

Professional BEAUTY

MAR•APR 2015 THE BIBLE OF THE AUSTRALIAN BEAUTY INDUSTRY

*Smoothing
the way*
the latest on
IPL/laser

Resveratrol
I'll drink to that!

*When
dimples
aren't so
cute...*



THANK YOU
FOR LEAVING
*the art of constructive
termination*

**THE BEAUTY
OF FINANCING**

 Elizabeth Arden
PRO

Masquerade PARTY

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It is a rewarding time to be a beauty professional; providing an important service to society, helping ever-increasing numbers of the people of all ages, genders and races to recognise and achieve the benefits of improved skin health, function and appearance. Those involved in this industry are pivotal in improving both people's external beauty and the satisfaction they experience within their lives.

This role yields various advantages including a sense of self-worth and importance; the rare feeling of being trusted and respected; fulfilment from delivering positive impacts upon people's lives and the variety and interest in a rapidly developing field; and financial and related rewards.

This rewarding role also brings significant responsibilities. Chief of these are to:

1. Avoid doing harm
2. Identify potential health issues requiring action

This is doubly important in the cosmetic arena, as most patients present as 'self-referred' cases not previously assessed by general medical professionals. In effect, the person presents having self-diagnosed an issue as being cosmetic in nature, setting themselves on the path to cosmetic treatment without necessarily having considered alternative possibilities. It behoves the beauty professional to take a moment to pause and question this assumption, to properly validate the entirely innocent cosmetic nature of the presenting concern prior to any action.

Therapists are now regarded as having a 'duty of care' not to ignore or miss medical issues afflicting their clients' skin, and must arrange appropriate care when something unusual is detected. This duty of care should not be viewed as a negative, but rather a positive development that reflects the growing role and recognition of the salon specialist. When this responsibility is met, the profession's standing in society rises.

What follows is a summary on how to ensure the above requirements are met, and a brief outline of common medical dermatological issues that may present to today's therapist.

Simple steps to avoid missing a critical medical issue:

1. *Always* ask yourself before, during and after each treatment:
 - a. Is this purely a cosmetic condition, or could there be more to it?
 - b. Could my proposed treatment complicate or worsen a known active or suspected medical condition?
 - c. If the condition is not responding, why?
 - d. Should I or a trusted colleague be doing something to investigate this further?
2. Collect a thorough medical history, including details of ailments that run in the family. 'History repeats' and you will often reveal a potential issue in this way. Remember to ask regarding medications pointing to medical issues that may have been forgotten now that things are under control.
3. Take a moment to cast your eye over the person generally to be sure the presenting concern is not part of a wider body change.
4. When problems are uncovered or if in doubt, don't be reluctant to suggest early input from a medical colleague. You will not only save the person potential grief, your medical colleague will appreciate the opportunity for timely involvement.
5. Get to know and develop a network of medical colleagues including GPs, dermatologists and plastic surgeons well before you actually need them. This is better than a last-minute Google search at a time of unexpected crisis. Your call will be well received and your clients will be reassured to see that a safe and smooth process is in place.
6. Always act in the true best interests of the client. This is not always what they think is best, and may involve resisting certain treatment requests. The customer is not always right. You are the beauty professional. Trust your instincts.

Below are some common medical dermatological conditions that continue to present to my practice over the years, and which may on occasion prove deceptive at first blush.

1. Non-Melanoma Skin cancer – BCC and SCC

Warning signs: Changing, bleeding, non-healing, or uncomfortable lesion that resists or reforms after treatment. Usually on a sun-exposed site; especially head and neck. History of past or ongoing significant sun exposure. Beware 'weekend warriors' who state they are always inside working, but who play outside on the weekends/holidays; and those with a personal history of skin cancer or pre-cancers such as actinic keratoses/sun spots frozen by the doctor. History repeats!

Action: GP, dermatologist or plastic surgeon for confirmation of diagnosis and medical or surgical management and ongoing skin surveillance.

2. Melanoma skin cancer

Warning signs: Changing, bleeding, pigmented or fleshy lesion which may occur anywhere on the body; including soles of feet, nail beds, whites of the

eyes, lips and genitals. NB not all melanomas are darkly coloured and they often appear on sun-protected sites. Beware any pigmented lesion that seems to resist treatment or 'shifts'.

Action: This is an emergency requiring immediate assessment by a GP, dermatologist or plastic surgeon. Early action saves lives.

3. *Melasma*

Warning signs: Deep brown, grey or ochre pigment located on forehead, prominences of the cheeks; upper lip and chin. Notoriously resistant to treatment and very quick to reform. Triggered by sun exposure, hormonal factors such as pregnancy, contraceptives and stress.

Action: Avoid triggers. Sun protect. Dermatologist input regarding hormonal factors, prescribed topical and oral treatments, and safe lasers.

4. *Post inflammatory pigmentation*

Warning signs: Diffuse brown pigment appearing in sites of previous skin irritation such as dermatitis, burn or therapies such as topical peels, retinoids, laser, IPL, waxing etc. Darker skin types are especially susceptible to this and sun exposure magnifies the risk. May linger for many months.

Action: Cease all irritants including active treatments. Gentle skin care, moisturise and sun protection essential. Seek dermatologist advice regarding measures to dampen the causative irritation and to fade the pigment through prescribed topical agents and safe IPL, laser etc.

5. *Autoimmune disease*

Warning signs: Unusual red scaly rashes in sun exposed areas such as the butterfly zone of the face (nose and cheeks), especially if associated with general symptoms such as lethargy and arthritis. May be mistaken for rosacea redness of the face and age-related baggy eyelids.

Action: Moisturise and sun protect. Beware light-based treatments such as PDT, IPL and laser as these may exacerbate the condition. Seek input from a skilled GP, dermatologist, immunologist, rheumatologist.

6. *Dermatitis*

Warning signs: Irritant and allergic contact dermatitis may be brought on by treatments including retinoid creams, peels, scrubs and masks etc, especially in people with occupations that place the skin under stress: health professionals, hair stylists, veterinary workers, tradespeople. Allergic dermatitis develops after repeated exposure to a substance; ie. the very thing the person feels must be OK as 'I've used it for years' may be the culprit. The same goes for beauty products that have been repeatedly applied; especially if fragranced or coloured. Natural and organic products are not without risk.

Action: Cease all potential triggers. Simplify the skin regime to allow the skin to 'settle'. Hasten recovery with moisturiser and sun protection. Seek the input of a dermatologist with expertise in dermatitis/patch testing. This is a highly specialised area of dermatology and a contact in this fascinating field is priceless. An allergist/immunologist may also become involved.

7. *Psoriasis*

Warning signs: Salmon pink scaly rash, often on extensor surfaces (knees, elbows) and associated with poor scalp and nail health. Significant in that it may 'koebnerise' – ie, locate to points of pressure or trauma, and may involve the joints. A form known as guttate psoriasis appears as fine spots after a severe sore throat.

Action: Be careful as any trauma to the skin such as peels, needling, threading may draw out the disease further. Seek input from GP and dermatologist to settle and contain this challenging condition with prescribed creams, tablets and UVB light therapy.

8. *Polycystic Ovarian Syndrome (PCOS):*

Warning signs: Treatment-resistant acne often associated with obesity, unwanted excess hair, masculine features and irregular periods. Take caution as treatment of isolated manifestations such as the acne or unwanted hair may initially dampen things, but subsequent rebound is inevitable if the underlying medical drivers are not properly addressed.

Action: A multi-disciplinary approach is key: GP, dermatologist, endocrinologist, gynaecologist, dietician, psychologist.

9. *Hair loss:*

Warning signs: Sudden onset hair loss, especially at times of stress, illness, rapid weight change, pregnancy, or new medication may indicate issues beyond normal male or female pattern alopecia. Be especially proactive if the hair loss is associated with redness or scarring of the scalp. Early action will save hair and preserve the potential for regrowth.

Action: Seek urgent input from a dermatologist with specialist experience in hair and nail disorders. If you are unable to locate such a person at a private clinic, note that most public teaching hospitals will have a designated staff consultant who is highly skilled in this potentially challenging area.

10. *Psychological illness*

Warning signs: Psychological factors are almost always 'in the room' at the time of a cosmetic consultation. Cosmetic issues often cause emotional distress, and psychological issues may drive people to focus on issues that would not otherwise be an issue. Body dysmorphic disorder is an extreme example. Add to the mix modern pressures exerted by unrealistic media 'norms' and the constant appraisal under the social media lens. Beware the person who seems disproportionately focussed on the cosmetic concern, and who doesn't seem to weigh the potential benefits against risks, and where your well-meaning advice is not accepted, or the person seems to 'shop around' to get what they want.

Action: Resist the urge to do whatever the patient demands. This may be very difficult. Explain that you simply wish to do what is best for them. Avoid direct confrontation. Remain engaged with the patient and gently help them recognise the emotional and psychological factors at play. Suggest professional input from an interested and caring GP, psychologist, psychiatrist, or dermatologist with experience in this area. ■

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