

Botox Is Still the Leading Cosmetic Procedure

BY MARY ELLEN SCHNEIDER

The number of cosmetic medical procedures performed in the United States last year increased slightly because of growing demand for minimally invasive procedures like Botox and laser skin resurfacing, according to data from the American Society of Plastic Surgeons.

Despite the faltering economy, Americans opted for nearly 12.1 million cosmetic medical procedures last year, up 3% from 2007. That 3% rise, however, was the smallest increase recorded in cosmetic procedures since 2000. Popular surgical procedures such as liposuction and breast augmentation had double-digit decreases in the percentage of procedures performed in 2008. Overall, Americans spent \$10.3 billion on cosmetic procedures last year, down 9% from 2007.

Botox continues to be the most popular cosmetic procedure in the United States, with more than 5 million procedures performed last year, up 8% from 2007. The number of procedures performed with hyaluronic acid fillers increased by 6%. The number of laser skin resurfacing procedures jumped 15% from 2007 to 2008, but microdermabrasion was down 6%.

It seems that the most effective procedures, such as Botox and fillers, are increasing, while interest in less effective procedures like microdermabrasion is dropping, said Dr. Leslie Baumann, director of cosmetic dermatology at the University of Miami. "This is not surprising," she said. "Patients quickly realize that these ineffective procedures are a waste of money."

The statistics on cosmetic procedures from the ASPS are based on a combination of data from its online national database of plastic surgery procedures and the results of an annual survey of about 21,000 board-certified dermatologists; ear, nose and throat specialists; and plastic surgeons. The responses are then extrapolated to the entire population of physicians most likely to perform cosmetic and reconstructive plastic surgery procedures.

The 2008 statistics also highlight a trend toward greater use of cosmetic procedures by ethnic minorities. Cosmetic procedures increased slightly in all ethnic groups except in white patients, though white patients still accounted for the vast majority of cosmetic procedures performed last year.

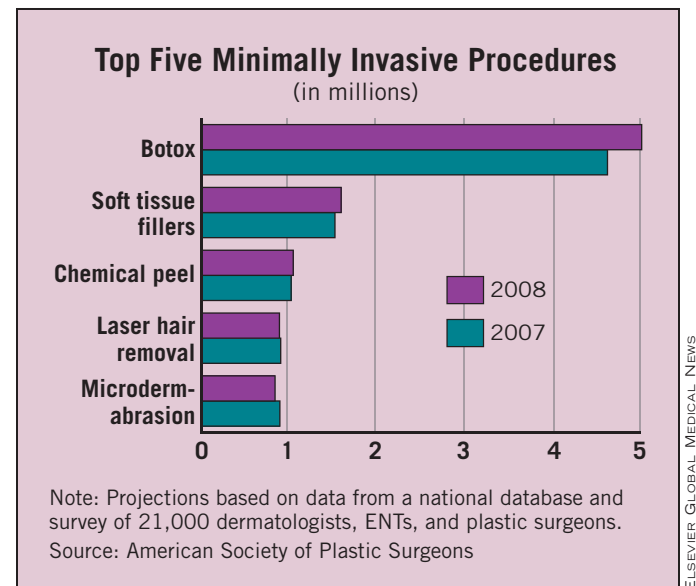
The greatest level of increased interest was among Hispanic and black patients. The use of cosmetic procedures jumped 18% among Hispanic patients and 10% among blacks patients, compared with 2007. The most commonly requested procedures for ethnic minorities were Botox, injectable fillers, and chemical peels.

"We're seeing a rise in Hispanics opting for cosmetic procedures that coincides with the growth we're seeing in the nation's population," Dr. John Canady, ASPS president, said in a statement.

The increased use of cosmetic procedures by ethnic minorities is encouraging, said Dr. Eliot F. Battle Jr., a cosmetic dermatologist in Wash-

ington and an expert in treating ethnic skin. However, it raises serious concerns that some physicians are performing these procedures without the proper understanding of skin of color.

Dr. Battle said that he is seeing more patients who come to him after experiencing side effects from laser treatments performed by other physicians. He urged physicians to use care when treating patients with skin of color. Without understanding the nuances of darker skin, patients can be harmed. "These patients cannot be treated as guinea pigs," he said. ■



Actinic Keratosis Lesions Regress, Recur Over Time

BY KATE JOHNSON

MONTREAL — Actinic keratoses are dynamic lesions and their expression varies over time, based on an 11-month study of the natural course of the lesions in people with extensive actinic damage.

"At any one time, less than half of the lesions are evident clinically," said Dr. Craig Elmets, who reported his findings on at the annual meeting of the Society for Investigative Dermatology.

The pattern of regression and recurrence of actinic keratoses (AK) has implications for the treatment of the lesions, said Dr. Elmets, professor and chair of the department of dermatology and director of the Skin Disease Research Center at the University of Alabama, Birmingham.

"If one is going to treat individual lesions, then they need to be treated aggressively because at any one time only a minority of the [visible] AK are present," he said. "In patients with extensive actinic damage, peel treatment may be a very good approach to treating these lesions."

Dr. Elmets did not disclose any conflict in regard to this study, but he serves on the advisory boards of several pharmaceutical companies.

The study followed AK lesions for 11 months in 26 individuals with extensive actinic damage. At baseline,

the subjects had 10-40 actinic lesions and at least one prior histological diagnosis of an AK or a nonmelanoma skin cancer.

The subjects' AKs were mapped at baseline and at 3, 6, 9, and 11 months. The lesions also were biopsied at baseline and the end of the study. "If a lesion that had been selected for biopsy was no longer present clinically, the site where it had been was still biopsied," Dr. Elmets explained.

At baseline, there were a total of 610 AKs in the study group (mean 23.5 per individual). At the end of the study, this number was not significantly different despite the development of 973 new lesions over the 11-month period.

About 40% of the lesions present at baseline had regressed by month 11, and nearly 200 of the lesions that were present at baseline regressed and then recurred, he said. "A total of 51 of the lesions regressed twice."

Using a histologic grading scheme that was based on a cervical dysplasia model, Dr. Elmets noted little progression in the severity of lesions in terms of proliferation, atypia, or both features.

AKs have been thought to be precursors to squamous cell carcinomas in some cases. The presence of AKs is strongly predictive of individuals who are at increased risk for basal cell and squamous cell carcinomas. ■

New Acne Treatment Guidelines Emphasize Psychological Effects

BY MICHELE G. SULLIVAN

Since acne is a chronic disease capable of causing serious psychological and social problems, it warrants early, aggressive treatment and prolonged maintenance therapy, according to updated treatment guidelines.

The guidelines encourage physicians to view acne as a potentially life-altering disorder, not simply a passing irritant of puberty. "Many of our medical colleagues and a significant proportion of the lay public dismiss acne as a natural part of growing up that has few real consequences," wrote Dr. Diane Thiboutot and her colleagues. "Yet considerable evidence shows that acne can be a psychologically damaging condition that lasts for years" (J. Am. Acad. Dermatol. 2009;60:S1-50).

The Global Alliance to Improve Outcomes in Acne published the document as an update to its 2003 guidelines. The new recommendations draw on a large body of new evidence that was not available then, according to Dr. Thiboutot of Pennsylvania State University, Hershey, and her coauthors. "This edition includes updates on pathophysiology and treatment ... such as lasers and light therapy ... combination therapy, revision of acne scarring, and maintenance therapy."

The role of antibiotics is changing in acne, mostly due to emerging concerns about antibiotic resistance. Overuse of antibiotics can lead to resistant forms of *Propionibacterium acnes*, which manifest a reduced or absent response and relapse. These

resistant forms can even be spread to household contacts, new studies suggest.

To minimize resistance, the guidelines recommend that acne therapy consist of a combination of a topical retinoid with an antimicrobial (oral or topical). If an antibiotic is necessary, it should be of limited duration and combined with benzoyl peroxide, which has been shown to reduce the emergence of antibiotic-resistant *P. acnes*.

New research suggests that laser and light therapy may play an increasing role in acne treatment, although their routine use cannot yet be justified, the authors noted. Light-based treatments aim to reduce *P. acnes* levels and disrupt sebaceous gland function; lights also may have an anti-inflammatory action. The optimal strategies, frequencies, and device settings, however, must be clarified with further studies before light-based treatments can become fully integrated into the acne armamentarium.

In addition to being part of the first-line treatment, topical retinoids should be the backbone of acne maintenance therapy. The compounds prevent the formation of comedones and inflammatory lesions and carry no known additional safety issues with long-term use. Both adapalene and tazarotene have been shown effective as maintenance agents, with good to excellent tolerability.

Long-term maintenance therapy with antibiotics is not recommended; benzoyl peroxide may be added to a long-term retinoid regimen to provide antimicrobial action, the guidelines suggest. ■