Simple Acid Test Can Diagnose 'Sensitive Skin'

BY JANE SALODOF MACNEIL
Southwest Bureau

PHOENIX, ARIZ. — Sensitive skin complaints in the absence of a recognizable skin disease or irritation in female patients should not be dismissed, Albert M. Kligman, M.D., said at a clinical dermatology conference sponsored by Medicis.

Sensitive skin is a real subclinical condition that can be verified with a simple skin test and treated with a daily application of Nivea cream, said Dr. Kligman, professor emeritus of dermatology at the University of Pennsylvania, Philadelphia.

Between 30% and 50% of women in the United States, Europe, and Japan complain of itching, burning, stinging, dryness, tightening, or pain in reaction to topical skin care products, Dr. Kligman said. He blamed the problem on erosion of the stratum corneum by heavy use of skin care products in developed countries.

"Anything able to get through a leaky stratum corneum [is] going to pick up afferent responses," he said. "There's no question that nerves are involved in this."

To identify credible complaints in a patient whose skin appears normal, Dr. Kligman recommended a "lactic acid stinging test" he developed with colleagues. He said to apply a 10% solution of lactic acid to the patient's medial cheek and ask about the sensation without offering any cues.

If the patient has sensitive skin, the acid should induce a stinging sensation in 1 or 2 minutes. This will reach a peak in 5 minutes, only to become insignificant in 15 minutes. Some highly sensitive women may find the sensation unbearable and ask to have the acid washed away in 3 minutes, Dr. Kligman said. If, however, a patient has an instant reaction, he would conclude she does not have sensitive skin. Most sensitive skin reactions are moderate, and take time to develop.

Women who react to lactic acid are usually hypersensitive to other substances, he added, listing cause-and-effect relationships between capsaicin and pain, histamine and itching, harsh soaps or cleansers and tightness, and balsam of Peru and burning.

Although sensitive skin may take decades to develop, the remedy can be as quick as 7-8 weeks with daily applications of Nivea cream or a comparable product. "Stingers become nonstingers if you improve their barrier—make their skins less permeable," he said. "It is possible to convert a sting to a nonstinger just by putting on a bland moisturizer." ■

Onychomycosis: Stretched Out Pulse Dosing

FLORENCE, ITALY — Terbinafine can cure onychomycosis in patients who take it for only 1 week every 2-3 months for up to a year, Martin N. Zaias, M.D., reported at 13th Congress of the European Academy of Dermatology and Venereology.

"From an economic point of view, our concern was that if a patient is taking a daily dose for 3 months, the cost is obviously going to be greater than taking a daily dose just 1 week of every 2 or 3 months," said Dr. Zaias, in private practice in Miami.

He noted that earlier studies by his group confirmed that terbinafine (Lamisil) remains in the nail bed for at least a month after being taken for 7 consecutive days at a 250-mg/day dosage.

Pulse dosing using a 1-week-per-month schedule became an accepted way to treat *Trichophyton rubrum* onychomycosis.

The current study was aimed at seeing how far that limit could be stretched.

"If 1 week out of the month worked, why not 1 week out of every 2 months … or 3 months … or 4?" he asked.

Nine of 10 patients recruited from Dr. Zaias's practice were cured within a year after taking the medication for 1 week every 2 months at the standard dosage of 250 mg/day. Twelve of 12 patients were cured taking terbinafine for 1 week every 3 months.

When the 1-week pulse was extended to every 4 months, however, the cure rate dropped to 10 of 17 patients tested.

The researchers monitored patients' progress by measuring the extent of involvement on the nail bed from a scalpel nick placed at the onset of the trial.

—Betsy Bates

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