. And I look at her vanity, I'm like this. This is why am I paying for this?

00:35:49:01 - 00:36:01:07

Dr. Nicholas Brownstone

We all we're doing we all live extremely busy lives, especially in New York City. So I just want to keep things simple. And if you're a busy person, you don't want to worry about all these different products, at least those three things. If you do those three things, you're already most of the way there.

00:36:01:11 - 00:36:04:54

Leslie Schlacter

Which part of your skin do you worry about the most?

00:36:04:58 - 00:36:08:58

Dr. Nicholas Brownstone

Which part of my skin do I worry about? I think all my skin looks good, so I don't really worry too much.

00:36:08:58 - 00:36:11:06

Leslie Schlacter

Maybe I got to pick one part.

00:36:11:11 - 00:36:19:36

Dr. Nicholas Brownstone

I guess around my eyes I feel like as I age, that's the area that becomes more noticeable that I am aging. It's kind of like sagging skin and.

00:36:19:39 - 00:36:21:23

Leslie Schlacter

Like you have a more cosmetic concern.

00:36:21:34 - 00:36:26:19

Dr. Nicholas Brownstone

More of a cosmetic concern. Yeah. Yeah, I yeah, I think I would say scar on my eyes.

00:36:26:24 - 00:36:29:43

Dr. Helen He

Also kind of cosmetic. The neck.

00:36:29:45 - 00:36:30:07

Leslie Schlacter

Yeah.

00:36:30:07 - 00:36:31:13

Dr. Helen He

So the neck.

00:36:31:13 - 00:36:31:42

Leslie Schlacter

Hate the neck.

00:36:31:42 - 00:36:47:06

Dr. Helen He

Yeah, I hate it. Connected to your face often for a lot of people like their neck ages faster than their face. Yeah. We do have, you know, tools and devices that help with the neck as well. But just a problem area for so many people. Also gravity, you know.

00:36:47:06 - 00:37:06:21

Leslie Schlacter

Yeah, I think I think I think mostly I put most effort into my face in my neck. But I actually worry most about my heels. They get very cracked. I think I need to start sleeping with socks in aqua for now or bag bomb or something. Yeah. Thank you guys so much for being here. This this has to be like one of multiple because we haven't even talk about, like, allergy sensitivity.

00:37:06:23 - 00:37:07:22

Leslie Schlacter

Like, there's so much more.

00:37:07:22 - 00:37:08:00

Dr. Nicholas Brownstone

You can have a 100.

00:37:08:00 - 00:37:09:54

Leslie Schlacter

Series, like, we're like a tip of the.

00:37:09:54 - 00:37:12:07

Dr. Nicholas Brownstone

Iceberg. You can have a hundred episodes and still not cover it all.

00:37:12:07 - 00:37:13:28

Leslie Schlacter

Yeah. Thank you so much.

00:37:13:28 - 00:37:14:09

Dr. Helen He

Thank you, thank you.

00:37:14:09 - 00:37:15:06

Dr. Nicholas Brownstone

It's great to be here.

00:37:15:10 - 00:37:42:12

Leslie Schlacter

That's all. For this episode of The Vitals, I'm your host, Leslie Schlatter. Subscribe to the Vitals and Mount Sinai Health Systems other video podcast programing on YouTube, Apple Podcasts, Spotify, or wherever you get your podcasts. To learn more about Mount Sinai's work in skin care or to book an appointment with Mount Sinai experts, scan the QR code on your screen or click the link in the description below to get in touch with the show or suggest an idea for future episodes, email us at podcasts at Mount sinai.org.