

SUNSHINE = SKIN DAMAGE



Sunshine does many good things for human beings, including actively participating in Vitamin D metabolism and having a positive, probably biochemical, effect on mood. However, we also know that sunshine can be a potent, dangerous enemy of the skin. How many times have you been burned so badly on the first day of your vacation that you had to hide in the shade for the next six days? Sun damage has been linked to a multitude of skin problems: serious burns, premature aging and wrinkling, and many types of skin cancer. Furthermore there is growing evidence that sun damage is increasing as the protective ozone layer is depleted. Treatment of these sun-induced disorders is often difficult and costly, and some types of sun-related cancers (melanomas) can be fatal. By far, the most effective approach is prevention.

The damaging UV rays of the sun are most intense from 10 a.m. to 3 p.m. Some college students call these hours "the best tanning hours," but in reality they are the "worst damage hours." The lighter your complexion (and thus the fewer protective melanocytes in your skin), the more likely you are to sustain damaging burns. It is impossible for most of us to avoid all sun exposure during these hours, so we have to do the next best thing. Sunscreens are very effective if used regularly and reapplied frequently during sun exposure. A helpful (although not fool-proof) guide to sunscreen "blocking" power is the SPF number on the container: Sun Protection Factor. The SPF is theoretically a multiplication factor. For example, an SPF of 10 indicates that you could remain exposed to sunlight 10 times longer with the sunscreen and obtain the same degree of redness. SPF's of 45 or higher are now available, and many sunscreens are "waterproof." But beware: the SPF numbers were derived under laboratory conditions, and don't take into account differences in sweating, swimming, and the like. And virtually any sunscreen will wash off with enough sweat and/or water. The best bet is to apply sunscreen liberally and often.

What can be done once you get burned? Cool compresses and soaks can be helpful, and topical creams (such as aloe-based products) may take away some of the sting (but probably don't effect the overall course of the burn).

Anti-inflammatory medicines (aspirin, ibuprofen and the like) may be helpful for severe burns if administered within the first few hours after exposure. Cortisone creams may also be helpful, but should only be applied on intact skin. If the burn is severe (blistered, in sensitive areas, etc.), see your medical provider.

A few closing comments:

- • Somebody made a crucial mistake when they told farmers and ranchers to exchange their cowboy hats for baseball caps. Necks and ears burn very quickly, and ears are among the most frequent sites for skin cancer.
- • Remember the tops of your feet when applying sunscreen!
- • Babies and small children have very sensitive skin. Even a few minutes in strong sunlight can seriously burn a newborn.
- • As you get older, you need to be increasingly careful about the sun. Sun damage builds up over the years, and one hour of unprotected sunlight at age 60 can be the equivalent of many hours at age 20.

Michael J. Huey, MD, 1992, revised 2004

Helpful Links:

The American Academy of Family Physicians patient information web site (familydoctor.org), at <http://familydoctor.org/159.xml>.

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