

cosmetic DERMATOLOGY®

November 2010 Volume 23 No. 11

A PEER-REVIEWED JOURNAL



Featuring

Break-up Makeovers

Kenneth Beer, MD

Photodamage, Part 2: Management of Photoaging

Sonal Choudhary, MD

Jennifer Carol Tang, BS

Angel Leiva

Keyvan Nouri, MD

Noncompliance With Medication Therapy: An Analysis of Nationally Representative Data

Hadas Skupsky, BS

Brad A. Yentzer, MD

Alan B. Fleischer Jr, MD

Steven R. Feldman, MD, PhD

The Official Publication of the

**AMERICAN SOCIETY OF
COSMETIC DERMATOLOGY
& AESTHETIC SURGERY**

Break-up Makeovers

I am not sure if the recent economic stress is driving more relationships to tank or if I am at a point in life where the relationships tanking involve my peers and patients of the same age and I am just noticing them more. Some are driven off by the midlife yearning to live with a stripper or tennis pro. Some harbor a deep-seated desire to listen to their inner child and abandon the constraints at the halfway point (the Porsche convertible is a clue). I have a few more mature patients that lose a spouse to natural causes. Whatever the case, a surprising number of people are showing up at my practice in the midst of a *fin de relationship* looking for ways to look and feel better. Frequently, these involve relatively inexpensive treatments such as injections with botulinum toxins. Occasionally they involve more extensive treatments such as an injectable facelift. Sometimes they involve just sitting and talking—I have a few patients who book appointments where the real agenda is to sit and chat.

Ideally it would be great to work with a psychiatrist or other counselor that could address the rest of the baggage that attends a break-up.

There are data to suggest that injections that alter the appearance also alter self-image, job performance, and depression scales. Patients coming to my practice typically report feeling better about themselves once they feel better looking in the mirror. Superficial and trite? Perhaps, but perhaps it is a single step on the path to independence. The psychology of a makeover and its cost-benefit ratio could be the topic of a whole other article or book but it is sufficient to say that for some people, effecting a change in their appearance effects a change in their self-perception.

Makeover patients that want some simple changes usually do well with some fillers and botulinum toxins. The easiest areas to treat are those where the signs of aging are most apparent. In my practice, I tend to combine fillers

and botulinum toxins for the glabella area and then focus on the nasolabial creases and marionette lines. Once I have treated these areas, patients typically look better and feel much more confident. The most common comment that I hear is that they “look like themselves again.”

Injecting the lips for augmentation is another area that I treat in this scenario. Patients aged 40 years and older do well with hyaluronic acid gels in this location. Injections into the lips should be focused on inflating the vermilion border via injecting into the wet/dry junction in a serial puncture technique. Once the Cupid's bow is reached, I orient the needle in a cephalad manner to fill the points. This latter injection can produce dramatic improvements in appearance and self-image. I think that the lips' link to reproductive capacity and atrophy with age and loss of reproductive capacity cause them to be the focal point of women who are newly single.

Ideally it would be great to work with a psychiatrist or other counselor that could address the rest of the baggage that attends a break-up. In my community there is one psychiatrist that has been incredible with people in this situation. For patients that come to talk, sometimes I can help simply by listening. Because many of these patients are people that I consider friends and most are ones I have known for over a decade, we have common ground to discuss. Some need more than an opportunity to chat and I have begun to refer these patients to my colleague for evaluation. If you are seeing a trend in divorce makeovers, it behooves you to find someone that you would speak with if you were in a similar circumstance.

Patients in the midst of an emotional upheaval should be treated gently. As one who is not the most intuitive, sometimes this is a challenge for me. My nursing staff really helps me in this area because patients will discuss things with them that they will not mention to me. When you find yourself in the midst of this type of turmoil, I would recommend that it be viewed as an opportunity to help rather than a time to market.

Kenneth Beer, MD

West Palm Beach and Jupiter, Florida

Suggested Reading

Jablonski NG. *Skin: A Natural History*. Berkeley, CA: University of California Press; 2006.

Dr. Beer is an investigator and consultant for Allergan, Inc. and Medicis Pharmaceutical Corporation.