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Featuring

Tanning: Behavior, Addiction, and Implications

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Shedding Light at the Tanning Parlor: Recent Research on Teenage Tanning Behavior

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The Identification and Treatment of Subclinical Sun Damage With 5-Fluorouracil Cream: A Small, Prospective, Pilot Study

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Market Overview: Nutricosmetics

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Tanning: Behavior, Addiction, and Implications

Exposure to UV radiation in general, and indoor tanning beds in particular, has become increasingly controversial. Legislation to ban indoor tanning beds has been enacted in some states and is being debated in several more. The use of indoor tanning devices by teenagers is especially problematic because they are exposed to UV radiation during years that they are especially vulnerable. Regulating indoor tanning bed use, largely the way that tobacco is regulated, is becoming a priority for many dermatologists and public health officials. The link between UV radiation exposure and skin cancer is pretty firm while the need for adequate levels of vitamin D also is known. Controversy exists regarding how much UV radiation exposure is required for maintaining healthy vitamin D levels and whether oral supplementation is an adequate source. What is known about vitamin D is that it is a measurable value and its levels can easily be ascertained.

The available medical literature on tanning is replete with reports, both good and bad. Most of the reports from dermatology journals are peer reviewed and they tend to link the high amounts of UV damage to increases in skin cancer and melanoma.¹⁻³ Reports from other specialties cite the benefits of tanning as it relates to vitamin D production. My impression is that the medical literature tilts against the use of indoor tanning booths.

I think that indoor tanning bed use should be banned for minors. There is no reason that teenagers should incur the damage or potential damage that these devices generate. The fact that studies have shown this behavior to be addictive further mandates some sort of legislation that places this behavior in the same category as other addictive behaviors.⁴ Although minors have a wide degree of latitude in the United States, indoor tanning devices are not proven safe, but are believed to be harmful. They should be treated the same way that cigarettes are and monitored just as stringently.

I fail to see the need for adult use of indoor tanning beds, but I also fail to understand cigarette smoking. However, I would not legislate against either. Instead, I would try to educate patients about the relative dangers of

each using the available medical data. It would be helpful if individuals could gauge the dangers of these activities and then make educated decisions based on the best available information. If people engage in activities such as smoking or tanning, perhaps it would be wise to also put them in a category that cannot litigate after the fact. That is, if individuals decide to smoke cigarettes or use indoor tanning

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beds perhaps it would be wise to hold them responsible for the consequences of their actions and not allow them to sue the manufacturers of said products for liability or defects. Certainly, the products are not defective and they (like guns) work exactly as designed. The damages incurred from each of these products are quantifiable and should be considered in any discussion.

From a wider dermatology perspective, we need to be realistic. It is a disservice to our patients and to our specialty to tell individuals that all sun is bad sun. Part of what a physician does is to educate patients. Internists

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teach people about high blood pressure and high cholesterol but they advocate healthy reference ranges, not absolute avoidance. This probably is a sensible model. Teaching patients in the dermatology setting about the risks of sunburns, the danger of sun exposure when very young, and the ways to avoid peak periods of UV radiation exposure would be useful.

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