

CANADIAN

Fall 2022

VOLUME 13 • ISSUE 3

COMPLIMENTARY

# SKIN

## Life-long impacts

of psoriasis and how  
to manage them

## SCALP HEALTH



CSPA Canadian Skin Patient Alliance

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► MEN'S SKIN HEALTH

► CLOSE UP ON ACNE

# SKIN facts

SUGGESTIONS  
AND TIPS FOR  
SKIN PATIENTS AND  
THEIR FAMILIES

## Caring for your skin this fall & winter

Cold weather can be hard on your skin – on the face, hands, and the body. Skin can get dry, flaky, and even crack, making it painful or itchy.

Here are five tips to help care for your skin this fall and winter.

1. Use gentle cleansers and exfoliate less often than you would in the summer.
2. Avoid hot showers and hot baths – shorter showers and lukewarm water are better for your skin.
3. Apply moisturizer often; choose a cream over a lotion and apply when skin is still damp.
4. Don't go out in the cold with damp skin.
5. Don't forget to protect your lips (try vitamin E, aloe), and stay hydrated (drink lots of water or warm herbal tea).



## Spooky Marie Antoinette syndrome

Marie Antoinette syndrome is a condition in which scalp hair suddenly turns white. The name relates to Queen Marie Antoinette of France in the 18th century, whose hair allegedly turned white the night before her walk to the guillotine during the

French Revolution. She was 38 years old when she died.

Although rare, this phenomenon often captures storytellers' imagination. Historical accounts describe how the hair of the English martyr Sir Thomas More (1478–1535) turned white overnight in the Tower of London before his execution. More modern accounts describe the turning white of hair in survivors of bomb attacks during World War II. Today, the syndrome is believed to be an acute episode of diffuse alopecia areata in which the very sudden “overnight” greying is caused by the preferential loss of pigmented hair and a possibly immune-mediated disorder.

## Types of burns to the skin

Some burns are minor injuries you can treat at home. Others may cause lasting damage and require medical care. The type of burn you have depends on what caused it, as well as how severely your skin has been hurt.

- **Friction burns:** When a hard object rubs off some of your skin, it's called a friction burn. It's both an abrasion (scrape) and a heat burn. Carpet burn is a type of friction burn.
- **Cold burns:** Also called “frostbite,” cold burns cause damage to your skin by freezing it.
- **Thermal burns:** Touching a very hot object raises the temperature of your skin to the point that your skin cells start dying. Very hot metals, scalding liquids, and flames all cause thermal burns. Steam can, too.
- **Radiation burns:** Sunburn is a type of radiation burn. Other sources of radiation, like X-rays or radiation therapy to treat cancer, can also cause these burns.
- **Chemical burns:** Strong acids, solvents, or detergents that touch your skin can cause it to burn.
- **Electrical burns:** If you come into contact with an electrical current, you can get this type of burn.

## Different levels of burns

- **First-degree (superficial) burns:** Affect only the outer layer of skin. The burn site is red, painful, dry, and has no blisters. A mild sunburn is an example.
- **Second-degree (partial thickness) burns:** These involve the epidermis and part of the lower layer of skin, the dermis. The burn site looks red, blistered, and may be swollen and painful.
- **Third-degree (full thickness) burns:** Destroy the epidermis and dermis. They may go into the innermost layer of skin, the subcutaneous tissue. The burn site may look white or blackened and charred.
- **Fourth-degree burns:** These go through both layers of the skin and underlying tissue as well as deeper tissue, possibly involving muscle and bone. There is no feeling in the area because the nerve endings are destroyed. ●



Fall 2022 • Volume 13 • Issue 3

ISSN 1923-0729

Publisher:

Craig Kelman & Associates  
[www.kelman.ca](http://www.kelman.ca)

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Canadian Publication Mail Sales Product Agreement No 40065546. Printed in Canada.

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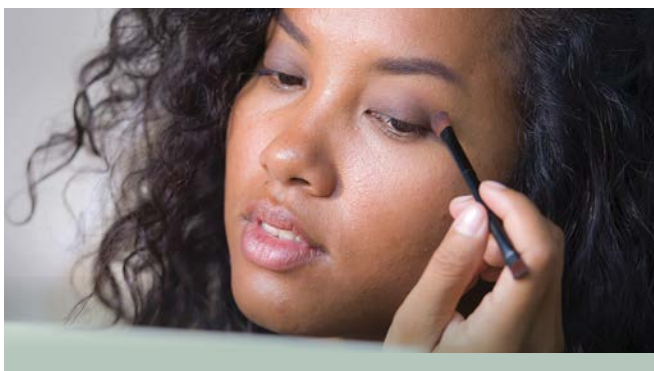
# Managing eyelid eczema and HS pain

By Dr. Raed Alhusayen and Dr. Dimitra Bednar

**Q** Can I wear eye makeup if I have eczema on my eyelids?

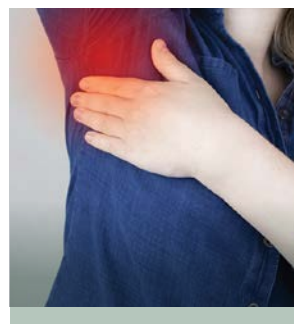
**A** There are many different causes of eyelid eczema including allergic, irritant, or atopic dermatitis. Some other conditions such as skin infections and autoimmune disorders can mimic eyelid eczema. If your skin is actively irritated (itchy, red, flaky, burning, or “raw”), it is advised to avoid makeup and as many other skin products as possible. Instead, using a gentle cleanser once or twice daily and a fragrance-free moisturizer liberally would help repair the skin barrier. Please see your doctor for an assessment if you have persistent eyelid eczema.

Applying eye makeup can worsen some of the conditions already mentioned or spread infection. To determine if you have an allergic dermatitis to eye makeup or other personal care products, your doctor may recommend patch testing. Patch testing can establish whether your skin has a contact allergy (*reacts to things it comes into contact with*) to certain ingredients common in personal care products like preservatives, foaming agents, and fragrances. You can self-test how your skin will react to personal care products by applying a small amount to the skin near your elbow crease, repeating the application several times over a one- to two-week period. If you develop a reaction at the site, you should avoid that product. This technique, known as Repeat Open Application Test (ROAT), is only appropriate for products intended to be left on the skin – such as moisturizers and cosmetics. It should not be used with products intended to be washed off the skin (e.g., shampoo, cleansers, detergents) as these would irritate the skin.



**Q** My HS is really painful; what can I do about it?

**A** Pain is a major symptom of HS and can have a huge impact on quality of life. The best strategy to treat HS pain is to get the disease under control with appropriate systemic medical therapy to prevent these flares from happening. However, during flares, there are some strategies that can help in managing the pain. Behavioural modifications are encouraged and include avoiding tight and occlusive clothes and shaving the skin. Warm compresses or sitz baths can also help in relieving the pain. The first-line treatments for medical management of HS-associated pain are over-the-counter pain medications such as acetaminophen and ibuprofen. Intralesional corticosteroids into HS nodules administered by your doctor can relieve pain and can reduce the activity or inflammation of selected lesions. When these strategies are not effective, patients are encouraged to speak to their family doctors about pain management as they might require prescription pain medications. In the most severe cases, this might require referral to a pain specialist to provide guidance to the family doctor about pain management.



It is also important to recognize that some other diseases more common in HS patients could be contributing to pain severity. For example, the source of pain could be from coexisting arthritis or pilonidal sinus. Also, HS patients who have a history of depression are more likely to experience more severe pain. Please consult your doctor to discuss managing your HS-related pain, therapies that may be appropriate for you, and the safety and side effects of various treatment options. ●

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Got a question? Send it to [info@canadianskin.ca](mailto:info@canadianskin.ca).





# SCALP HEALTH

By **RICHIE JEREMIAN**  
and **YULIYA LYTUVYN**

The scalp can be affected by many conditions, ranging from common and harmless to bothersome and potentially serious. As with any other part of the skin, scalp conditions can be caused by various mechanisms, often due to different bodily responses to infection, inflammation, allergies, and other causes. Maintaining a healthy scalp and being able to recognize when something is wrong can help you get diagnosed earlier, seek appropriate management and treatment, and improve your quality of life.

## Common skin conditions impacting the scalp

**1 Dandruff (Pityriasis capitis):** Perhaps the most common scalp condition, dandruff is characterized by white, flaky, dry skin that may or may not be itchy, sometimes red, and sheds from the scalp when it is touched. Dandruff is simply dead skin cells that slough off the skin's surface. This happens particularly in cold, dry conditions, due to fungal infection, or if the scalp is exposed to certain products (such as dyes or personal care products). Dandruff is most often seasonal and occurs mainly in the winter months.

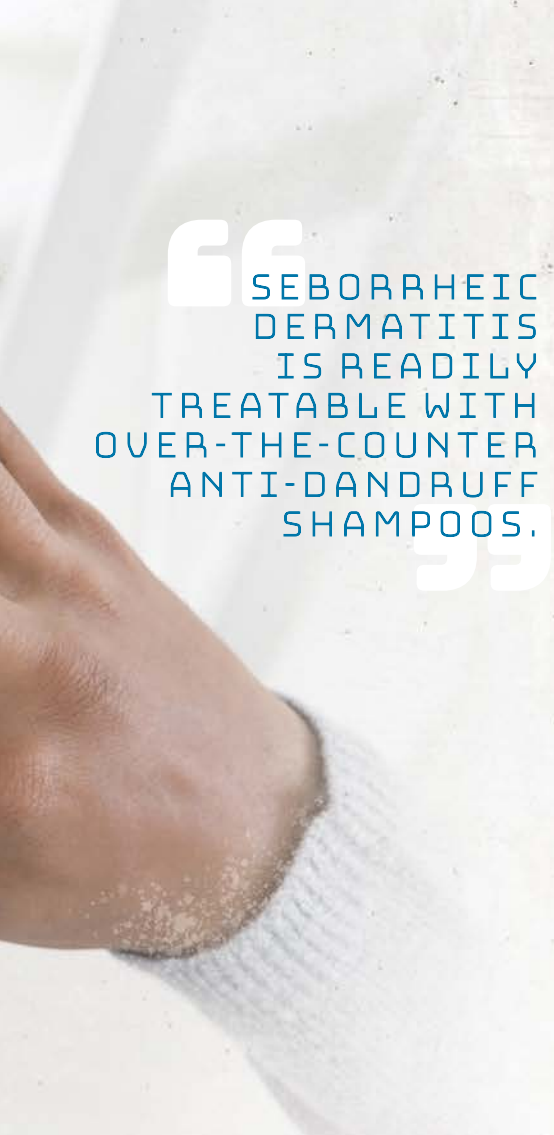
### WHAT CAN I DO ABOUT IT?

Dandruff is readily treatable with medicated shampoos (often containing some combination of coal tar, ketoconazole, zinc, corticosteroids, selenium sulfide, and salicylic acid). Resistant dandruff may require

additional treatment available by prescription.

**2 Atopic dermatitis:** Also known as eczema, atopic dermatitis is an inflammatory skin condition that can manifest in early life or later in adulthood, and is highly variable in its severity and symptoms from one individual to another. Atopic dermatitis is characterized by dry and inflamed patches of skin that can cause soreness, itch, and prolonged discomfort. In lighter skin, these patches often appear red or pink, while on darker skin types, atopic dermatitis can take on a darker brown, gray or even purple appearance. The rash is usually diffuse and can involve other body parts, such as the back of your knees, elbow folds, and eyelids in lighter skin types, and on the fronts of your knees and backs of the elbows in darker skin types. In patients





## “SEBORRHEIC DERMATITIS IS READILY TREATABLE WITH OVER-THE-COUNTER ANTI-DANDRUFF SHAMPOOS.”

with scalp atopic dermatitis, hair loss is rare. Atopic dermatitis is caused by both genetic and environmental factors and is associated with female sex and a family history of asthma and/or hay fever.

### WHAT CAN I DO ABOUT IT?

Treating scalp atopic dermatitis depends on the severity of your symptoms. Mild forms of atopic dermatitis can be treated well with topical corticosteroids and antihistamines, while more severe, chronic forms will require sustained treatment with combinations of nonsteroidal topicals, oral immunosuppressant pills, injectable biologics, and oral JAK inhibitors. It is important to watch for symptoms that linger or get worse. Talk to a physician if your symptoms cause increasing discomfort and distress, such as extreme itching, bleeding, pain, or feelings of distress.

**3 Seborrheic dermatitis:** This is a common form of dermatitis (skin inflammation) affecting approximately 16% of the adult population. Seborrheic dermatitis primarily affects oil-producing parts of the scalp, and results in oily, flaky skin. In fairer skin tones, these plaques are usually accompanied by yellow or white scales, while in darker skin tones patches of hypopigmentation (pigment loss) can occur, sometimes in a petal-like shape. The rash is often accompanied by sensations of prickling, tightness, pain, or burning. There are many factors that may contribute to the cause, such as genetic factors, medical factors (such as a pre-existing condition), and immune and environmental factors (including stress, microorganisms that live on your scalp and *Malassezia* yeast, cold weather, irritants).

When found in infants, it is commonly known as “cradle cap.” Seborrheic dermatitis may be isolated to the scalp or may also involve other body parts, such as ears, eyebrows, and the folds of your nose and mouth. Hair loss is uncommon.

### WHAT CAN I DO ABOUT IT?

Seborrheic dermatitis is readily treatable with over-the-counter anti-dandruff shampoos (often containing some combination of coal tar, ketoconazole, zinc, mild topical steroids, selenium sulfide, and salicylic acid). Cradle cap is responsive to a warm water bath with baby shampoo, but should first be looked at by a pediatrician.

**4 Scalp psoriasis:** Psoriasis is a chronic, inflammatory skin disorder that is characterized by itchy, silver-gray scales and/or red or pinkish plaques in fair-skinned individuals, and dark brown or violet plaques in darker skin types. These plaques can expand rapidly and cause crusting, bleeding, and prolonged discomfort. Symptoms may only affect the scalp but can also involve other body parts, such as ears, elbows, knees, and nails. Stress and temperature often make the rash and symptoms worse. Scalp psoriasis is a condition in which your immune system causes skin cells to grow too quickly and damage the skin and it affects about half of

all people with psoriasis. Hair loss is uncommon with scalp psoriasis.

### WHAT CAN I DO ABOUT IT?

The treatment plan depends on how severe your symptoms are, which can vary tremendously between individuals. Mild scalp psoriasis can be treated with medicated shampoo (containing salicylic acid) and topical corticosteroids, while more severe cases can require treatment with specialized immune system-targeting medications (e.g., biologic drugs), and laser/light therapy.

**When to see a physician:** Regardless of your skin and hair type, it is important to maintain a clean and well-moisturized scalp, and to watch for any skin changes (such as redness, flaking, cracking, bleeding, or crusted patches that are red, silver, grey or dark in colour). Tell your family physician and dermatologist if your symptoms last for more than a few weeks, and/or are associated with other symptoms (itch, pain, fever, chills, or weight loss). ●

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**Yuliya Lytvyn, PhD**, is a medical student at the University of Toronto with an interest in dermatology.

# Close-up on: Acne

BY RICHIE JEREMIAN AND YULIYA LITVYN

Acne is a common skin condition that occurs when dead skin cells block the openings of hair follicles and the oil-producing sebaceous glands surrounding them, together called pores. This results in trapping of the **sebum**, a type of oil that is naturally produced by the body. Accumulation of sebum in the blocked pore leads to increased growth of bacteria and subsequently causes skin inflammation. The combination of trapped skin cells and sebum can lead to the formation of whiteheads and blackheads, while the inflammation causes pimples and cysts on the face, back, scalp, shoulders, arms and/or chest.

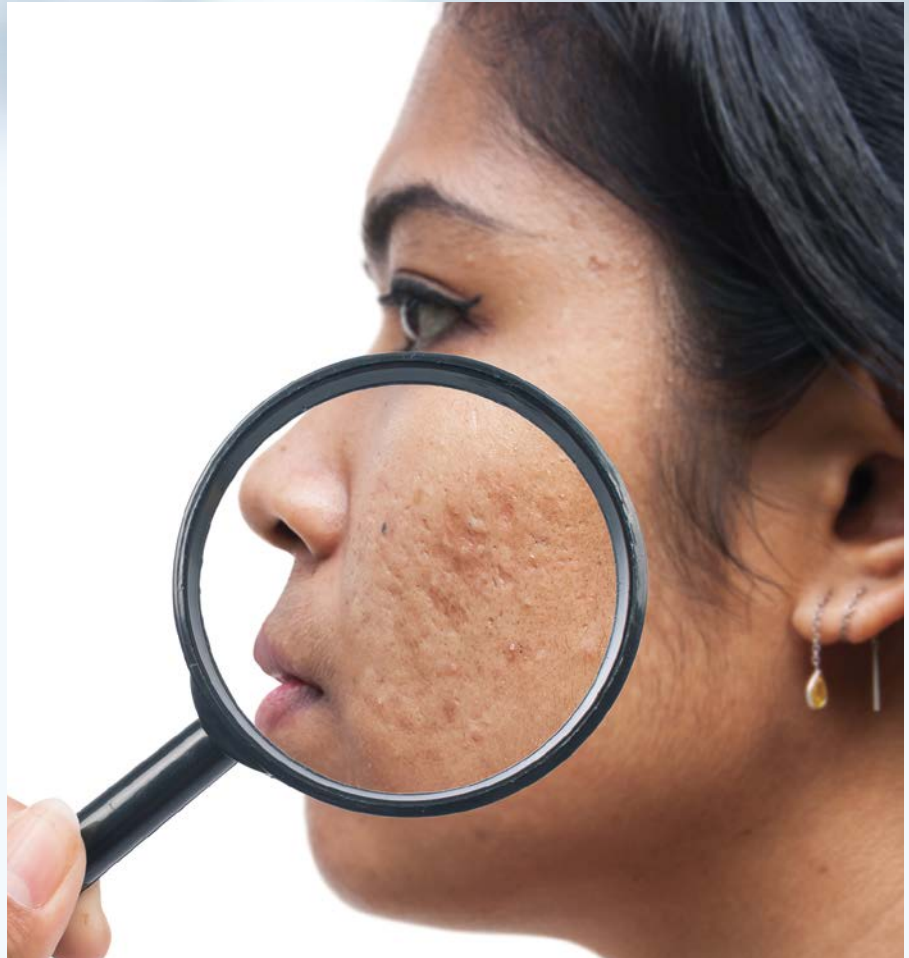
Acne affects about 80% of Canadians at some point in their life and is one of the most frequent skin conditions seen by physicians. Although not life-threatening, acne can cause temporary or sometimes permanent marks on the skin, and often affects a person's self-esteem and quality of life. To reduce the likelihood of persistent acne and prevent permanent skin changes, it is important to recognize and treat acne early on.

## Types of acne

- Whiteheads
- Blackheads
- Papules
- Cysts
- Nodular
- Pustules

## Management and treatment

While mild acne is generally easy to control with proper skin care and over-the-counter products, you will need to see a physician and potentially use prescribed medications to treat moderate or severe forms. Treatment also takes time: while mild acne may disappear in a few weeks, moderate-to-severe forms may take months or years to clear up. It is important to remember that the goal of most acne treatments is to stop new blemishes from forming and to help



the skin heal, thereby reducing the risk of scarring. Treatments are meant to control the condition, not cure it.

Begin with simple cleansers. If there is no visible improvement in three to four weeks, try a non-prescription topical treatment containing salicylic acid, benzoyl peroxide, or an antibiotic.

Consult your primary care physician or dermatologist if:

- your acne does not improve or worsens after six to eight weeks of basic self-care treatment and use of over-the-counter products
- your acne leaves scars
- your pimples become large, hard, or filled with fluid
- you develop other symptoms, such as excessive facial hair if you are a woman

- your acne began after you started a new medication

A dermatologist may treat acne with prescription-strength benzoyl peroxide, antibiotics, retinoids, corticosteroids, or combination products. They may also recommend corticosteroid injections or cosmetic treatments with laser or light therapy.

For more information on treatments and support for acne, visit [www.canadianskin.ca/acne](http://www.canadianskin.ca/acne) to learn more. ●

**Richie Jeremian, PhD**, is a medical student at McGill University with an interest in dermatology.

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# Life-long impacts

## of psoriasis and how to manage them

By the Canadian Psoriasis Network,  
[www.canadianpsoriasisnetwork.com](http://www.canadianpsoriasisnetwork.com)

It's well established that psoriasis can affect all aspects of a person's life including self-image, personal relationships, work, and social life. The concept of cumulative life course impairment (CLCI), an emerging notion in psoriasis, suggests that for some, the experience of stigma together with physical and psychological comorbidities (having multiple medical conditions at the same time) may have significant negative impacts on a person over time and that positive coping strategies can help mitigate these negative effects.<sup>1</sup>

Though individual experiences with psoriasis vary, people living with psoriasis often report poor self-esteem and high levels of psychological stress. They're also at higher risk of developing conditions like psoriatic arthritis, cardiovascular disease, and mental health issues. Psoriasis symptoms can be mild, moderate, or severe, and even mild cases can have significant negative impacts on a person's life, especially if certain body parts – like face, hands, feet, and/or genitals – are affected. Different types of psoriasis may also present unique challenges for a person. Moreover, stigma can have a major impact on self-image and body image.<sup>2</sup>

The concept of CLCI suggests that the interplay of these factors can affect how some people approach important areas of their lives. Major life decisions related to careers, relationships, and having a family may be affected by a person's experiences with psoriasis, with the greatest impact thought to occur when onset happens in adolescence or young adulthood, when people are beginning to make important life decisions.<sup>3</sup>



Focus on the things that are in your control, and remember that a little goes a long way when it comes to making healthy changes.

Research is ongoing to explore the factors that put people at greater risk of CLCI and to understand how to reduce these risks. Some important factors that we know can be helpful include increasing healthy personal coping strategies and social support, working with your care team to manage your condition, and seeking mental health support when needed.

### Helpful coping strategies

It's helpful to pay attention to the coping strategies you use to manage the challenging aspects of living with psoriasis and to consider their impacts on your condition and overall well-being. Even small adjustments to increase positive coping strategies and to reduce unhelpful ones can add up over time to improve health. Nutrition, exercise, reducing alcohol intake, and good sleep can have profound impacts on both mental health and keeping psoriasis flares at bay.

Research also finds that seeking social support through family and friends, community, and other resources can have a buffering effect on the potential negative impacts of psoriasis on a person's life.<sup>4</sup> Seeking information about your condition, acknowledging your needs, and receiving help from resources like family, friends, patient organizations, and healthcare teams can all be helpful.

### Treatment and working with your care team

Nurturing your relationships with your healthcare team, which can include your family doctor, nurse, pharmacist, and dermatologist among others, can help you feel in control of your disease and get effective care, treatment, and support. It's important to share information about your condition, ask questions, and ask for resources. Let your doctor know if you're experiencing any distress and discuss your coping strategies. Talk about feelings of anxiety, depression, and suicidal ideation if you're experiencing them – if it's too difficult to say, writing it down can feel easier. Share your feedback regarding your medications and treatment goals and ask questions about your care and treatment.

### Psychological and emotional support

There may be points in your condition where it's helpful to seek professional support for managing the challenges of living with psoriasis. Cognitive-behavioural therapy and mindfulness-based therapy have been found to help treat mental health issues associated with psoriasis.<sup>5</sup> Your doctor can help you connect with a mental health professional if needed.

Living well when you live with psoriasis often requires a multifaceted approach: working with your healthcare team, adopting healthy habits, and seeking help and support are part of

the process. Focus on the things that are in your control, and remember that a little goes a long way when it comes to making healthy changes.

For more information visit:

- **Living Well with Psoriatic Disease webinar** ([www.canadianpsoriasisnetwork.com/videos/webinars](http://www.canadianpsoriasisnetwork.com/videos/webinars))
- **Spotlight on Psoriasis and Mental Health webinar** (<https://www.youtube.com/watch?v=AbHnblGqggpM>)
- **Canadian Skin Patient Alliance Shed the Shame 2022** – living with a chronic illness video series ([www.canadianskin.ca/advocacy/shed-the-shame](http://www.canadianskin.ca/advocacy/shed-the-shame)) ●

The **Canadian Psoriasis Network** is a national not-for-profit organization dedicated to improving the lives of people with psoriatic disease in Canada.

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The articles from which these summaries of the latest in skin research are taken are hot off the press!

# Top Stories in Research

By Dr. Megan Lam

### Vitamin D levels and supplementation in atopic dermatitis

Atopic dermatitis (AD), also known as eczema, is a chronic skin disease causing itchy, dry, scaly rashes related to an abnormal skin barrier and inflammation in the skin. Vitamin D has been shown to affect skin growth and the immune response in the skin. Different studies have also shown a relationship between levels of vitamin D and taking vitamin D supplements with the severity of AD symptoms. A research team in Singapore looked at the data from previous studies to explore whether vitamin D levels in the blood, as well as vitamin D supplements, would improve AD symptoms.



### What they found

In total, 20 studies with 1,882 patients with AD were included in the project, including studies from Asia, Europe, North America, and South America. People with AD who were found to have lower levels of vitamin D generally had more severe AD symptoms. In contrast, people with AD who used vitamin D supplements had less severe AD symptoms. However, the studies on this association were limited and environmental factors, such as sunlight exposure and seasonal changes, as well as cultural factors, may have affected results.

### What this means for people who have atopic dermatitis

Vitamin D supplements may help to improve AD symptoms, although currently, studies on this topic are limited. While there is no current consensus on how much or how long to take vitamin D in order to treat AD or prevent AD, vitamin D could be a promising treatment to reduce chronic AD symptoms. Further research is needed to confirm the relationship between AD and vitamin D and provide guidance for patients.

### How resilience and stress are related in patients with alopecia areata

Alopecia areata (AA) is an autoimmune condition that causes hair loss. For some people with AA, their hair loss leads to significant distress but for others, the symptoms of AA, including hair loss, do not. The trait of resiliency has been used to explain differences in perceived stress between individuals. An American study explored how

different people with AA handle stress in different ways and how resilience affects the way stress is perceived by patients with AA.

### What they found

Questionnaires were used to assess resilience and level of stress in 141 people with AA. The study found that people who were more resilient (i.e., people who were more likely to use coping strategies to be flexible or actively solve problems despite stressful circumstances), experienced a lower level of stress due to AA symptoms, regardless of the amount of hair loss they experienced.

### What this means for people who have alopecia areata

Improving resilience can help to reduce the psychological burden of hair loss for people with AA. Ways that resilience can be improved include practicing mindfulness, reflection, and storytelling, as well as recognizing and changing poor coping habits. These practices can be developed with the support of a mental health professional and offer a sense of belonging and validation by providing social support for people with AA. ●

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Dr. Megan Lam is a dermatology resident at the University of Toronto.

# Lupus

By Nadine LaLonde

Living with a condition like systemic lupus can impact many aspects of your life. Lupus is an autoimmune disease where your immune system attacks your own body. Inflammation caused by lupus can affect any part of your body, often affecting different body systems, organs, and tissues. Physical signs and symptoms vary from person to person, often coming and going in waves. The possibility of having a flare-up at a moment's notice changes how you manage your day-to-day life.

For me, systemic lupus affects many different parts of my body, including my skin, hair and nails, my GI system, and my blood vessels. Lupus itself can cause skin concerns, but the medications that treat lupus can, too. My skin, hair, and nails are early signs for me that I need to check in with myself and see what's going on. I experienced alopecia on my thighs because of my lupus, and the hair has not grown back. Before my diagnosis, I had the butterfly rash, a facial rash that goes across the nose and cheeks that is characteristic of lupus, and since my diagnosis, I have seen a dermatologist for other rashes on my face and body. When a rash is on your face, it can feel very distracting when interacting with people, and at times you just want to tell them, "I know my face is all red," so that it's less of a distraction.

Both lupus and the medications that treat it can also cause sun sensitivity, which can lead to skin rashes caused by the sun, a greater chance of getting a sunburn, and an increased risk of skin cancer. I've already had a few pre-cancerous moles removed and I have yearly scans to ensure that my skin is okay. It can feel like a drag having to be extra careful due to my sun sensitivity: I've bought SPF clothing and I have to be sure that I have hats and long-sleeved clothing with me throughout the summer no matter where I am so that I can try to keep my skin safe.

Sometimes, different symptoms of lupus affect the same parts of the body, compounding the impact it has on everyday activities, like visiting friends and family. Raynaud's disease, vasculitis, and bruising are all things I experience due to lupus. Raynaud's disease is a condition where the tips of the fingers, toes, and other extremities lose circulation (in my case they turn pale first and then when rewarmed, beet red), which is made worse in the cold. If I'm visiting with friends or family, I need to make sure that I have a scarf for my nose and socks or slippers for my feet (I even use a clown nose to warm up my nose!) or that I feel comfortable asking for them. Since I also bruise easily and have vasculitis, I sometimes wear longer clothing to hide the bruises and spots,



like wearing long dresses or pants to summer weddings when others are in short sun-dresses.

Managing a chronic condition like lupus requires a lot of energy and planning: what to wear, what I can eat, what I might have the energy to do, and how I can adapt and prepare my life for the unexpected. When I go away somewhere, I organize chores, meals, and activities in advance for when I return, to account for the extra fatigue that I'll feel. Planning gives me a sense of control and agency over my condition and quality of life so that I can still do the things I love. ●



The Canadian Arthritis Patient Alliance (CAPA) is a national organization supporting a collective of patients experiencing over 100 rheumatic conditions such as rheumatoid arthritis, lupus, and Sjogren's syndrome. Often when people hear the word arthritis they think of older people. Rheumatic conditions can affect people of all ages and they are incurable but manageable to varying degrees. CAPA uses the power of information, research, and communication to help people living with arthritis find their voice and support others. Please visit the CAPA website at [www.arthritispatient.ca](http://www.arthritispatient.ca).



# Let's talk about acne for pre-teens: What is it and what can you do about it?

By Vincent Wan, Jeffrey Toy, and Dr. Harry Liu

Acne is a common skin condition that affects up to 90% of teens at some point. Acne is caused when dead skin cells clog your pores, trapping sebum and extra bacteria, leading to inflammation on your skin. Getting accurate information about acne and developing healthy behaviours before acne starts is important – it can help you feel more confident and less worried about your acne. Here are some things that you can do to help fight acne when it appears.

## Skin care:

**Washing** – Use lukewarm water with a gentle, non-abrasive cleanser to wash your face once in the morning and once at night; make sure it doesn't contain any alcohol in the ingredients.

**Moisturizing** – After you wash your skin, remember to use a facial moisturizer to help keep your skin hydrated. If you have drier skin, you might prefer a heavier cream. If you tend to have oilier skin, you might prefer a lighter, oil-free, gel-based moisturizer.

**Sun protection** – It is also important to develop a good habit of using sunscreen with a sun protection factor (SPF) of at least 30. Using sunscreen regularly can help prevent the worsening of possible dark spots on your skin after your acne clears up, and it also helps prevent skin cancer.

## Stress:

Being stressed may make your acne worse. It is important to have a strong network of friends and family around you for both social and emotional support. Regular exercise and mindfulness techniques, such as self-reflection and meditation, can also help you feel less worried and make it easier to manage your stress.

## Diet:

Acne may be connected to foods that have high amounts of sugar, dairy products, and processed foods. These foods might not cause acne themselves but can make your acne worse.

**Maintaining a healthy balanced diet is key.**



What if it feels like you're doing everything right, but you still can't control your acne?

1. **Speak with a healthcare professional** to help you find the right treatment. Waiting to see a doctor about your acne can make it harder to deal with, especially if you have severe acne.
2. **Speak to your family, friends, and counsellor:** If they understand how acne affects you, they may be able to better support you.
3. **Look for well-trusted resources.** Not all ways of dealing with acne are equally effective or safe, so here are some reliable online resources for you:
  - Canadian Skin Patient Alliance ([www.canadianskin.ca/acne](http://www.canadianskin.ca/acne))
  - Canadian Dermatology Association (<https://dermatology.ca/>)
  - Acne and Rosacea Society of Canada ([www.acneaction.ca](http://www.acneaction.ca)) ●

## DID YOU KNOW?

Acne has been shown to make some people avoid people, places, and things they used to love or might be interested in trying, leading to feelings of loneliness and hopelessness. It is important to learn how to manage your feelings in healthy ways – don't be afraid to ask for help if you feel like your acne is impacting your mental health.

**Vincent Wan** and **Jeffrey Toy** are medical students at the University of British Columbia with an interest in dermatology.

**Dr. Harry Liu** is a dermatology resident at the University of British Columbia.



# Men's skin health

BY SIDDHARTHA SOOD

**S**ome skin, hair, and nail conditions can affect people who identify as men more than women, and some may also go underdiagnosed in men. Hormones, lifestyle behaviours, and which genitals you have can impact how likely you may be to be affected by certain conditions and how they might appear on your body. Prevention is also key part of healthcare: despite the risk of skin cancer in males, only a minority of men engage in sun-safe practices and they may not pay as much attention to changes on their skin or body as much as women.<sup>1,2</sup> We hope this will help you recognize the signs of these conditions, when to seek care, and how you might prevent them in the first place.

## **Androgenetic alopecia**

Androgenetic alopecia (also called male-pattern baldness) is a hair condition that can affect both men and women.<sup>3</sup> However, it is most commonly seen in men due to higher levels of dihydrotestosterone (DHT), a male sex hormone, in the blood.<sup>3,4</sup> Men can experience hair thinning and/or a receding hairline starting at the temples, which can lead to wide-spread thinning of hair at the crown (top portion of the back of the head).<sup>4</sup> Androgenetic alopecia worsens with time: 30% to 50% of men are expected to show signs of androgenetic alopecia by age 50 and



80% over the age of 70.<sup>3</sup> However, there are some medications that you can discuss with your dermatologist that can help slow down hair loss, such as finasteride (pill) and minoxidil (gel).<sup>3</sup>

### Rhinophyma

Rhinophyma is a type of rosacea that leads to thickened skin and sebaceous (oil) glands on the nose.<sup>5</sup> The skin on the nose may appear red or pink with visible blood vessels in people with lighter skin types. In patients with darker skin types, this change in colour may be more difficult to notice so you should pay attention to other signs such as growths on the nose or signs of rosacea.<sup>7</sup> Usually, it affects men in their fifties to seventies.<sup>8</sup> You can visit your dermatologist to discuss treatments such as: isotretinoin (pill), retinol (cream), antibiotics, immunosuppressant creams, dermaplaning, or laser therapy.<sup>5</sup>

### Onychomycosis

Onychomycosis is a fungal infection that causes the nail to break down.<sup>9</sup> It is more common in men and older adults, as well as in people who smoke or have medical conditions like diabetes.<sup>9</sup> There are several different types of onychomycosis. They often cause excessive growth of the nail, discolouration starting at the nail bed, and nail breakdown. A nail fungus infection can also appear as a black, yellow, or white streak in your nails. Both of these types can lead to the complete destruction of the nail if left untreated.<sup>9</sup> It is important to check for early signs of onychomycosis and visit your healthcare provider who can prescribe antifungal medication.<sup>9</sup>

### Skin cancers

Men above the age of 40 are at higher risk of being diagnosed with melanoma, the deadliest form of skin cancer, than women.<sup>10</sup> Furthermore, men seem to have worse outcomes than women after a diagnosis of melanoma.<sup>11</sup> In men, the most common areas to look for are the: chest, back, abdomen, shoulders, arms, forearms, hands, and head/neck.<sup>12</sup> Melanoma typically appears as a darkened spot on the skin: you

can look for irregular borders and a change in colour or size over time to differentiate it.<sup>13</sup> Basal cell carcinoma is also more common in men than in women – it typically looks like a shiny bump.<sup>12,14</sup> Using sun-safe practices such as applying a sunscreen with a minimum SPF of 30, wearing hats, and avoiding tanning beds are important to prevent skin cancer. It is also important to check for growths in common areas and seek help from your doctor if seen.<sup>15</sup>

## GENITAL HEALTH

### Lichen planus

Lichen planus is an inflammatory condition that can affect the genitals in both men and women.<sup>16</sup> On the male genitals, lichen planus may appear as a ring-like, scaly, or smooth area that is purplish to white.<sup>16</sup> With time, the skin underneath may begin to break or bleed. You may also experience itching or burning.<sup>16</sup> If present elsewhere on the body, you might see purple or grey, itchy bumps or patches on the skin.<sup>17</sup> Lichen planus can be mistaken for genital warts. However, your dermatologist can diagnose this condition and prescribe treatment in the form of immunosuppressant creams or pills if severe.<sup>16</sup>

### Psoriasis

In men, genital psoriasis can present with red, purple, or grey patches of skin with raised borders on the penis and/or the scrotum.<sup>19</sup> In darker skin types, there may be more permanent darkening of the skin after it heals.<sup>20</sup> The areas affected may be itchy or painful. If you have psoriasis elsewhere on the body, consider examining your genitals yourself or by your dermatologist regularly for this condition.<sup>21</sup> Fortunately, this condition can often be treated with immunosuppressant creams.

### Genital warts and herpes

Genital warts and herpes are both transmissible conditions that are caused by the human papillomavirus (HPV) and herpes simplex virus (HSV) respectively. Genital warts usually have a “stuck-on” appearance resembling cauliflower.<sup>19</sup>

Genital herpes looks like bumps and/or blisters on the glans, shaft, or foreskin of the penis. To treat warts, your dermatologist can provide medicated gels or perform procedures such as cryotherapy.<sup>19</sup> For herpes, antiviral pills can help reduce the symptoms of the condition. To prevent against HPV, ask your doctor about the HPV vaccine. ●

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As the seasons change again, we are reminded of the importance of maintaining connections with our friends and family as the warmer summer days fade behind us and we head back indoors.

Connections with people around us can bring out some of the challenges in dealing with responses to our skin, hair, and nails. We know that there are many challenges navigating your daily life. We are continuing to develop new resources to help you make the best of your appointment to see a dermatologist and to talk with your partners about your skin condition. Stay tuned as we expand our Self-Empowerment Toolkit throughout the fall.

We are proud to release two advocacy reports this fall, focusing on acne and on atopic dermatitis (eczema), each of which look at these

skin patient communities' experiences with the healthcare system. Thank you to our collaborators, Eczéma Québec and the Acne and Rosacea Society of Canada, our patient partners, and all those who filled out our surveys for these projects! These reports are key to how the CSPA and our collaborators develop evidence and recommendations to share with policy makers about how to make the healthcare system better for skin patients.

Learning more about how these diverse communities navigate the healthcare system has begun to inform a new initiative. We will be reaching out to our community in the coming months to hear more about your experience accessing dermatology care. This is an important issue to all skin patients and we are excited to work with our colleagues

in the dermatology community to develop potential solutions so that everyone can get the dermatology care that they need.

As you visit our website over the fall, you will notice changes and new content. We are refreshing our website to bring you up-to-date information and resources, and to make them easier to find. If there is something you would like to see on our site, please let us know at [info@canadianskin.ca](mailto:info@canadianskin.ca).

We encourage you to get involved with the CSPA. Check out our website for more information on volunteer opportunities and how to donate to our organization.

Wishing you and your loved ones a cozy fall season. ●

**Rachael Manion,**  
*Executive Director, CSPA*



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Thank you to the Medical Advisors, Board Members, and Volunteers who support the work of the CSPA. For an updated list of names, visit [canadianskin.ca/about-us](https://canadianskin.ca/about-us).

## We want to hear from you!

What do you like most about our magazine?  
What would you like to see us talk about?

Your feedback is important to us and it helps us better understand the needs of our skin patient community. Let us know by completing this short survey – we'd love to hear from you!

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AboutFace:  
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Acne and Rosacea Society of Canada:  
[acneaction.ca](https://acneaction.ca) (acne)  
[rosaceahelp.ca](https://rosaceahelp.ca) (rosacea)

Alberta Lymphedema Association:  
[albertalymphedema.com](https://albertalymphedema.com)

BC Lymphedema Association:  
[bclymph.org](https://bclymph.org)

Camp Liberté Society:  
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Canadian Alopecia Areata Foundation (CANAAF):  
[canaaf.org](https://canaaf.org)

Canadian Arthritis Patient Alliance:  
[arthritispatient.ca](https://arthritispatient.ca)

Canadian Association for Porphyria:  
[canadianassociationforporphyria.ca](https://canadianassociationforporphyria.ca)

Canadian Burn Survivors Community (CBSC):  
[canadianburnsurvivors.ca](https://canadianburnsurvivors.ca)

Canadian Chronic Urticaria Society –  
Société canadienne d'urticaire chronique:  
[chronicurticaria.ca](https://chronicurticaria.ca)

Canadian Psoriasis Network:  
[cpn-rcp.com](https://cpn-rcp.com)

Canadian Skin Cancer Foundation:  
[canadianskincancerfoundation.com](https://canadianskincancerfoundation.com)

DEBRA Canada (epidermolysis bullosa):  
[debracanada.org](https://debracanada.org)

Eczéma Québec:  
[eczemaquebec.com](https://eczemaquebec.com)

Eczema Society of Canada:  
[eczemaahelp.ca](https://eczemaahelp.ca)

Firefighters' Burn Fund:  
[burnfundmb.ca](https://burnfundmb.ca)

Hidradenitis & Me Support Group:  
[hidradenitisandme.ca](https://hidradenitisandme.ca)

HS Heroes:  
[hsheroes.ca](https://hsheroes.ca)

Lymphedema Association of Ontario:  
[lymphontario.ca](https://lymphontario.ca)

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Tumour Foundation of BC:  
[tumourfoundation.ca](https://tumourfoundation.ca)

# 2021

## 2021 Dermatologist of the Year



The Canadian Skin Patient Alliance is thrilled to announce Dr. Yuka Asai as the 2021 Dermatologist of the Year!

The CSPA recognizes Dr. Asai's dedicated work to improving the lives of individuals living with skin conditions. Through her compassionate concern for patients' welfare and happiness, her outstanding patient care, and her ability to bring research to life in a way that engages patients, Dr. Asai has shown that she is a dedicated supporter of skin patients.

Most notably, her commitment to community service and quality patient care was demonstrated by assisting the CSPA with the development of several resources for patients. Her mentorship of medical students and residents has and will have a lasting positive effect on others.

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*We thank Dr. Asai and all the health care professionals who continue to support the efforts of the CSPA in informing, educating, and advocating on behalf of the skin patient community!*

*Thank you!*