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ACNE AND ROSACEA GETTING YOU DOWN? LASER, LIGHT AND COSMETIC TREATMENTS GIVE PATIENTS A MUCH-NEEDED BOOST

SAN ANTONIO (Feb. 3, 2008) – It is estimated that approximately 50 million people in the United States alone are affected by acne vulgaris, and another 14 million Americans experience the redness, flushing and pronounced blood vessels associated with rosacea. While there are no cures for these persistent skin conditions, dermatologists are broadening their treatment options to include laser, light and cosmetic therapies that are proving effective in managing these conditions and improving patient satisfaction.

Speaking today at the 66th Annual Meeting of the American Academy of Dermatology, dermatologist Jenny J. Kim, MD, PhD, FAAD, assistant professor of medicine and dermatology at the David Geffen School of Medicine, University of California at Los Angeles (UCLA), in Los Angeles, Calif., discussed the latest approaches for treating acne, acne scarring and rosacea with laser and light therapies – by themselves, in combination with each other or with cosmetic treatments, such as fillers.

“Therapies using lasers for acne and rosacea have really increased in the last few years, with more clinical research being conducted that will help shed light on the effectiveness of these new applications,” said Dr. Kim. “While not considered first-line therapies for either condition, lasers and light sources are becoming more widely used by dermatologists and offer patients an alternative to other treatments that might not be alleviating their symptoms.”

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Acne

It is estimated that Americans spend more than \$1.2 billion each year on acne treatments, with medical treatments remaining the most commonly used options to curb acne flares. However, a host of medical and social concerns – including the overuse of antibiotics, long-term antibiotic use, and the potentially serious side effects and governmental restrictions on the use of isotretinoin – have underscored the need for the use of new therapeutic options for acne treatments.

With these concerns in mind, dermatologists have found laser and light therapies to be viable alternatives in improving acne, and acne scars, with limited side effects. Lasers and light sources are thought to work by targeting the bacterium responsible for causing acne, *Propionibacterium acnes*, which contains a light-absorbing molecule known as porphyrin. This bacterium can absorb various lasers and light, which cause the bacterium to burst and become destroyed – leading to an improvement in the condition.

In addition, studies also show that lasers and light work by destroying and shrinking the oil glands where the acne bacteria live. By altering the structure of the skin where bacteria live, less oil is produced, leading to an improvement in acne symptoms.

Some of the lasers and light therapies that have been used safely and effectively for the treatment of acne include pulsed dye lasers, diode lasers, intense pulsed light, blue light and red light. In addition, recent studies have shown that photodynamic therapy (PDT) using a photosensitizer (a chemical applied to the skin which makes the skin more reactive to light), such as 5-aminolevulinic acid or indocyanine green, along with lasers and light sources can enhance patient results.

“It has been shown that applying the photosensitizer aminolevulinic acid topically during a PDT treatment can enhance laser absorption by the skin and destroy the surrounding oil follicles, which inhibits oil production and acne-causing bacteria,” said Dr. Kim. “While no comparative studies have been conducted on these different laser and light therapies, dermatologists often select

a therapy based on their personal preference and experience, as well as the severity of the acne being treated.”

Acne Scars

Prior to the recent introduction of lasers and light sources, invasive treatments such as dermabrasion and CO₂ laser resurfacing were the standard treatment for acne scars. While these therapies provided patients with minimal improvement, many experienced significant side effects, including post-inflammatory darkening or lightening of the skin, redness and even worsening of scars. Dr. Kim shared her experience with a new technique known as fractional photothermolysis, in which various lasers are used to produce small injuries to the skin that, in turn, repair the skin by creating new collagen during the wound healing process. This treatment, which is gentler than the invasive procedures, does not produce any visible wounds, and the downtime required is minimal – in most cases a few days for the slight redness and flaking to subside.

While fractional photothermolysis is very effective in treating superficial acne scars, long-lasting fillers, such as hyaluronic acid, can be used in conjunction with this therapy for plumping up deeper, depressed acne scars. Generally, hyaluronic acid fillers last between six to 12 months, depending on the area of injection. For example, areas around the mouth or jaw where there is a lot of facial movement tend to break down the fillers faster than areas with less movement, such as the forehead.

“These acne scar treatments produce good results and dermatologists can use them in combination to target subtle differences, which is more effective than one treatment alone,” explained Dr. Kim. “We’re also finding that these acne scar therapies are safe when used on all skin types, including ethnic skin patients – a harder population to treat due to resulting pigmentation problems that can occur.”

Rosacea

Although dermatologists often consider medical or topical treatments first to treat the symptoms of rosacea, some patients are becoming increasingly

concerned about taking these long-term medications and are turning to laser and light therapies that generally do not cause any systemic side effects.

One type of laser that has been used for many years to treat the redness and visible blood vessels that occur from rosacea is the pulsed dye laser (PDL). This laser's wavelength effectively targets the obvious blood vessels, absorbing them through the light-attracting molecules that work to destroy them. PDL also can reduce the flushing and redness that rosacea patients experience, but Dr. Kim cautioned that this laser can cause some temporary bruising in patients – although some of the newer PDLs are eliminating this side effect.

Another light therapy proven effective in treating rosacea is intense pulsed light therapy (IPL). After filtering out the harmful, cancer-causing UVA and UVB rays, IPL therapy delivers a multitude of light to the affected areas where it absorbs the targeted blood vessels and redness. Dr. Kim noted that IPL is preferred for larger areas of diffused redness, whereas the PDL treatment works best for targeting the obvious blood vessels on the face.

For a less common, but more problematic, symptom of rosacea known as rhinophyma (a thickening of the skin on the nose and cheeks that can look bumpy), the newer erbium lasers and fractional photothermolysis are being used to smooth the nose without significant removal of the top layer of skin, which is a common side effect of more aggressive treatments.

“Dermatologists are experts in skin and can help determine the most effective treatment for their patients,” added Dr. Kim. “We expect these treatments to continue to improve as more basic and clinical research is conducted.”

For more information on acne and rosacea, go to www.skincarephysicians.com, a Web site developed by dermatologists that provides patients with up-to-date information on the treatment and management of disorders of the skin, hair and nails.

Headquartered in Schaumburg, Ill., the American Academy of Dermatology (Academy), founded in 1938, is the largest, most influential, and most representative of all dermatologic associations. With a membership of

more than 15,000 physicians worldwide, the Academy is committed to:
advancing the diagnosis and medical, surgical and cosmetic treatment of the
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