

# the dermatologist

PRACTICAL AND CLINICAL INSIGHTS INTO TODAY'S DERMATOLOGY ISSUES | JULY 2013

## EVALUATING COSMECEUTICALS

Cosmeceuticals have the potential to benefit a multitude of patients. Utilizing the science behind the products will enable the dermatology provider to offer all patients a cosmeceutical regimen that is tailored to individual skincare needs.

An "F" for Evidence-based  
Medicine

Treating Rare Fungal Infections:  
Chromoblastomycosis

Psoriasis Review

**BOARD REVIEW**  
In this Issue  
on page 15

# ANTI-AGING PILLS

The search for a "fountain of youth" and increasing media attention often prompt patients to inquire about hormones and other supplements.

KENNETH BEER, MD



Kenneth Beer, MD

Human growth hormone, testosterone, melatonin and other hormonal supplements are being promoted more than ever. In addition to the prescription-strength products that are available from physicians, there are a host of non-prescription products that are filtering into the market. Despite questions about the efficacy of their use and the potential for adverse reactions, the use of supplements has increased among many of our patients.

Frequent use of testosterone and human growth hormone is a combination that many cosmetic physicians encoun-

ter. Some physicians prescribe these medications as an adjunct to surgical or non-surgical renovation. The potential for a "fountain of youth" is one that attracts physicians and our patients.

Human growth hormone does what it says: It helps humans grow. When used to treat short stature in children, it can have a dramatic effect on their growth. Once the epiphyseal plates have closed,

the bones are no longer capable of growing, but the hormone does affect other parts of the body.

Testosterone has also been used and has been associated with increased strength in men with a mean age of 74.<sup>1</sup> Measured indices such as leg press strength increased in this group. However, there was a slightly increased risk of cardiovascular events. I have seen that patients who use this drug tend to have lower body fat and they seem to have a similar appearance. Obvious side effects include acne, changes in the voice and hirsutism.

There is, and has been, a great deal of interest in these supplements as well as the associated claims. As a result, there are dermatologists, plastic surgeons, gynecologists and a host of other physicians and non-physicians who incorporate them into their practices. The legal use of these supplements in medical practices offers several advantages. Patients who participate in these programs pay cash for the visits and supplements. Typically, these patients are very image-conscious and will use other procedures to enhance their appearance, so they are potentially individuals who will "stick" with the practice. Patients who use supplements tend to be vocal about it and may act as practice advocates.

*There is, and has been, a great deal of interest in these supplements as well as the associated claims. As a result, there are dermatologists, plastic surgeons, gynecologists and a host of other physicians and non-physicians who incorporate them into their practices.*

My experience is that most dermatologists are not "buying" into this practice. None of my colleagues are prescribing hormonal supplements that I am aware of. While I cannot speak for



them, I have my own reasons for avoiding this trend. The first reason is simple: I don't think that I have the requisite knowledge to practice what is, in essence, cosmetic endocrinology. I possess a rudimentary knowledge of the endocrine system and understand how hormones react with the skin, hair and the

body in general. I can manage some thyroid disease, work up polycystic ovary disease and identify the occasional hormonal issue after patients present with a related cutaneous finding. However, for anything more complicated than this, I refer patients to my endocrine colleagues. My second reason is based on an evolutionary gestalt that may or may not be accurate. I believe that we have evolved over the millennia to have growth hormone while we are growing and to have it taper off when we are not. Testosterone is also a hormone that

should probably decrease as the prostate accumulates genetic damage. These reasons are not based on empiric data, nor are they founded in evidence-based medicine; they are merely my opinions on the matter.

Patients ask me about hormones frequently because this is a topic that seems

*I have my own reasons for avoiding this trend. The first reason is simple: I don't think that I have the requisite knowledge to practice what is, in essence, cosmetic endocrinology.*

to attract a lot of attention in the media. In Florida, there have been news reports about prosecution for illegal distribution of these drugs, as well as a few deaths tied to their use. There have been numerous reports about athletes who use hormones and supplements to enhance their performance, and patients frequently ask about these products as well. When asked, I respond that I do not feel comfortable using them and I refer them to an endocrine specialist for further information. Several of my patients have relationships with academic

institutions and I will frequently refer them to these teaching hospitals.

Cosmetic dermatologists and plastic surgeons have a large impact on the lives of their patients. Frequently, these patients will look to them for guidance about wellness and appearance. When it comes to the use of hormones and supplements, my guidance is conservative, and I am waiting to see what some of my peers do and what some of the evidence says. ■

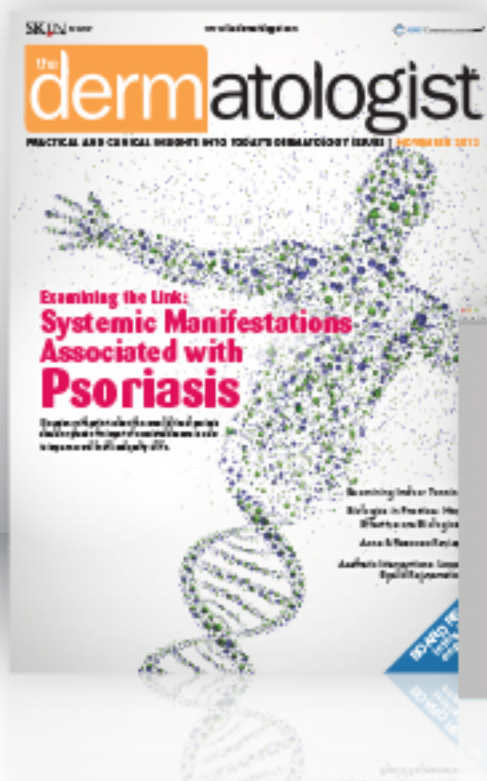
*Dr. Beer is in private practice in West Palm Beach, FL. He is also a Volunteer Clinical Instructor in Dermatology at the University of Miami, a Consulting Associate in the Department of Medicine at Duke University and Director of the Cosmetic Bootcamp meeting.*

*Disclosure: Dr. Beer is an owner of Theraplex LLC, and consults, speaks or performs clinical trials for Medias, a division of Valeant, 3M, Sanofi Aventis, Biopharm Medical, Allergan and Stiefel, a GSK company. He is also a Director of the Cosmetic Bootcamp meeting.*

**Reference**

1. Bazaria S, Coviello AD, Travison TG, et al. Adverse events associated with testosterone administration. *N Engl J Med.* 363(2):109-122.

# Unlimited Access. Anywhere, Anytime.



Download the **Free** app on your Apple or Android tablet.

Visit [www.the-dermatologist.com](http://www.the-dermatologist.com)

