

Staying Safe in the Sun

QUESTIONS & ANSWERS

Q. HOW MUCH TIME CAN I SPEND IN THE SUN WITHOUT CAUSING SKIN DAMAGE?

A. Simply put, NONE. I speak as an experienced dermatologist, a veteran of skin cancer, and a woman with some degree of photoaging. The term photoaging means the process of skin aging caused by ultraviolet (UV) radiation from sun exposure and indoor tanning.

Damage from UV radiation is determined by several factors based on the inherited differences in the amount and type of melanin pigment in our skin. Individuals with blonde or red hair, freckles, blue eyes, and skin that burns and never tans are most vulnerable, but even those with deeply pigmented skin are at risk of skin cancer and photoaging. Anyone with a personal or family history of skin cancer or many moles is also at increased risk of sun-induced forms of skin cancer, which include basal cell carcinoma, squamous cell carcinoma, and malignant melanoma.

Enjoy the sunshine, but stay safe by following our experts' advice in the Q&As that follow.



Karen Landau, MD

Dr. Landau is a Clinical Instructor of Dermatology at the Icahn School of Medicine at Mount Sinai and a member of the Voluntary Attending staff (<http://icahn.mssm.edu/klandau>).

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Q. HOW EFFECTIVE ARE HATS AND CLOTHING FOR SUN PROTECTION?

A. Protective garments can provide excellent sun protection for body areas that are completely covered. Synthetic fibers absorb more ultraviolet (UV) radiation than natural fibers such as cotton, silk, and wool, but certain thick and tightly woven natural fabrics like denim are able to block UV rays effectively. Deeply dyed fabrics tend to be more protective than lighter colored fabrics. Dry clothing is safer than wet clothing, and loose garments provide better

sun protection than those that are tight fitting.

Sun-screening ingredients such as titanium dioxide are sometimes used to treat fabrics for additional UV protection.



Douglas Altchek, MD

Hats are vital to reduce the harmful effects of the sun. Those with broad brims greater than 7.5 centimeters, rather than baseball caps or visors, offer the best protection and will help shield the neck, ears, chin, cheeks, and nose. For prolonged sun exposure, I recommend a Panama hat (see *photo*), which is not only cool and protective but quite stylish as well.

Dr. Altchek is a Clinical Professor of Dermatology at the Icahn School of Medicine at Mount Sinai; a member of the Voluntary Attending staff; and Archivist of the Department of Dermatology (<http://icahn.mssm.edu/daltchek>).

This is the time to prevent Lyme Disease



By Angela J. Lamb, MD

After a long winter, warmer weather is finally here. While we enjoy outdoor activities in parks and wooded areas, there are a few critters that are ready to take advantage of the summer season, too. One of the most significant insect-related health problems is a tick bite that could result in Lyme disease.

According to the CDC, Lyme disease is the most commonly reported vector-borne illness in the United States and is concentrated mainly in the Northeast and upper Midwest. Over the past ten years, the number of reported cases has remained steady at about 20,000 per year, although the actual number is probably much higher.

Lyme disease is named after the towns of Lyme and Old Lyme, Connecticut, where the disease was first identified in 1975. Its cause is a type of bacteria called *Borrelia burgdorferi*, which is carried by the blacklegged deer tick. Ticks acquire the bacteria from host animals, mainly white-footed mice, and then pass it on to humans during attachment.

What can be tricky about Lyme disease is that many patients with symptoms don't remember getting bitten by a tick. This may be hard to believe, given that the tick needs to be attached for at least 24 hours to transmit the bacteria, but immature ticks might be smaller than one-eighth

inch in diameter and are easy to miss. A mature tick is about twice the size but might go unnoticed if it attaches to a hairy area or the back surface of the body.

In more than 50% of cases, the initial sign is the classic "bull's-eye," an expanding circular red patch known as erythema migrans (EM), which appears at the location of the tick bite after three to thirty days. EM should be treated rapidly, without waiting for a confirmatory blood

tick, and you're not sure how long the tick was attached, it is wise to be evaluated by a dermatologist to discuss possible preventive treatment. When making this decision, it helps to be familiar with the risk of Lyme disease in your area, because the chance of a tick carrying the infection can range from two to fifty percent, based on location. And finally, remember that infected deer ticks are even found in urban areas like New York City.

TIPS FOR PREVENTING LYME DISEASE

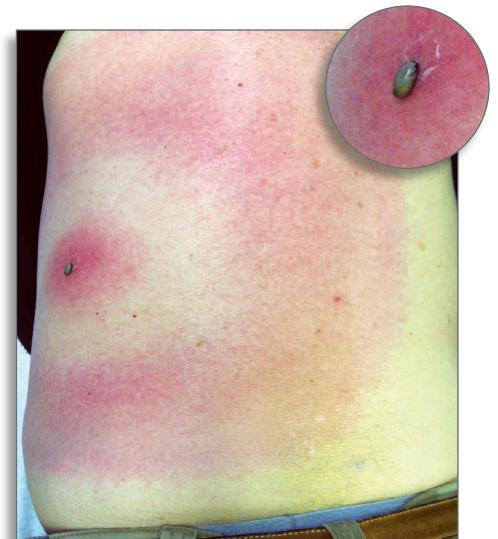
- ▶▶▶▶ Be aware that deer ticks live in moist shady areas near ground level.
- ▶▶▶▶ Wear long-sleeved shirts, pants, socks, and hats in wooded areas.
- ▶▶▶▶ Apply insect repellent containing 20-30% DEET to exposed skin.
- ▶▶▶▶ Pretreat clothing, tents, and sleeping bags with permethrin spray.
- ▶▶▶▶ Check your skin and family members' skin after being outdoors.
- ▶▶▶▶ Take time to inspect the scalp and other hairy areas very carefully.
- ▶▶▶▶ Look for ticks that might be hiding on your clothing and footwear.
- ▶▶▶▶ Remove ticks by firmly grasping them near the skin with tweezers.

test, because the test usually does not turn positive until approximately one month after exposure. Aside from the classic rash, patients may experience fatigue, headache, fever, joint pains, or muscle aches. In the majority of patients with acute Lyme disease infection, two to four weeks of treatment with an antibiotic drug such as amoxicillin or doxycycline will almost always provide a lasting cure.

When Lyme disease persists untreated, it can progress to a chronic form that has implications for the joints, heart, and central nervous system, requiring longer-term antibiotic therapy and careful medical monitoring.

What should you do if you have a rash that looks like EM? First, see a dermatologist. Although the "bull's-eye" rash is characteristic, it can be a challenge to diagnose and treat. If you were bitten by a

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A classic "bull's-eye" Lyme disease rash expands around a tick that is still embedded in the skin. (Photo courtesy of Douglas Altchek, MD)

Staying Safe in the Sun

QUESTIONS & ANSWERS

(CONTINUED FROM PAGE 1)

Q. WHAT DO THE NEW FDA SUNSCREEN GUIDELINES MEAN TO ME?

A. The latest sunscreen guidelines from the FDA are designed to help consumers select products for maximum sun protection. When advising my patients about sunscreen, I tell them to look for the phrase, “broad spectrum,” which indicates that the product is able to protect against both ultraviolet A (UVA) and ultraviolet B (UVB) radiation. The guidelines state that only broad-spectrum sunscreens with a sun protection factor (SPF) of 15 or higher can claim to protect against skin cancer and premature aging. For year-round use, I suggest a daily facial moisturizer with an SPF of at least 15. If a patient will be exposed to strong sunlight at the beach, a sporting event, skiing, or in the tropics, then I recommend using a product with SPF 50+, the highest category recognized by the FDA. According to the new rules, sunscreens can no longer be labeled “waterproof” or “sweat proof,” but the label may state that a sunscreen is “water resistant” for either 40 or 80 minutes. Water-resistant products are essential for children and adults who spend time swimming, surfing, or participating in outdoor activities that cause sweating.



Gervaise Gerstner, MD

Dr. Gerstner is an Assistant Clinical Professor of Dermatology at the Icahn School of Medicine at Mount Sinai and a member of the Voluntary Attending staff (<http://icahn.mssm.edu/ggerstner>).



Gary Goldenberg, MD

Q. WHAT'S THE BEST WAY TO TREAT A SUNBURN?

A. The best treatment, of course, is prevention. Always keep in mind that no matter how quickly your sunburn is treated, irreversible skin damage has already occurred. Sunburn treatment depends on the degree of the burn. For mild sunburn, I recommend applying a soothing moisturizer and taking tepid baths, using colloidal oatmeal (available in pharmacies) in the bath water. Acetaminophen can be taken to relieve discomfort. For patients with moderate sunburns, I might prescribe a topical corticosteroid in addition to the measures mentioned above, to calm down the inflammation. For severe sunburns, an oral corticosteroid medication such as prednisone may be required. Sunburn patients taking corticosteroids are at risk of stomach irritation and ulcers, so in these situations I often suggest taking acid-blocking medicines, especially when there is a history of gastric distress.

Dr. Goldenberg is an Assistant Professor of Dermatology and Pathology at the Icahn School of Medicine at Mount Sinai and Medical Director of the Mount Sinai Doctors Dermatology Faculty Practice (<http://icahn.mssm.edu/ggoldenberg>).

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AN EXTRAORDINARY GIFT INSPIRES A NEW NAME

In the near future, please look for an exciting announcement and ribbon-cutting ceremony, as we make it official that our department will be known as the Kimberly and Eric J. Waldman Department of Dermatology. Our new name was inspired by an extraordinary commitment from The Gaisman Foundation, a philanthropic organization firmly devoted to medical science under the guidance of its President, Eric J. Waldman. The Gaisman Foundation was established by Mr. Waldman's aunt and legendary Mount Sinai Trustee, the late Catherine (Kitty) Gaisman and her husband Henry Gaisman. Mr. Waldman is currently a Trustee of the Mount Sinai Health System. We thank the Waldman family for their longstanding generous support of the Department of Dermatology.

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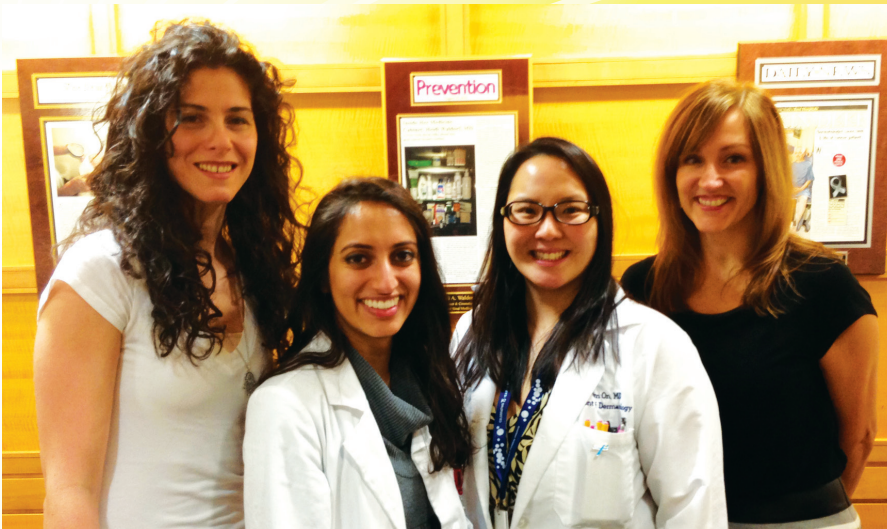
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Discovering what's new in Dermatology

By Giselle K. Singer



Dermatology research team members (from left): Rachel Karalekas; Dr. Anjali Shroff; Dr. Shelbi Jim On; and Giselle K. Singer, Clinical Research Program Director.

The Dermatology Clinical Research Program at Mount Sinai conducts trials of new treatments for skin diseases such as atopic dermatitis (eczema), psoriasis, Raynaud's syndrome, and actinic keratoses (precancerous growths). Volunteers participate free of charge, while providing a service that helps to advance medical knowledge. For more information, contact us at (212) 241-3288.

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