Skin Aging

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And Its Modulation

Introduction

- Tow main processes of skin aging: intrinsic and extrinsic
- Intrinsic aging: reflects the genetic background of an individual and results from the passage of time. It is inevitable
- Extrinsic aging (premature skin aging): caused by external factors such as smoking, poor nutrition, alcohol, and sun exposure. It is not inevitable

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EXTRINSIC AGING INTRINSIC AGING

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Intrinsic aging vs. Extrinsic aging: Intrinsic aging:

- Smooth and unblemished sunspot is Zlean to Lain
- Exaggerated expression lines but عداد وسن العدوي وسنداد preservation of the normal geometric ومدالين العنم رضير patterns of the skin على ما عنا والمناع العنم الع
- Under microscope:
- Epidermal atrophy

المعنون عيدان تقوى الا تعقا ومنزس التعذيب لل Dermal atrophy

d. Increase in the collagen III/ collagen I ratio

Saja Hamed, Ph.D J. Zo Jo Collagen I

Intrinsic aging

- The superficial muscles on the face begin to shrink, which causes lines to appear.
- Typical facial wrinkles forming the areas where muscles contract to make facial expressions. These include "worry lines" عَلَيْكُمْ عَلَيْكُمُ اللهِ spanning the forehead, laugh lines around the eyes and mouth, and crow's feet radiating from the outside corners of the eyes

The Internsic aging does not only in clude the skin.

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Intrinsic Aging

- The production of immune cells decrease overtime which contribute to the compromised wound healing process
- Gradual flattening of the wavy attachment → between epidermis and dermis due to reduced production of keratinocytes→ increase skin fragility and reduce nutrient

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يونر عامل الحلدولس و Intrinsic Aging

- It affects the skin on the entire body, including the photoprotected areas in a similar manner
- Slow, continuous, and irreversible tissue degradation
- People of identical chronological age may appear to have younger or older looking skin due to different genetic make up

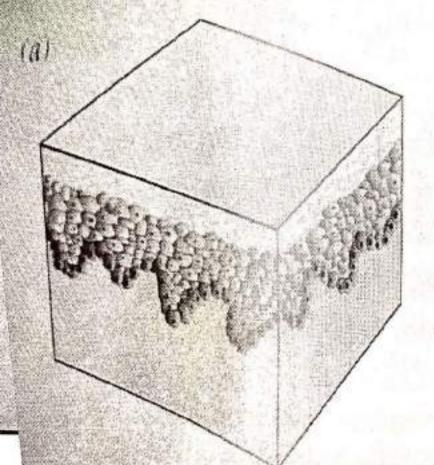
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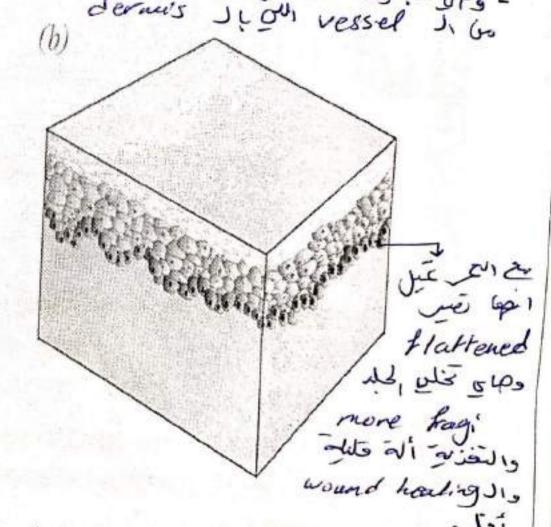
Intrinsic Aging

- Both the mortar and bricks of the skin are affected which leads to a reduction in the SC lipid content, damaged barrier functions, increased epidermal water loss and drier skin
- Changes in skin pigmentation and size of the sebaceous glands
 - Decrease in melanocytes density→ pale appearance which also related to decrease vascularity of the skin→ more susceptible to sun damage because of less melanin
- Number of sebaceous glands remain approx. the same throughout life but their size tends to increase with age. > the skin pores may widen

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(epidermis) dermis di on aubiti) rete ridges di resoli se es e epidermis) i visi si con la co





Flattening of the attachment between epidermis and dermis in older skin (b), compared with the wavy attachment in younger skin (a).

Young and aged dermis

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Aged

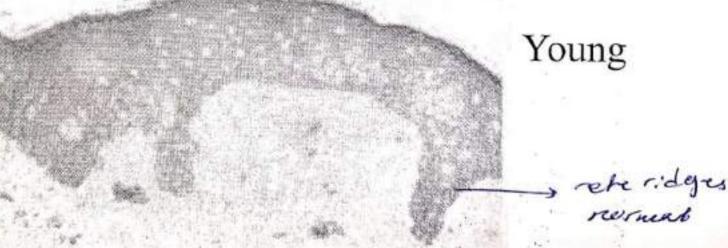
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Intrinsic aging vs. Extrinsic aging: Extrinsic aging:

- Appears predominately in exposed areas such as the face, chest, and extensor surfaces of the arm
- It is a results of the total effects of a lifetime of exposure to UVR
- Wrinkles, pigmented lesions (i.e. freckles, lentigines, and patchy hyperpigmentation), and depigmented lesions
- Loss of tone and elasticity, increased skin fragility, area of purpura caused by blood vessels weakness, and benign lesions such as keratoses, telangiectasias, and skin tag

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Intrinsic aging vs. Extrinsic aging: Extrinsic aging:

- Histopathologically:
- Elastosis = due to excessive degradation of clashine excessive vain uv radiation is appli degli
- Epidermal atrophy attempted Its Interested Its Inte
- severely photoaged skin the collagen & elastin fibers are fragmented.

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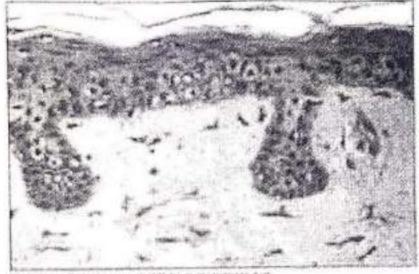
Intrinsic aging vs. Extrinsic aging: Extrinsic aging:

- Elastosis:
- A hallmark of photoaged skin
- An accumulation of amorphous elastin material
- Results in reduced elasticity of the skin that may account for sagging skin in elderly

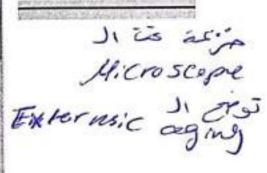
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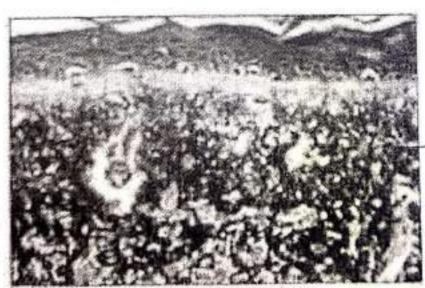
Severely damaged elastin in photoaged

skin



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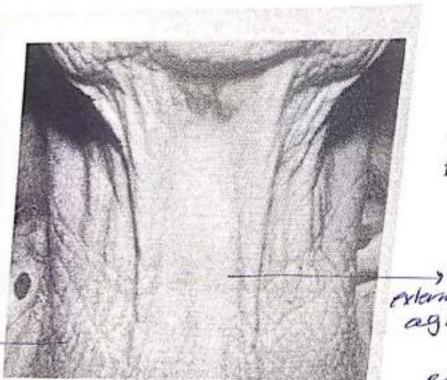




SCLAR ELASTOSIS PHOTOAGED SKIN

elastosis Ji Jil Fragmented elastein Piber.

Solar Elastosis



Solar Elastosis. Yellowing and furrowing of the skin result from chronic solar exposure. The area under the chin which is protected from the light is undamaged.

externste di si sino aging

elastosis II asi lip & and excessive exposure to sun

Saja Hamed, Ph.D

(Atlas of Skin Cancer Pg: 158, 1991)

Saglay = is farming of the skin

Extrinsic Aging

The acceleration of intrinsic aging caused by exposure to various environmental factors such as sun, wind, smoking, and air pollutants. The primary factors are UV radiation and smoking.

When the process is called photoaging when it is caused by the sun Photoaging is a cumulative process, which means that exposure adds up over the years

Smoking leads to premature aging

Smokers look older than their true age. Smoking has been shown to be a great contributor to facial wrinkling than sun exposure

(J Invest Dermatol. 2003 Apr;120(4):548-54. Effect of smoking and sun on the aging skin. Kennedy C(1), Bastiaens MT, Bajdik CD, Willemze R, Westendorp RG, Bouwes Bavinck JN; Leiden Skin Cancer Study).

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Intrinsic aging vs. Extrinsic aging: Extrinsic aging:

UVR up-regulates the production of several types of collagen-degrading enzymes known as matrix metalloproteinases (MMP)

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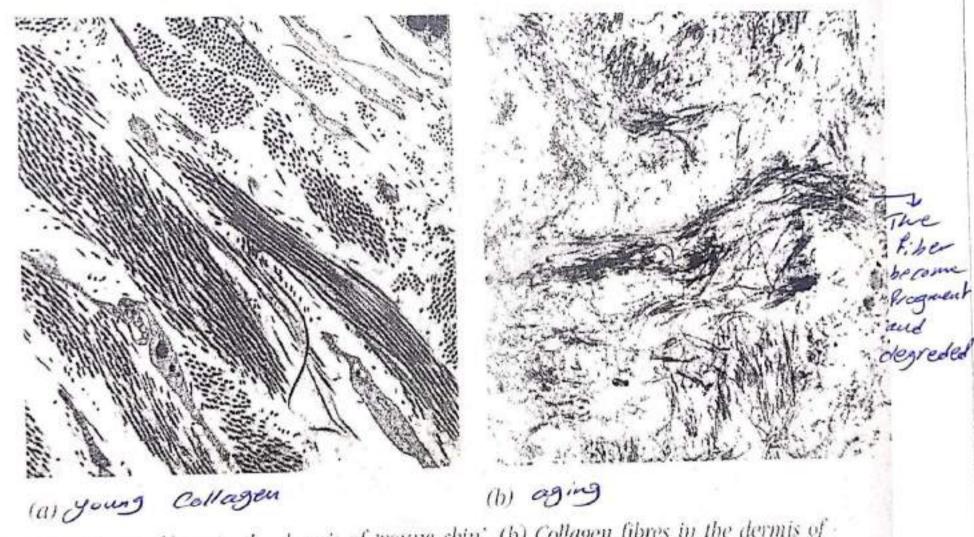
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(a) Collagen fibres in the dermis of 'young skin'. (b) Collagen fibres in the dermis of 'old skin'.

Extrinsic Aging

- Skin type significantly influences the clinical signs In general the epidermis becomes thinner over the
- years with thicker coarse areas.
- Blood vessels can be easily seen through the skin where it is thinner and in theses areas the skin bruises and bleeds more easily than normal

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Motoyoshi, Ota *et.al* investigated the mechanism of wrinkle formation caused by long-term exposure to UVA radiation.

OUTLINE OF THE EXPERIMENT

- Hairless mice (9-10weeks old) were used as the animal model.
- Animals were irradiated 5 times weekly for 6 months.

(Cosmetic and Toiletries 113:51-58,1998)

MECHANISM OF WRINKLE FORMATION (CONTD...)

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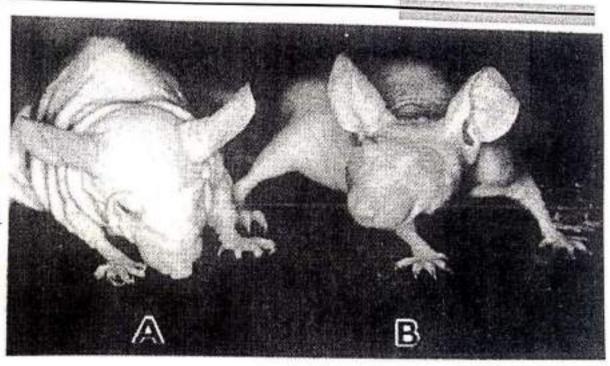


Figure 1-3. Visible changes at 24 weeks

A = UVA-irradiated hairless mouse

B = nonirradiated hairless mouse

At 6 months, there was complete blanching of skin, nodular texture and loose folds. Age associated skin changes and sun exposed skin changes are similar however, the latter are more dramatic and can potentially lead to more sever outcomes

Saging Its Leathery apparanter skin lession, sun spot It cus.

Characteristics of Aged Skin

- Flattening of the dermal-epidermal junction:
- Fragility
- يونرعر عرصية الحبه والم الموسل الموسلة Less nutrient transfer
- Decreased cell turnover:
- Slows from 30 to 50% between the third and eighth decades of life المحدود المح
- Prolonged SC replacement rate Decelerated wound healing کی دیمی یک ریادم
- Less effective desquamation in age 65 years or olde
 - > heaps of corneocytes lead to dull and rough dead cornerages) iso zlace point el

surface

Characteristics of Aged Skin

- Loss of dermal thickness وطالع مصد ينقص ١١/نص It is known that the overall collagen content per unit area of the skin surface decreases
- about 1 percent per year

 GACs, especially HA, are decreased in amount in photoaged skin
- Number of melanocytes decreases from 8 to 20% per Reduction in vascular network decade
- نقار جامعة بالوجة واليدين الله Site-specific loss and gain of subcutaneous tissue عنظ المحاددية
- Reduced immune function

It alves mes aging I be dis saja Hamed, Ph.D

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Skin Appearance

Skin tags

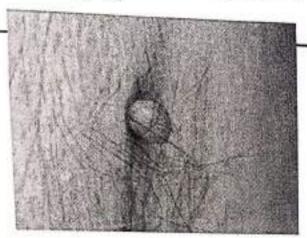
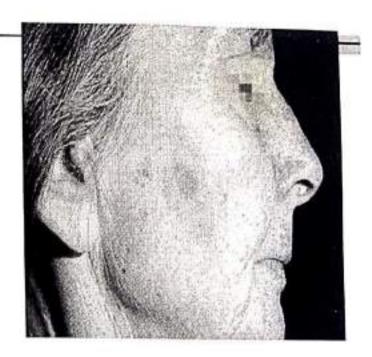




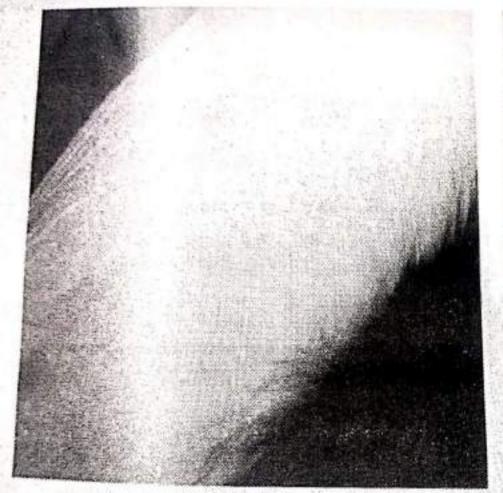
Figure 3-6.
Seharrheic keratosis and other benign neoplisms often occur in areas with significant sun exposure.



Solar Lentigo (Sun spots)
Lession occures with aging spatilly
the externsic aging

Seborrheic keratosis

Saja Harned, Ph.D

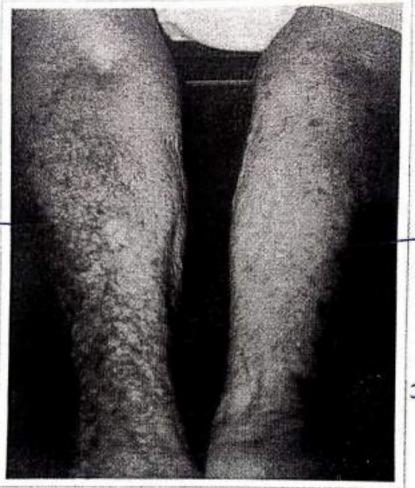




Extremely thin arophic skin.

Bruise (local baemorrhage) in an older man's forearm. purpula

Saja Hamed, Ph.D Truma 3 12, as 26



man asin &

Figure 3-1.

The extensor (sun-exposed) surface of the arm shows much more photodamage than the flexor (unexposed) surface of the arm. This can be used to demonstrate to patients the importance of photoprotection.

Forearm => Sunspot Ji

Forearm => Sunspot Ji

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The Role of Free Radicals in Aging

- Reactive oxygen species (ROS) are a major contributor to aging process
- Composed of oxygen with an unpaired electron
- Are created by UV exposure, pollution, stress, smoking, and normal metabolic processes
- Evidence suggests that free radicals lead to degradation of collagen and accumulation of elastin that is characteristics of photoaged skin.

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Cigarettes and Aging Skin

- Smokers manifest greater facial aging and skin wrinkling than nonsmokers
- lower SC water content has been reported in smokers which is likely caused by the diuretic effect of nicotine
- Increased levels of MMPs in the skin of smokers
- Smoking-induced alterations occur deeper in the reticular dermis as opposed to the solar

reticuler dernis.

+ smaking have dramatic effect on the skin.

Cigarettes and Aging Skin

- Chronic smoking diminishes capillary and arterial blood flow leading to local dermal ischemia, this leads to less nutrients and oxygen in the skin with a buildup of toxic waste products that can damage the skin
- It is well known that smoking slows wound healing and that patients should stop smoking prior to any elective cosmetic surgery

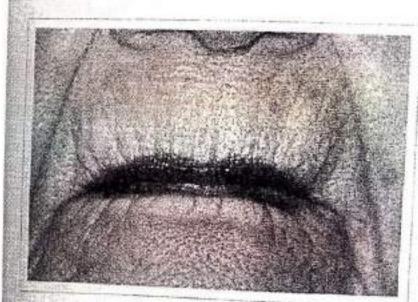
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Cigarettes and Aging Skin

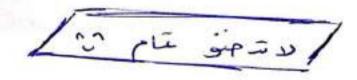
Smoker's face (Cigarette skin): Increased facial wrinkling Slightly red/orange complexion Pale or gray overall skin appearance Puffiness Prematurely older appearance

Prematurely older appearance Look older than their stated age Increased incidence of precancerous lesions and squamous cell carcinomas on lips and oral mucosa

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France 4-1.
Smoker demonstrates premature wrinkling around the mouth known as "smoker's mouth."



Saja Hamed, Ph.D.

Modulation of aging sign + Filensic aging

* Internsic aging Count be prevent

Tatemsic aging

Can be prevent

- Primary prevention: healthy life style, no smoking, use sunscreen, balanced diet, adequate water, exercise and sleep well =
- 2. Chemical peels, topical injections of chemicals such at Botox and dermal fillers, dermabrasion, laser, corrective surgeries, topically applied products authoridad topically applied products



Many topical products are claimed to prevent oxidative reactions and the formation of free radicals

Retinoids > Interns: caging is ais Can't be prevented.

- Retinoic acid and its derivatives: adapalene, tazarotene, Tretinoin → Drugs
- Topical retinol derivatives: retinyl esters, retinol, retinaldehyde → cosmetics
- Retinoids in general are lipophilic that can reach Topically papel IL alam Lieb the dermis
- They work at the molecular level through they can reach receptors in the cells 1601 and 1600 the dermis and receptors in the cells 400 1 700 14 14 nucleous receptor affect the Collagen Side effects: synthesis.
- Retinoid reaction بین رتبود عامرً or retinoid dermatitis
 - limit its use in the first weeks

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Retinoids:

- The role of vitamin A (retinol or all-transretinol) is well known in human nutrition
- As relates to the skin: the vitamin is an important regulator of epidermal cell growth and can alter or modulate total collagen synthesis
- The most striking symptom of vitamin A deficiencies is an alteration of the epithelium that is visible as atrophy

membrane

Retinoids

- Derivatives of beta-carotene and are called vitamin A and its direct metabolites
- It include: retinol, retinaldehyde, retinyl esters, and retinoic acid (ACKVE form)
- The role of topically applied retinoids in regulation of skin development seems most efficiently accomplished by retinoic acid (as demonstrated by Renova® <tretinoin emollient cream> available by prescription only)
- Retinoic acid occurs in two isomeric forms: all-trans retinoic acid (tretinoin) and 13-cis retinoic acid (isotretinoin).

used orally

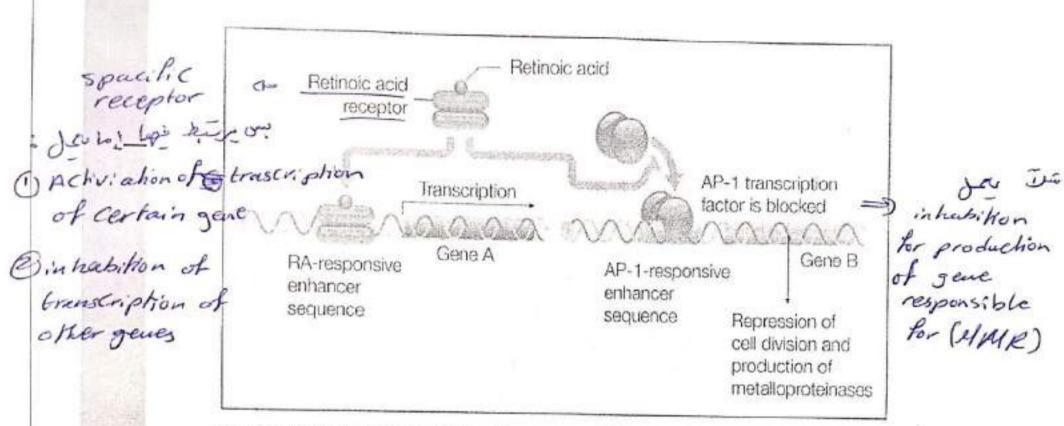


Fig. 6.2 Retinoic acid regulation of gene expression

Retinoids elicit their effects at the molecular level by inducing transcription from genes with promoter regions that contain retinoid response elements or indirectly by inhibiting the transcription of certain genes

Retinoid Structure rotinaldahyde retinyl progionate retinyl palmitate adapaiene The most effective tazarolana Fig. 6.1 Chemical structures of key retinoids

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Drugs

* Cosmatics

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- Topical usage of retinoids has shown a high degree of efficacy against acne, photodamage, and psoriasis
- Side effects: skin irritation, desquamation, redness and teratogenic effects

- الله hypothesized that its efficacy occurs via its conversion to retinoic acid الما محاصل المحاصلة الما المحاصلة المحاص

Retinol is 20 times less potent than retinoic acid

Not all retinol-containing products are equal

- Retinol must be manufactured, formulated, and packaged properly to avoid oxidation and loss of potency. In addition the amount of retinol in the product must be high enough to be effective
- Roc Retino Actif-pur and Neutrogena Healthy Skin contain 0.04 to 0.07% retinol
- Alustra (drug): 4% HQ and 0.3% retinol

 * Retinol is highly oxidative 11 lice vit c

 (ما كا كانك الما كان

Retinol (all-trans-retinol) is somewhat difficult to formulate into products (the free alcohol being sensitive to air oxidation) while oil solutions are quite stable, at least until combined with other ingredients to form an emulsion. At that time, sensitivity to air and light may precipitate degradation of the material

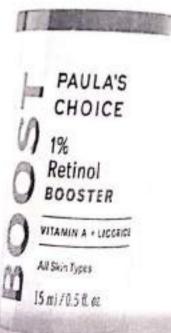
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- For this reason, cosmeceuticals containing this material are often packaged in metal or opaque glass containers with a vacuum-sealed pump applicator to minimize entry of light and air during dispensing
- On the manufacturing side, sensitive constituents components should be weighed as much as possible in darkness using black light if necessary with a nitrogen blanket to serve as a barrier to oxygen while mixing التعشير لادن ما ويجود على ويجود على ما ويجود على ويجود على ما ويجود على ما ويجود على ما ويجود على ما ويجود على ويجود على ما ويجود على ويجود على ما ويجود على
- Packaging the finished product require also special care

O: flerent repinol product





-They are the storage form of Retinol

- Retinyl esters: Storage form of vitamin A in cells (retinyl palmitate is the predominant form)
- retinyl acetate and retinyl palmitate, while somewhat more stable than retinol in cosmetic creams and lotions, are not as efficient at producing remedial cellular effects when delivered topically
- The lower effectiveness of these materials is due to differing bioconversion rates of each in the skin which is dependent upon enzyme activity
- Esterases hydrolyze retinyl palmitate to retinol which is further oxidized in tissue to retinoic acid through alcohol dehydrogenase
- Retinol, retinaldehyde, ad retinyl esters attempt to mimic the effect of tretinoin in cosmeceutical formulations

الطواح . حتى عسال الناملة على المعالمة المحرور المحرو

Refinol or Rekinaldehyde (isul Jiss's Cosmobic product vive in 131 &

Tretinoin (trans-retinoic acid):

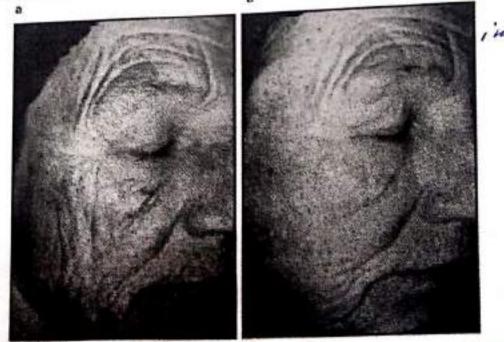
- Retin A, Renova, Ortho-Neutrogena
- Improve skin photodamage as fine lines, wrinkles, and pigmentation
- Cause significant irritation and dryness
- Retin A was first approved up to 0.1% levels for acne
- Then approved under Renova name at 0.025 and 0.05% for topical treatment of photodamaged skin
- Application of tretinoin inhibits the induction of MMPs (i.e. collagenase and gelatinase) (Fisher et al., Molecular basis of sun-induced premature skin ageing and retinoid antagonism, Nature, 379, 1996)
- Topical application of tretinoin 0.1% to photodamaged skin partially restores levels of collagen type I مرات المالية المالي

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Saja Hamed, Ph.D

A Two-Year, Randomized, Placebo-Controlled Trial



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Sign of aging

Fig. 4. Case example of a subject treated with tretinoin emollient cream 0.05%. (a) Baseline. (b) After 24 months of treatment, Saja Hamed, Ph.D

- Adapalene: = Can be used for damaged skin
- Differin, Galderma (0.1%)
- Prescribed for topical acne therapy
- Tazarotene: => more active and more printative
- Prescribed for psoriasis and acne at 0.05 and 0.1% under the name Tazorac and Zorac
- Prescribed for treatment of photodamage under the name Avage
- Still cause irritation



Redness, flaking, and tender skin are common symptoms after beginning a retinoid. These symptoms usually improve with time.

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Do not use with Vitamin C topical products

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Do topical retinoids have any side effects?

Top cal retinoids can irritate the skin, especially when they are first used. This is more likely in those with sensitive skin, resulting in stinging. Excessive use results in redness, swelling, peeling and blistering in treated areas. It may cause or aggravate eczema, particularly atopic dermatitis.

By peeling off the top layer of skin, they may increase the chance of sunburn. Irritation may also be aggravated by exposure to wind or cold, use of soaps and cleansers, astringents, peeling agents and certain cosmetics.

Some people have reported a flare of acne in the first few weeks of treatment. This usually settles with continued use.

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How to use topical retinoids

Follow these instructions carefully:

- ·Be cautious if you are using other topical acne treatments ask your doctor if you should stop these.
- ·In general, a cream is less iritating than a gel. If there is a choice, start with a lower concentration product.
- ·Use your topical retinoid on alternate nights at first. If you have sensitive skin, wash it off after an hour or so. If it irritates, apply it less often. If it doesn't, try every night, and if possible twice daily. In most people, the skin gradually gets used to it.
- To reduce stinging, apply it to dry skin, that is, 30 minutes or longer after washing.
- Apply a tiny amount to all the areas affected, and spread it as far as it will go.
- Don't get it in your eyes or mouth.
- Apply a sunscreen to exposed skin in the morning.
- ·Wear your usual make-up if you wish, and use gentle cleansers (avoid soap) and apply non-greasy moisturisers as often as required.
- If you have acne, choose oil-free cosmetics.
- ·If your skin goes scarlet and peels dramatically even with cautious use, the retinoid may be unsuitable for your sensitive skip Hamed, Ph.D http://www.dermnetnz.org/topics/topical-retinoids/ 52

In general, retinoids affect cell proliferation during the process of keratinization

They also affect <u>sebum secretion</u> الأنبيين Affect inflammatory and immunological reactions

Retinoic acid reportedly repairs photoaged skin by inhibiting collagenase, and improving dermal vasculature and stimulate new collagen deposition

topical vitamin A and its analogues inhibit the expression of MMP and stimulate collagen synthesis in both photodamaged and photoprotected aged skin

Approaches have been made to decrease the irritating potential of retinoic acid

gel, emollent, foam, Formulation of specific delivery systems solution, Hicronized form · Microsponge Porme, Adapaterre Synthesis of new derivatives Microsphere form of الكن دل إلى ما tretinoin. ما عدروا معلوا Products should be used at night in small amounts والمد بعل مدل Moisturizer use · im tations iso the system irritation Sunscreen & lorged protection of skin Retinoids are best used at night a degradational by light with the light of the wind and the light of the lig Relinced 655 improvement in aging signs occur within first year of

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- Clinical Review: Topical Retinoids
- Sheri L. Rolewski
- Disclosures Dermatology Nursing. 2003;15(5)
- http://www.medscape.com/viewarticle/464026_4

Topical Retinoids in the Management of Photodamaged Skin: From Theory to Evidence-based Practical Approach

R. Darlenski; C. Surber; J.W. Fluhr The British Journal of Dermatology. 2010;163(6):1157-1165

Generation	Members
First (non-aromatic retinoids)	Retinol (all-trans-retinol, vitamin A) Retinaldehyde Tretinon (all-trans retinoic acid) Isotretinoin (13-cis retinoic acid) Alitretinoin (9-cis retinoic acid)
Second (mono-aromatic retinoids)	Etretinate Acitretin
Third (poly-aromatic retinoids)	Adapalerie Tazarotene الأرداء الأرداء Bexarotene
New retinoids	Seletinoid G* Arotinoid Etretin

generation 11

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Clinical Efficacy and Safety of Topical Retinoids in the Management of Skin Photodamage Tretinoin

More than 20 randomized studies with tretinoin application in photodamaged skin have been published since 1986, either placebo-controlled

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or in reference therapy comparisons of control In the following we address clinically relevant عد عن المعنى على ٥٠ دراسة

questions, such as

- duration of treatment,

- appropriate concentration, and
- adverse effects

How Long should Tretinoin be Administered? maintenance maintenance place of the pl

Despite the beneficial effects of tretinoin on Concentration photodamaged skin, discontinuing treatment results in progression of the skin photodamage

The clinical studies generally last between 1 month and 2 years, but mostly 6 months (12 studies).

The long-term beneficial effects of tretinoin were first demonstrated at the clinical and histological level over a 22-month period bareful effect on a contract of the clinical and histological level.

Application of 0.05% tretinoin cream, once daily for

Application of 0.05% tretinoin cream, once daily for 24 months, resulted in an improvement of photodamage which continued until the end of the study

How Long should Tretinoin be Administered?

- In addition, application of 0.05% tretinoin cream three times per week sustained the improvement achieved in the initial treatment phase
 - In summary, initial treatment with tretinoin should be followed by a long-term maintenance phase of retinoid application, maybe at a lower concentration and/or with less frequent applications



- dose-dependent therapeutic effect of tretinoin has been demonstrated
- In the clinical or histological appearance after the application of different tretinoin concentrations (48 weeks, 0.025% vs. 0.1% tretinoin cream) (same improvement but مركز المالية المراكة المراكة
- Overall, 0.025% may be considered

 therapeutically effective with a reasonable degree of safety profile

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Adverse Effects of Tretinoin Treatment – How Can they be Diminished?

- Systemic adverse events: Since its introduction as a topical drug, no systemic adverse effects have been reported for topical tretinoin application
- Adverse effect a generally serviced to cease tretinoin treatment during pregnancy, and to avoid pregnancy during tretinoin treatment. العنام وسيد المناف ال

Adverse Effects of Tretinoin Treatment – how Can they be Diminished?

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Local adverse effects of tretinoin treatment include the 'retinoid reaction', also known as 'retinoid dermatitis', as well as exaggerated photosensitivity at the beginning of the treatment.

Results from four prospective, randomized, controlled trials in healthy volunteers showed that tretinoin is neither phototoxic nor photoallergenic

Adverse Effects of Tretinoin Treatment – how Can they be Diminished?

- Several strategies to diminish and/or prevent the adverse effects of tretinoin application have been suggested and can be summarized as follows:
- Dosing related
- Patient related
- Accompanying measures

Dosing related

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Once daily application, in the evening

Less frequent application if moderate to severe irritation occurs, i.e. alternate days or three times a week

Possible concomitant application of 3% indomethacin and/or 1% hydrocortisone to relieve the irritant reaction من عد ما رسرة تتعود على الد الما المارة تتعود على المارة ال

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Patient Related Adverse effects come patient to cisio to 1's! - Patient Related Adverse effects on patient on 1's! on

- Discovering the patient's expectations of therapy المحام الم المحام الم
- Explaining and discussing the expected outcomes, course and duration of treatment
- Discussing the adverse effects, such as the 'retinoid reaction', before starting treatment

Accompanying measures

- Appropriate dermal moisturization, at least 30 min after the retinoid application من مرعبة بيد
- Application of sunscreens during daytime
- Avoidance of any other irritant components:

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Tazarotene

- Clinical improvement continued with tazarotene treatment and had not reached a plateau by week 52.
- In addition, there was no systemic accumulation of the drug and the plasma level of tazarotenic acid was below that of endogenous retinoids.
 - The authors concluded that the application of tazarotene 0.1% cream once daily is effective in ameliorating signs of photodamage.

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Retinol and its Derivatives

- Topical retinol (vitamin A) showed beneficial effects in influencing the pathogenesis of cutaneous photodamage, e.g. inducing epidermal thickening, reducing MMP expression and increasing collagen synthesis, although it was 20-fold less potent than RA.
- In the other hand, retinol is less irritant than its its natural metabolite RA.
- However, retinol is very unstable and degrades easily into inactive metabolites.

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Retinol and its Derivatives

- Retinol derivatives such as retinyl propionate and the N-formyl aspartame derivative have been proposed as anti-photoageing agents, as they are more stable and have shown some beneficial effects in experimental studies.
- However, data from clinical controlled studies with retinol derivatives are either sparse or nonexistent. الشرىء تتمند تعلمت وقط سالت در المسرىء تتمند تعلمت وقط سالت در المسرىء الم

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Retinol and its Derivatives

- Retinaldehyde, a naturally occurring precursor of RA and retinol metabolite, has biological activity and good tolerability in the treatment of skin photodamage.
- Topical 0.05% retinaldehyde is effective in improving signs of photodamage, as demonstrated by ultrasound and rheological techniques in a prospective, vehiclecontrolled study.

photo-damaged skin – defined for regulatory purposes as 'fine wrinkles', 'mottled' and deep hyperpigmentation' and/or 'tactile roughness' of facial skin.

د زم تکونے Sun smart من وطن نامثر

In recent years the indication 'photodamaged skin' has been refined to 'fine wrinkles', 'mottled hyperpigmentation', 'tactile roughness' of facial skin. In the U.S. currently only two drug molecules (tretinoin and tazarotene) are approved in this indication with a series of further restrictive specifications — listed in the Patient Information Leaflet (PIL) such as -'the products should always be used under medical supervision as an adjunct to a comprehensive skin care and sun avoidance program that Includes the use of effective sunscreens and protective clothing when desired results on fine wrinkles, mottled hyperpigmentation, and roughness of facial skin have not been achieved with a comprehensive skin care and sun avoldance program alone' (mitigation) or 'the product does not eliminate wrinkles, repair sundamaged skin, reverse photoageing, or restore a

damaged skin, reverse photoageing, or restore at more youthful or younger dermal histologic pattern', etc. In Europe only tretinoin is approved in this indication. The labelling of corresponding European products is less comprehensive. Interestingly a series of approvals have been withdrawn in recent years — currently tretinoin has effective registrations and is marketed only in Austria, Italy, Norway and Spain.

The lengthy labelling texts may question the usefulness of these products in the Indication 'photodamaged skin'. This is further reinforced by labelling texts in the PIL, e.g. 'many patients achieve desired palliative effects on fine wrinkling, mottled hyperpigmentation, and tactile roughness of facial skin with the use of comprehensive skin care and sun avoidance programs including sunscreens, protective

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programs including sunscreens, protective clothing and emollient creams NOT containing tretinoin'. Also in recent publications the clinical evidence of tretinoin and tazarotene for the above-mentioned indications is assessed with reserve.^[77]

The major indications of tretinoin and tazarotene are not in photodamaged skin but in acne (tretinoin, tazarotene) and psoriasis (tazarotene). From the various available tretinoin or tazarotene products (e.g. with different strength or different vehicles) only some are registered in the indication 'photodamaged skin'. Therefore the use of a product that deviates from its labelled indication must be considered as an 'off-label-use'. The treating physician/dermatologist should be aware of this fact and hence has to guarantee that there is sufficient scientific evidence for the

Adapatene approved from the FDA for Acre 200 250 off-label usegous is photoaging is as in patient is

vehicles) only some are registered in the indication 'photodamaged skin'. Therefore the use of a product that deviates from its labelled indication must be considered as an 'off-label-use'. The treating physician/dermatologist should be aware of this fact and hence has to guarantee that there is sufficient scientific evidence for the chosen therapeutic procedure and that the patient is adequately informed. Occasionally the labelling texts in the section 'indications and usage' of the PIL indirectly point this out, e.g. 'the safety and efficacy of the use of this product in the treatment of other disorders have not been established'.

Vehicle of Retinoid Products

- Topical retinoids whether used in photodamaged skin, acne or psoriasis may cause itching, burning, erythema, and skin peeling and may therefore limit its use in some patients
 - This fact encouraged the pharmaceutical industry to find ways to reduce or even avoid these undesirable side-effects:
 - a disease specific drug concentration (strength)
 - and a skin-condition or skin-type tailored vehicle may lead to more acceptable formulations.

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Vehicle of Retinoid Products

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Detween gel and cream formulations — tazarotene cream was significantly better tolerated than its gel formulation while adapalene gel and tretinoin microsponge gel were better tolerated than their respective cream formulation.

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Concluding Remarks

In the U.S. the use of tretinoin, tazarotene and other retinoids in many different formulations (products) with and without official indications is widespread whereas in Europe their use in these indications are sparse. Ta's off lubble all all de per pur all all des per all des -is reaflet st indication si imposition

Concluding Remarks

- To date no evidence-based data are available on the degree of photodamage that requires the initiation of topical retinoid treatment.
- We recommend the use of topical retinoids for visible signs of ageing.
- The clinical and regulatory difficulties in the indication 'photodamaged skin' as well as the considerable financial investments of a successful product development and launch into this growing market are challenging.

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Sheri L. Rolewski
Dermatology Nursing. 2003;15(5)

Introduction

We must empower our patients with the knowledge of risks, benefits, reasonable expectations, and the importance of becoming "sun smart." 3th generatione

Tazarotene (Tazorac®) is pharmacologically inactive until metabolic conversion to the active drug transpires (Wolverton, 2001). This prodrug is hydrolyzed rapidly in tissues to the active metabolite tazarotenic acid.

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Dr. Elise Olsen and associates (Olsen et al., 1997) discovered that reducing the frequency of tretinoin 0.05% cream from once daily to 3 times per week maintains, and in some cases, possibly further enhances reduction of photodamage. They also observed that cessation of tretinoin therapy for 6 months, however, resulted in some reversal of the beneficial effects seen after 48 weeks of treatment.

maintenance therapy = Less forequantly and lower Concentration