

New York Times
January 4, 2007
Skin Deep Section
The Cosmetics Restriction Diet
By NATASHA SINGER

Dr. Fran E. Cook-Bolden, a dermatologist in Manhattan, is an advocate of skin-care minimalism. When a patient recently arrived for an appointment toting 20 different products she was using regularly — including an eye cream, a vitamin C cream, a wrinkle serum, a pigmentation cream, a mask, a peel, a scrub and “some sort of special oxygen detoxifying cream” — Dr. Cook-Bolden said she confiscated all but three.

“It gave me a headache just to look at all of those products,” Dr. Cook-Bolden said. “Just two products, a gentle cleanser and a good sunscreen, are enough daily skin care for most people, and you can buy those at a drugstore or a grocery store.”

Dr. Cook-Bolden is part of a back-to-basics movement among dermatologists. At a time when beauty companies are introducing an increasing number of products marketed for specific body parts — including necks, creases around the mouth and eyelids — or for apocryphal maladies like visible pores or cellulite, these doctors are putting their patients on cosmetics restriction diets.

They are prescribing simplified skin-care routines requiring at most three steps: soap; sunscreen every day, no matter the weather or the season; and, if necessary, a product tailored to specific skin needs, whether a cream for pimples or pigmented spots, or a vitamin-enriched moisturizer for aging skin. Each product, they say, can be bought at drugstores for \$30 or less.

Among those doctors who have become experts at uncluttering their patients’ vanity tables and medicine cabinets is Dr. Sarah Boyce Sawyer, an assistant professor of dermatology at the School of Medicine at the University of Alabama at Birmingham.

“My New Year’s beauty resolution for patients is: cut down on skin-care products and cut your skin-care budget,” Dr. Sawyer said. “Cut down on those \$100 potions.”

For some doctors, simplifying skin-care routines is a way to make patients follow a regimen or a means to soothe irritated skin. But some dermatologists are also suggesting patients use fewer, less expensive

products because they believe there is little scientific research to justify buying an armload of pricey cosmetics, Dr. Sawyer said.

“We have good medical evidence on prescription products,” she said. “But the science is fuzzy with a lot of cosmetics.”

Unlike drugs, cosmetics are not required to prove their efficacy.

Prescription medications like Accutane for acne and over-the-counter drugs such as sunscreen ingredients must undergo rigorous clinical testing before they gain approval from the Food and Drug Administration. But cosmetics are not subject to the agency’s scrutiny before they go on sale. The F.D.A. defines cosmetics as topical products that do not alter the structure or function of the skin.

Dr. William P. Coleman III, the vice president of the American Academy of Dermatology, said consumers should view moisturizers and wrinkle creams as no more than superficial treatments.

“You have to think of cosmetics as decorative and hygienic, not as things that are going to change your skin,” said Dr. Coleman, who is a clinical professor of dermatology at Tulane University Health Sciences Center in New Orleans. “A \$200 cream may have better perfume or packaging, but as far as it moisturizing your skin better than a \$10 cream, it probably won’t.”

According to F.D.A. regulations, beauty manufacturers are responsible for the safety of their cosmetics and for their own marketing claims. Although many beauty companies perform studies on their products, they are not required to conduct clinical trials on the level of medical research or to make their proprietary research available to the public.

Dr. Mary Ellen Brademas, a clinical assistant professor of dermatology at New York University Medical Center, said the paucity of rigorous published science on cosmetics makes it difficult to determine how well creams work, whether they cost \$10, \$100 or \$1,000.

“People are spending \$450 on a jar of cream just because it is made out of something exotic like salmon eggs or cocoons,” Dr. Brademas said. “But the cheapest products work just as well as the more expensive ones.”

A study of wrinkle creams published last month by Consumer Reports concluded that there was no correlation between price and effectiveness. The study, which tested nine brands of wrinkle creams over 12 weeks,

also concluded that none of the products reduced the depth of wrinkles by more than 10 percent, an amount “barely visible to the naked eye.”

The Consumer Reports study found, for example, that a three-step regimen of Olay Regenerist products costing \$57 was slightly more effective at reducing the appearance of wrinkles than a \$135 tube of StriVectin-SD or a \$335 combination of two La Prairie Cellular lotions.

“I am seduced by fancy packaging as much as the next person,” Dr. Brademas said. “But I have a theory that all these skin-care things come out of the same vat in New Jersey.”

John Bailey, the executive vice president for science of the Cosmetic, Toiletry and Fragrance Association, an industry trade group in Washington, said that skin care varies widely in price because of amounts spent on research and development of ingredients and product formulas, and the cost of manufacturing and packaging.

But, he said, it is difficult to measure performance differences among products.

“Cosmetics don’t have the same quantitative analysis as drugs, so you don’t have a set gauge you can use to determine perceived and actual benefits,” said Dr. Bailey, who has a Ph.D. in chemistry. “Ultimately, consumers will have to try products out and find what works best for them.”

THE back-to-basics skin-care regimen is based on practicality rather than marketing claims. It does not rely on exotic ingredients grown on far-flung islands hand-picked by natives only under a full moon.

Dr. Diane C. Madfes, a clinical instructor at Mount Sinai School of Medicine, said that basic skin care requires washing one’s face to remove dirt, sweat and bacteria, and using sunscreen to impede sun damage. People who worry about wrinkles, pimples, dry spots or pores may want to add one or two treatment products, she said.

Dr. Cook-Bolden, who has been a paid consultant for several mass-market cosmetics brands, suggested a mild liquid cleanser for the face. Instead of using toners, which may strip skin, or gritty exfoliation beads and microdermabrasion systems, which may irritate skin, she recommended using a washcloth to slough off dead skin cells.

“If you have dry, sensitive skin, you just pat the washcloth on your face gently in a circular motion,” she said. “If you don’t have irritated skin, you can put more speed and pressure on the washcloth.”

Dermatologists disagree whether a moisturizer is then needed. Dr. Brademas said it is superfluous.

“Moisturizer is optional unless you are in the Arctic,” said Dr. Brademas, who favors Vaseline petroleum jelly for dry hands, feet, knees and elbows. “I’m not sure moisturizers do very much except for creating a smooth surface so that makeup can go on without drag.”

Dr. Cook-Bolden took a more agnostic position.

“If you need a moisturizer, moisturize,” she said. “If you want less moisture, use a lotion. If you want more, use a cream. And if you have acne-prone skin, use a gel or a spray.”

Although the dermatologists interviewed for this article disagreed about moisturizer, they agreed on one point: the importance of sun protection, including hats, avoidance of midday sun and the use of an effective sunscreen. They recommended that consumers look for formulas that include ingredients — like zinc oxide, titanium dioxide or Mexoryl SX — that impede damage from the sun’s longer wavelength UVA rays, a protective effect that is not indicated by a product’s SPF rating.

Beyond soap and sunscreen, Dr. Madfes said that one or two additional products might be added to personalize a skin-care routine.

“People who see wrinkles around their eyes are going to reach for an eye cream,” Dr. Madfes said. “Someone who looks in the mirror and sees large pores may want to use a cleanser with salicylic acid, which can reduce clogged pores.”

She is also a proponent of night creams that combine retinol, a form of vitamin A that may help speed up the turnover of skin cells, and antioxidants such as vitamin C, vitamin E or lycopene that may help thwart environmental damage to the skin. People with skin conditions like severe acne or people interested in topical anti-wrinkle drugs should consult their doctors about prescription medications, she said.

On an expedition last week to a CVS Pharmacy at Columbus Circle with a reporter, Dr. Madfes examined the product labels on skin-care items from a variety of mass-market brands and recommended a few basic

products, including Cetaphil cleanser and La Roche-Posay Anthelios SX sunscreen.

“Higher end, more expensive products may look better in the box and feel better on your face, but they don’t necessarily work better than less expensive products as long as you look for ingredients that are known for efficacy,” Dr. Madfes said.

But she did see one benefit to splurging.

“The thing is, when someone buys a \$200 cream, they are going to use that cream,” Dr. Madfes said. “So, in the end, their skin may benefit.”

January 11, 2007
Protecting Our Skin (1 Letter)

To the Editor:

“The Cosmetics Restriction Diet” (Thursday Styles, Jan. 4) reminds us that using multiple products may cause the skin to break out.

Each cosmetic may contain 30 or 40 chemicals, some of which cause irritation or allergy. The skin is the essential barrier between our internal organs and the outside world. It is the largest organ and is a remarkable protector, but exposure to many substances can be harmful.

We often advise patients to refrain from using anything nonessential to reverse adverse reactions. We should show great respect to our wonderful “container.”

Stephen Danziger, M.D.

Brooklyn, Jan. 4, 2007

The writer is chief of dermatology at New York Methodist Hospital.