

## Despite Warnings, Young Adults Still Place Value on Being Tan

BY MARY ANN MOON  
Contributing Writer

More young adults now say that they value the appearance of a tan than have said so in past years, and their increased use of indoor tanning reflects that attitude, according to Dr. June K. Robinson of Northwestern University, Chicago, and her associates.

Researchers surveyed 100 people who appeared to be aged 18-30 years, and were sitting or lying on a Chicago beach in July of last year, about their knowledge of, attitudes toward, and use of indoor tanning, and compared the results with telephone surveys of 1,000 Illinois residents conducted in 1988 and with 958 teenage and young adult Chicagoans in 1994.

The 38 men and 62 women in the present survey were matched for age and sex with 100 subjects in each earlier survey.

The knowledge that tanning can cause melanoma/skin cancer initially decreased from 42% in the 1988 survey to 38% in the 1994 survey but then increased to 87% in 2007, Dr. Robinson and her associates reported (Arch. Dermatol. 2008;144:484-8).

Nevertheless, they said, "in each successive interval, there was an almost equivalent increase in the perception that people looked better with a tan"—from 58% to 69% and finally to 81% in 2007.

Tanning bed use also rose from 1% in 1988 to 26% in 1994 and 27% in 2007.

In all years surveyed, respondents said that they got most of their information about the general safety of indoor tanning beds from their friends or social group (71%-75%) and half reported that they went to a tanning salon for the first time with their friends. Other sources of information included family (18%-21%) and tanning salon workers (23%-24%).

Adolescents and young adults said their most trusted source of information about indoor tanning was the family physician or dermatologist, but only 15% reported that they had ever discussed the issue with their physicians, Dr. Robinson and her associates found.

"Counseling young adult patients to cease indoor tanning represents an opportunity to prevent UV radiation exposure that may cause melanoma," they noted. ■

## Acceptance Increasing for Sunless Tanning Products

BY BRUCE JANCIN  
Denver Bureau

KYOTO, JAPAN — The use of sunless tanning products by women in the United States is on the rise, with the most cited reason by users being the topical products' safety as an alternative to sunbathing and tanning beds.

This is a most welcome trend. Increased public acceptance of sunless tanning products (STPs) holds the potential to cause a substantial reduction in skin cancer rates, Mary Jayne McIlwaine reported at an international investigative dermatology meeting.

"Despite the growing knowledge of the danger of sun exposure and UV tanning, our results suggest that a large proportion of the population still believes tanning is desirable and attractive. Until public opinion changes, it's important to provide the public with suitable ways to tan their skin without the dangers of UV exposure—such as STPs," she added at the meeting of the European Society for Dermatological Research, the Japanese Society for Investigative Dermatology, and the Society for Investigative Dermatology.

She surveyed 415 women, average age 28 years, regarding their tanning behaviors and beliefs. The women were queried in gyms, swimming pools, and university sororities and dining halls.

Forty-eight percent of respondents reported using STPs at least once in the past year. "That's a much higher percentage than in previous published studies. This suggests STP use may be increasing," according to Ms. McIlwaine, who is a medical student at Emory University in Atlanta.

Encouragingly, 35% of the STP users indicated they employed these "tan-in-a-can" products as at least a partial replacement for sunbathing, and 25% reported using STPs in lieu of tanning beds.

STPs appear to be more popular with younger women. Fifty-four percent of 18- to 25-year-olds reported using them within the past year, compared with 41%



"Tan-in-a-can" products appear to be more popular with younger women.

of those aged 26-40 years and 40% of respondents over the age of 40.

Only 14% of women with brown or black skin reported STP use, compared with 56% of those with very white/freckled skin and 54% with white/olive skin.

The survey results suggest that, in spite of the growing awareness of the dangers of UV tanning, core ideas regarding the desirability of the tanned look remain largely unchanged. Ninety-three percent of the survey respondents indicated they believe tanned skin is more attractive than untanned skin. Seventy-nine percent said that they feel better about themselves when they have a tan. Seventy-one percent of subjects reported sunbathing at least once during the past year, and 26% used a tanning bed.

Most STPs contain dihydroacetone, which reacts with amino acids in the stratum corneum to produce a temporary brown hue.

Respondents' top reasons for not using STPs were dislike of product color and streakiness. Thus, further technical improvements in product quality might be important in achieving greater public acceptance and more widespread use of STPs as a tool for skin cancer prevention, Ms. McIlwaine concluded. ■



gel cream

### BRIEF SUMMARY

Rx ONLY

**INDICATIONS AND USAGE:** Naftin<sup>®</sup> Cream, 1% is indicated for the topical treatment of tinea pedis, tinea cruris, and tinea corporis caused by the organisms *Trichophyton rubrum*, *Trichophyton mentagrophytes*, and *Epidermophyton floccosum*. Naftin<sup>®</sup> Gel, 1% is indicated for the topical treatment of tinea pedis, tinea cruris, and tinea corporis caused by the organisms *Trichophyton rubrum*, *Trichophyton mentagrophytes*, *Trichophyton tonsurans*\*, *Epidermophyton floccosum*\*. \*Efficacy for this organism in this organ system was studied in fewer than 10 infections.

**CONTRAINDICATIONS:** Naftin<sup>®</sup> Cream and Gel, 1% are contraindicated in individuals who have shown hypersensitivity to any of their components.  
**WARNINGS:** Naftin<sup>®</sup> Cream and Gel, 1% are for topical use only and not for ophthalmic use.

**PRECAUTIONS:** General: Naftin<sup>®</sup> Cream and Gel, 1%, are for external use only. If irritation or sensitivity develops with the use of Naftin<sup>®</sup> Cream or Gel, 1%, treatment should be discontinued and appropriate therapy instituted. Diagnosis of the disease should be confirmed either by direct microscopic examination of a mounting of infected tissue in a solution of potassium hydroxide or by culture on an appropriate medium. Information for patients: The patient should be told to: 1. Avoid the use of occlusive dressings or wrappings unless otherwise directed by the physician. 2. Keep Naftin<sup>®</sup> Cream and Gel, 1% away from the eyes, nose, mouth and other mucous membranes.

**Carcinogenesis, mutagenesis, impairment of fertility:** Long-term studies to evaluate the carcinogenic potential of Naftin<sup>®</sup> Cream and Gel, 1% have not been performed. *In vitro* and animal studies have not demonstrated any mutagenic effect or effect on fertility.

**Pregnancy: Teratogenic Effects:** **Pregnancy Category B:** Reproduction studies have been performed in rats and rabbits (via oral administration) at doses 150 times or more than the topical human dose and have revealed no evidence of impaired fertility or harm to the fetus due to naftifine. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

**Nursing mothers:** It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when Naftin<sup>®</sup> Cream or Gel, 1% are administered to a nursing woman.  
**Pediatric use:** Safety and effectiveness in pediatric patients have not been established.

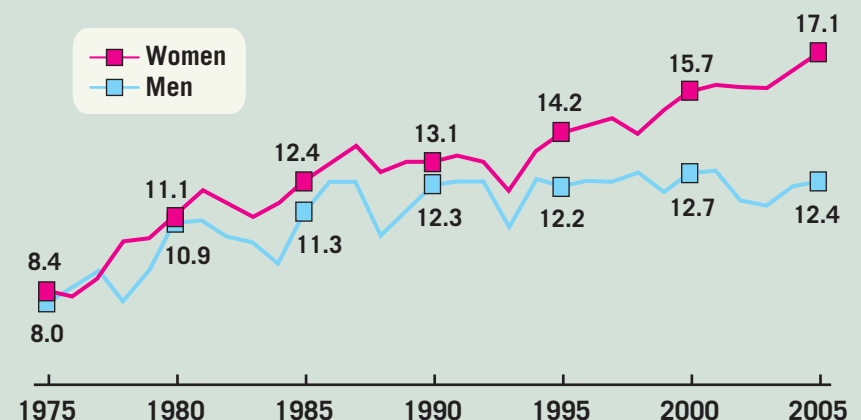
**ADVERSE REACTIONS:** During clinical trials with Naftin<sup>®</sup> Cream, 1%, the incidence of adverse reactions was as follows: burning/stinging (6%), dryness (3%) erythema (2%), itching (2%), local irritation (2%). During clinical trials with Naftin<sup>®</sup> Gel, 1%, the incidence of adverse reactions was as follows: burning/stinging (5.0%), itching (1.0%), erythema (0.5%), rash (0.5%), skin tenderness (0.5%).

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### DATA WATCH

#### Melanoma Incidence in Women Doubled in 30 Years (per 100,000 population)



Note: Based on data for adults aged 20-49 years at diagnosis in SEER 9 areas.  
Source: Surveillance Epidemiology and End Results