

ANTI
AGEING
SPECIAL

Love the Skin you're in

Ageing gracefully
takes acceptance
- but some skincare
tips can help turn
back time. Here's
how to strike the
perfect balance



How ageing affects the skin and what you can do to protect yours

Growing older can have an effect on virtually every part of the body, but the skin is where you'll find the most visible changes. Here's how to care for this expansive organ and recognise signs that might be cause for medical concern.

What to expect

While epidermal changes can begin as early as our 20s, the process ramps up around menopause for women. Regardless of sex, the skin eventually becomes thinner, more sallow and less elastic. It may also develop lentiginos (darker patches, also known as age spots), skin tags (flap-like growths), seborrheic keratoses (waxy, wart-like lesions), cherry angiomas (small red spots) and, of course, wrinkles.

"These changes are all just normal signs of ageing," says Dr Lisa Chipps, a dermatologist and assistant clinical professor at the University of California, Los Angeles. If you're bothered by the appearance of blemishes, specialists offer prescriptions and procedures - such as chemical peels, photo-rejuvenation or wrinkle-smoothing injections - to suit different cases. "Get a full assessment," says Dr Vince Bertucci, president of the Canadian



Dermatology Association. "No two individuals have the same skin, or the same priorities."

Watch your spots

Don't mistake cancerous changes for just another sign of getting older. If a blemish is basal-cell carcinoma (the most common form of skin cancer), it may bleed repeatedly and take time to heal. Visible blood vessels within the lesion may be another red flag. Melanoma, the most dangerous epidermal cancer, might be asymmetrical in shape, growing in size or irregular in border and colour. In general, "look for the ugly duckling," says Bertucci, "a spot that's different from all the others." When in doubt, get a doctor's opinion.

PHOTOS: (PREVIOUS PAGE AND ABOVE) ISTOCK



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How to slow the clock

Skin ageing comes in two forms: intrinsic and extrinsic. The former is influenced by genes and can't be avoided, but the latter is triggered by environment and lifestyle. The single most effective thing you can do to preserve your skin is to make sure you shield it from ultraviolet rays. In particular, it's the long-wave UVA variety that exacerbates the visible signs of ageing, "and a lot of people don't realise that these ones come through glass," says Chippis. Her recommendation is to apply sunscreen if you're spending time next to sunlit windows, including those in the car.

Smoking and high-sugar diets can also take a toll. Nicotine reduces blood flow to the skin, and other chemicals in cigarettes alter its proteins. Meanwhile, sugar molecules bond with these proteins, making it harder for them to repair damage. It's impossible to avoid all sugar; just don't overdo it.

The lifestyle choices you make, and the way you care for your skin, will have a big impact on the way it looks and feels

CARING FOR YOUR SKIN

Your skin will alter as you grow older. But the lifestyle choices you make, and the way you care for your skin, will have a big impact on the way it looks and feels.

There's a lot you can do to keep older skin looking and feeling healthy. For a start, nothing ages your skin quicker than getting too much sun. That's why dermatologists say the No. 1 product for mature skin is sunscreen.

Shielding your skin from sunlight is also the best way to avoid age spots – patches of discolouration due to melanin (skin pigment) accumulation; special skin-bleaching products can help lighten these. To sun-proof older skin:

- Apply sunscreen daily when outdoors to prevent further damage from ultraviolet rays.
- Choose a product that blocks both UVA and UVB rays with SPF30 or higher on all exposed areas.

- For thinning hair, wear a hat; apply sunscreen to any bald patches.
- But don't slap on the sunscreen too soon – some exposure to sunlight is important for processing vitamin D.



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Defeating dryness

Older people are more susceptible to dry skin, in part because as we age, our glands produce less oil than they once did. This problem may be especially pronounced on the lower legs, elbows and forearms. It can lead to itchiness, cracking and bleeding, so applying moisturiser throughout the day can help you feel as comfortable as possible in your skin. Bonus: it diminishes the appearance of wrinkles, too.

Combating dry skin

In women, the skin becomes drier and itchier from around age 50, when the sebaceous glands start to work less well. Men tend to get dry skin, too, but it develops much later. Here's how to keep your skin well hydrated.

- Bathe or shower once a day at most. Use lukewarm rather than hot water. Avoid soaps that dry your skin – and ban sponges, scrubbing brushes and flannels that might scratch.
- Using a humidifier can help to replenish humidity in the skin's outermost layer.
- Applying a non-perfumed moisturiser while your skin is still damp seals in moisture. Men often find themselves buying moisturiser or body lotion for the first time later in life – there are now many non-perfumed products available.



BOOSTING YOUR SKIN

As well as using sunscreen, be kind to skin in the following ways.

- **Keep fit** Exercise nourishes your skin cells by increasing blood flow, and improves tone in the muscles supporting the skin.
- **Quit smoking** Smoking reduces blood flow in the skin, which results in wrinkling.
- **Get your beauty sleep** The skin repairs itself as you sleep, and too little sleep triggers the production of cortisol, a stress hormone that breaks down skin cells, increasing wrinkling and inflammation.
- **Eat a skin-friendly diet** Have lots of fresh fruit and vegetables and stay well hydrated. Avoiding alcohol at least two nights each week and cutting down on coffee and sugar helps clean up your liver – and thereby clears your skin of blemishes, say some dermatologists.
- **Stress reducers** Stress disrupts your natural hormone balance, which in turn hinders your skin from healing itself. Taking daily exercise and treating yourself to regular body massages are both good for your skin – and your stress levels.
- **Avoid crash diets** Researchers in Ohio, who compared 200 pairs of identical twins aged 40-plus, found that being excessively thin was more ageing than 'bad' genes.

PHOTO: ISTOCK

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Snack on hazelnuts to help protect your skin

7 Magical Ways to Nourish Mature Skin

Diet can be as important as lotions and potions in keeping your skin properly hydrated and resilient. Here's the lowdown.

1 OIL FROM WITHIN Vitamin E in almonds, avocados, hazelnuts, pine nuts and sunflower and corn oil is a powerful antioxidant that protects skin from sun damage and the harmful effects of toxic free radicals.

2 ENJOY GRAPES Sorbitol, which gives grapes, berries, plums and pears their sweetness, is a humectant, a substance that attracts water when applied to the skin, helping it to absorb and retain moisture.

3 GO GREEN Vitamin K – in kale and other green vegetables – helps your blood coagulate, reducing the impact of bruising (but go easy if you're on blood thinners like warfarin as it may alter their effectiveness).

4 GO RED Lycopene in tomato paste seems to give skin powerful

protection against UV rays, according to a number of small studies.

5 CHOOSE FRUITS RICH IN VITAMIN C Vitamin C in fruits, especially blackcurrants, blueberries, kiwi fruit, oranges and strawberries, helps to make collagen, the structural fibres that speed wound-healing as well as strengthening your skin and helping to make it more elastic.

6 EAT OILY FISH Salmon and other oily fish are rich in dimethylaminoethanol, a compound that boosts muscle tone and is one of the must-have ingredients in expensive 'mature' skin creams.

7 ENLIST THE A TEAM Vitamin A in milk, eggs, liver and fish liver oil helps prevent further wrinkles as well as infections in injured skin, according to a study of 4025 women aged up to 74 years. Beta-carotene transforms into vitamin A in your digestive tract, and is found in orange, yellow, red and dark green fruit and vegetables.

PHOTO: ISTOCK

Two Common Skin Problems

While symptoms such as dryness, a rash or discolouration can be part of ageing, they can also be a reaction to medication or a sign of nutritional deficiency (which can be rectified). Skin problems can also be associated with illnesses such as diabetes or heart disease, but it is unlikely that a serious problem would show only on the skin.

BRUISING AND WOUNDS

As you age your ability to sense touch and pressure reduces – so you are more prone to injury. Your skin is also more likely to bruise: blood vessels are less robust in older people, so are more likely to rupture, producing a bruise's outward appearance. In addition, some medications, including daily aspirin or warfarin, worsen bruising. There's good news if you keep fit, though: exercise may aid bruise and wound healing, according to researchers in Chicago.

■ Speed up healing by applying a cold compress, elevating the affected area and applying an over-the-counter fading cream such as Hirudoid cream.



ROSACEA

This skin disorder, characterised by facial flushing and redness, is usually triggered by spicy food, alcohol, hot drinks and possibly stress. It may be partly inherited and is most common in people with pale skin. It worsens with age if it's not managed, so:

- Avoid the food and drink that triggers it.
- Talk to your doctor about skin creams and medication such as antibiotics. Laser therapy may also help some people.
- Cover it up. Some experts advise against this on the grounds that cream will irritate facial redness, but wearing appropriate camouflage cream (alone or under make-up) has been shown to boost morale in people of both sexes with rosacea.

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It's All in Your Hands

Restorative creams, gentle scrubs, nail care and more

Your hands, like your face, tend to show your age. The skin on the back is naturally thin and delicate, and made more so by frequent handwashing and sun damage, which also makes hands prone to age spots. Hands tend to get bonier and more veiny with age, too, as muscle and fat tissue is lost or replaced more slowly, making them more at risk of bruising and injury.

■ Use a good hand cream frequently. Slap on hand cream with added sunscreen whenever you go out. ■ Brighten dull hands by exfoliating regularly: use sea salt mixed with lemon juice and gently scrub into your hands with an old toothbrush. Or go for a chemical peel that uses fruit acids



or laser skin resurfacing from a qualified practitioner.

- Keep nails dry and clean to prevent bacteria or fungi growing underneath. Wear cotton-lined rubber gloves to do housework.
- Watch out for any nail discoloration: it can be a sign of illness (though if you have dark skin, you may naturally have dark stripes in your nails). A dark, pigmented line on a nail can be an early sign of skin cancer – see a doctor if you spot this.



“Whatever you may look like, marry a man your own age – as your beauty fades, so will his eyesight.”

PHYLLIS DILLER,
US actress and comedian

PHOTO: (HAND) ISTOCK

Is It an Age Spot or Something Else?

Age spots, or liver spots, are flat areas of brown pigment that often occur on the backs of the hands

Despite their name, these flat or rounded brown spots aren't caused by age. They are simply areas of excess pigment that result from years of exposure to sunlight. Because it takes decades to see the results of sun damage, many people don't notice the marks until later in life, but people who've had significant sun exposure can develop them in their 20s and 30s. Some drugs can make you more vulnerable to sun damage and related age spots. These include diuretics, tetracycline and drugs for diabetes and high blood pressure.

The best way to prevent them – and to protect yourself from skin cancer, too – is by using plenty of



sunscreen. If you already have age spots, there are treatments available. Look for an over-the-counter fading cream, or apply a simple, natural bleaching agent. Bear in mind that it can take several months to see an improvement. If over-the-counter remedies don't work on your age spots, your GP may recommend getting them checked by a dermatologist. And from now on, make sure you never leave the house without proper sun protection.

IF AN AGE SPOT CHANGES

Age spots, which usually look like dark, smooth freckles, are generally harmless. However, if a spot starts to tingle, itch, change size or colour or bleed, see your GP. Some skin cancers can look like age spots.

PHOTO: ISTOCK

With general practitioners busier than ever, communication is essential to getting the best care

BY MARY F. HAWKINS
FROM *TALK TO YOUR DOC*

How to Talk to Your Doctor

AT ONE TIME or another, most of us have complained about feeling dissatisfied with a visit to the doctor's office. When I hear people voicing their concerns, I'm convinced that part of the problem lies in our difficulty speaking honestly with our doctors or medical specialists.

HUMANISING YOUR DOCTOR

We expect a lot of health practitioners to spend a reasonable amount of time with us, to communicate effectively, to be in a good mood and to have answers to all our medical questions.

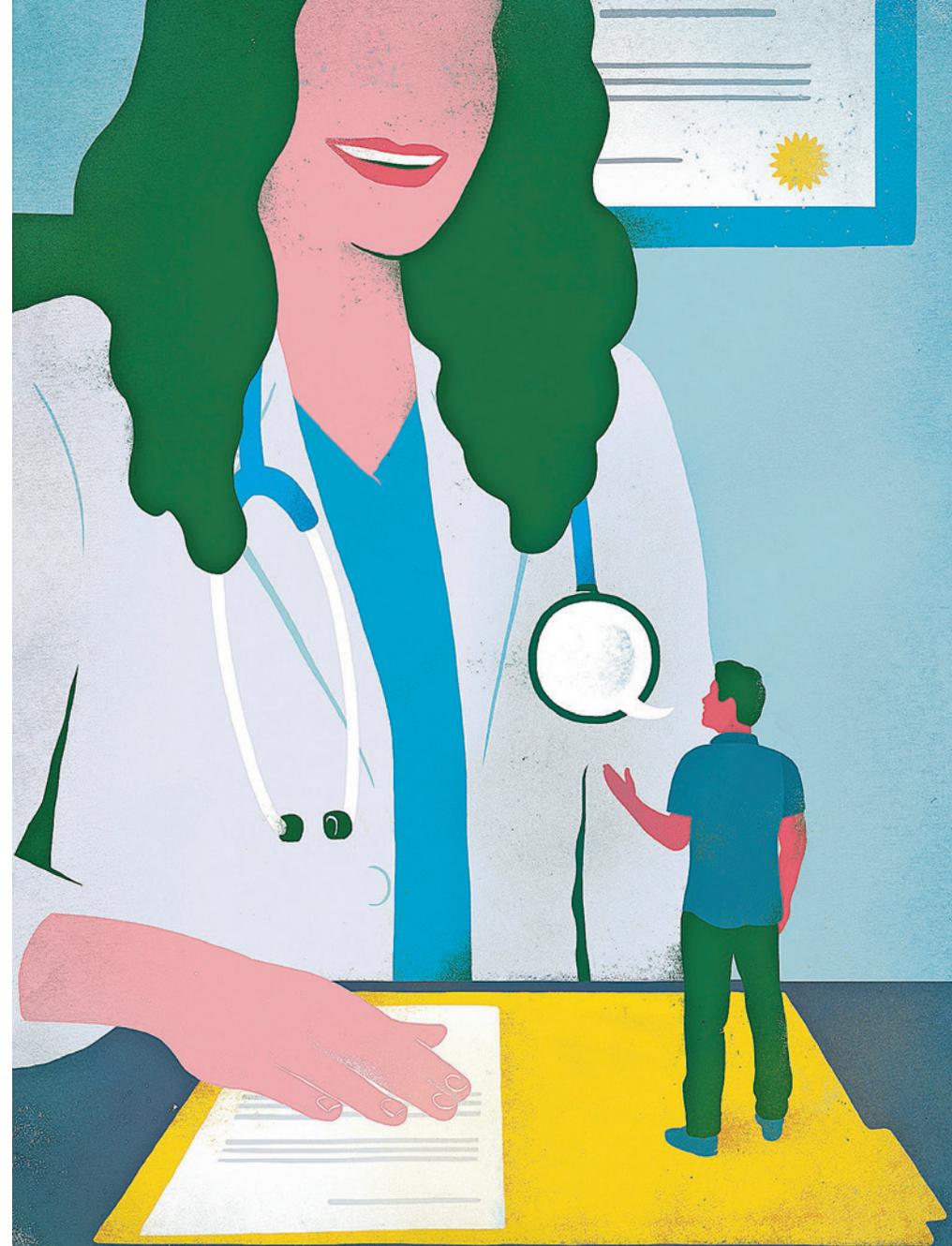
If you ask patients whether these

expectations are met, some will say yes, but the majority feel let down. Why? It may be that our expectations are unrealistic, or it may be the result of a breakdown in communication.

Patients often think of their doctors as infallible, but open conversation can change that. If we see our doctors as ordinary people, our expectations will become more realistic.

For example, when a patient visited her doctor for a cold, the doctor was annoyed with her for taking up valuable time. The patient was surprised that he would speak to her so irritably. When he saw her reaction, the doctor apologised. He explained that he had a heavy patient load that week

ILLUSTRATION: SEBASTIEN THIBAUT



and was also worried about his young daughter, who was sick. The patient realised that perhaps her doctor had a point about a needless visit and that he, too, had personal stresses.

SHARING DISCOMFORT

Tell your doctor if you feel uncomfortable with any aspect of your care. You may be uneasy with groin, rectal or breast examinations, for example. A doctor will usually understand and try to decrease your nervousness. But you might want to think about whether the problem could be your own aversion to invasive procedures, which is not uncommon.

If this is the case, you could try thinking or chatting about other things during such exams. Joking can help both the patient and doctor relax. If, however, you still don't feel at ease, it might be time to consider finding another doctor.

FEELING DISSATISFIED

Expressing how you feel to your doctor is important. However, not everyone is open to hearing your criticism, especially if that person is the target. Choosing the right time is important, as is figuring out how to make your point without causing offence.

Suppose you feel your doctor doesn't grasp your symptoms accurately. You decide he or she is being obstinate and unwilling to hear what you have to say, and perhaps you're right. However, you might be able to

get your message across by saying, for instance, "Doctor, for some reason I don't seem to be describing my symptoms clearly. I wonder if there is some other way I could describe them to help you understand." This would give your doctor an opportunity to recognise that he or she isn't on the same page as you.

FAMILY MEDICAL HISTORY

We often forget to inform the doctor about crucial family information that might affect diagnosis, prognosis, intervention and even medical treatment. There are many conditions with hereditary factors, such as heart disease, stroke, mental illness and certain types of cancer. If your doctor knows about these patterns, you can discuss which symptoms to watch for and which preventive steps to take.

Imagine that a patient becomes concerned about her risk of a stroke, so she books an appointment with her doctor to discuss it. "I had no idea about the history of strokes in my family until my grandfather's last year," she says. "My mother told me that her own grandfather had died of a stroke, too."

"I see," says the GP, taking notes. "I'm glad you're telling me now. Better late than never."

"Then a friend told me that chronic stress can add to the risk," says the patient. "I have a high-stress job, so I began to worry."

"I think it's premature to start

worrying," says the doctor. "A family history of stroke is no guarantee that you'll have one, too, and there are lots of things you can do to reduce your risk."

She then explains some of the lifestyle factors the patient could control, before finishing up by saying, "You were right to tell me about this possibility. It gives me a good frame of reference and means we can work together to keep you as healthy as possible."

aggravate depression, migraines, backaches, fatigue and stomach pain.

"Doctor," says a patient, "my headaches have become a lot worse since my wife and I separated last month. They're interfering with my work, and I'm finding it difficult to concentrate. I've tried taking over-the-counter painkillers, like you suggested last time, but they don't seem very effective. I don't know what to do."

"Oh," says the GP, "I didn't know last



IT CAN BE DIFFICULT TO COMMUNICATE DEGREES OF PAIN TO A DOCTOR

The patient leaves her GP's office feeling relieved – and with a lot of accurate information about strokes.

DISCUSSING SYMPTOMS

You should take note of any changes in your body – such as unusual lumps, rashes or persistent pain – and be sure to communicate them to your doctor. It allows for early detection of potentially serious conditions and will give your doctor the opportunity to hear about any worries you might have.

Often, we don't let the doctor know of the upsets and stresses in our personal lives, even though they might contribute to changes in our health. Emotional problems can, for example,

time about all these changes in your life. They could certainly be increasing your tension levels, which could be a reason for your headaches. How about if I check a few other things?"

As she measures his blood pressure, she asks the patient to tell her more. The patient describes how he feels about the break-up of his marriage and the stresses of his job. By the end of the visit, he feels more relaxed about his situation.

DESCRIBING HOW YOU FEEL

It can be difficult to describe how you feel – to communicate degrees of physical or emotional pain. Sometimes using a comparison or an

analogy might help. Look at the following examples.

- “It feels like my shoulder has been pierced by an arrow.”
- “My stomach feels bruised.”
- “My muscles feel as though they are on fire.”

There are many words or images you can choose; the point is to find a way to describe exactly how you feel.

For example, after an accident a patient felt as if his knee would explode. “I can see you’re in a lot of pain,” said his GP. “Where does it hurt most?”

“Here,” said the patient, pointing to the side of his knee.

The doctor gently touched the knee. “It’s quite swollen,” she said.

“It’s burning, throbbing,” said the patient. “Please give me something to ease the pain.”

“First, tell me how deep the pain is,” said the doctor. “Can you describe it?”

“It feels as though a knife is piercing a nerve.”

“I see,” said the doctor. “Has it been gradual?”

“Yes, it started slowly,” said the patient. “But then it suddenly got worse.”

In this way, the patient gave his doctor a picture of his pain that allowed for appropriate treatment.

If we share our concerns openly in patient-doctor exchanges, we will avoid frustration and misunderstanding, and experience better results. **R**

DO YOU COMMUNICATE WITH YOUR DOCTOR EFFECTIVELY?

Select the answer that best describes you. The more you tick ‘yes’, the better the quality of your communication with your GP. ‘No’ answers indicate areas for improvement.

Do you offer your doctor a complete medical history?	Y N
Can you find words to describe your symptoms and how you feel?	Y N
Do you get your point across?	Y N
Do you make lists of questions to ask your doctor?	Y N
Do you understand the advice your doctor gives you?	Y N
Do you negotiate with your doctor when you have differing opinions?	Y N
Do you tell your doctor if you are dissatisfied with the care you receive?	Y N
Do you feel satisfied with the service your doctor provides?	Y N