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The Dangers Behind the Most Common Skin Cancers

Say the words “skin cancer,” and the most serious form, melanoma, is likely the first thing to come to mind. Melanoma is responsible for the vast majority of skin cancer-related deaths but accounts for only 1 percent of all skin cancers diagnosed.

In fact, basal cell carcinoma (BCC) and squamous cell carcinoma (SCC) are the most commonly diagnosed forms of skin cancers. Although rarely fatal and highly curable when caught early, they, like melanoma, require prompt treatment.

“The reality is, although they’re not as deadly as melanoma, nonmelanoma skin cancers can be disfiguring and lead to a long list of other serious complications if left untreated,” says Beth McLellan, M.D., director of oncodermatology at the Montefiore Einstein Center for Cancer Care and an assistant professor at Albert Ein-

stein College of Medicine. “For example, basal cell carcinomas can cover wide areas and grow deep—damaging skin and bone—and cause ulcerations that lead to chronic wounds, which can then become infected. If basal cell develops in the eye area, it can threaten vision. Squamous cell carcinoma on the head and neck can grow deep enough to affect the nerves and underlying bone and cartilage.”

Though metastasis (the spreading of cancer to other parts of the body such as the lymph nodes) is rare for nonmelanoma cancers, it does occur. Metastatic disease affects less than 1 percent of BCC patients and up to 5 percent of SCC patients.

According to some research, a personal history of these cancers can also signal an increased risk for other types of cancer, including breast and lung cancers for women and an increased risk of melanoma for both genders.

“In other words, nonmelanoma cancers are not growths you want to ignore,” Dr. McLellan says.

Signs of skin cancer

An estimated 2 million or more Americans will be diagnosed with nonmelanoma cancers this year, according to the National Cancer Institute. Nonmelanoma cancers appear as an abnormal change, sometimes subtle, to an area of the skin. Signs of BCC and SCC may include:

- A rounded, pink, or skin-colored growth with visible blood vessels or brown or black spots, which may sink in the cen-



Skin cancer is typically a result of the body's inability to repair the damage caused by ultraviolet light to DNA in skin cells.

ter like a crater and ooze, become crusty, or bleed easily

- A shiny pink or red and scaly growth, which may look like an eczema patch
- A waxy, hard, pale growth, which may resemble a scar with no definitive edges
- A nonhealing sore
- A mole that has changed in appearance
- A flattened, reddish scaly patch

Also, a small, rough patch of skin; a painful or itchy growth; or a dry, scaly patch on the lips may be a precancerous lesion called actinic keratosis.

The risk for developing nonmelanoma cancer is thought to be related to the amount of time your skin is exposed to the sun over your lifetime. According to the American Cancer Society, you're more likely to develop BCC or SCC if you tend to engage in outdoor recreation such as going to the beach, spend time in the sun wearing a bathing suit, live in a sunny area, or have a history of sunburns (the more sunburns, the higher your risk). Some research suggests that you're also at high risk, especially for

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SPECIAL ISSUE More Than Skin Deep

Think of skin as man's best friend: It protects you (safeguarding internal organs), keeps your comfort in mind (ensuring warmth in cold weather and coolness in hot weather), and would do anything to ensure your safety (acting as a barrier to dangerous intruders—aka germs).

Given everything your skin does for you day in and day out—and the fact that summer is when we tend to see more of the body's largest organ—we've dedicated this special issue of *Health After 50* to “man's best friend.”

So, show some love to the skin you're in!

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melanoma, if you've spent intermittent periods in intense sunlight. People who use tanning beds also have an increased risk of skin cancer.

Skin cancer risk increases as you age—adults ages 55 to 75 are 100 times more likely to develop BCC than persons younger than 20. And having a fair complexion or a tendency to burn easily also increases the odds. But people with dark skin can develop skin cancer, too.

Other risk factors for skin cancer include a family or personal history of any form of skin cancer; a history of radiation therapy; exposure to certain UV light treatments, such as PUVA for psoriasis; a weakened immune system; exposure to arsenic (sometimes found in well water and insecticides); smoking tobacco; a history of trauma to the skin or severe burns (such as those caused by heat, chemicals, or electricity); and human papillomavirus.

Nonmelanoma skin cancers most often develop in areas frequently exposed to the sun, such as the head, neck, backs of the hands, legs, arms, shoulders, or trunk. SCC may appear in unexpected places, such as in the mouth (particularly among smokers and drinkers), on the lips, and in the genital area. African-Americans are more apt to develop SCC in areas that don't see the sun, such as the anus. But anyone, regardless of skin color or ethnicity, can develop nonmelanoma cancers.

Treating BCC and SCC

A skin biopsy, which involves removal of part or all of the growth for analysis, is the only way to know for sure whether a growth is cancerous. If a biopsy shows the presence of cancer, your treatment options will depend on the type of cancer; its location, size, and stage; treatment side effects such as scarring; and your age, overall health, and skin cancer history. Your doctor should also consider your personal treatment preference and your ability to comply with any self-treatment and follow-up.

In some cases, your doctor would have

already removed the entire growth for a biopsy, and no further treatment is needed. If not, your doctor may recommend one of two primary surgical methods to treat BCC or SCC:

1. Surgical excision is used to remove both low- and high-risk tumors. The procedure can be performed using local anesthesia in an outpatient setting. Surgical excision typically results in a one- to two-week healing period and will leave a scar.

2. Mohs micrographic surgery, a more time-consuming and costly procedure than surgical excision, is typically reserved for tumors that have an increased risk of recurrence and are in highly visible areas such as the face. Mohs is performed over several hours by a highly skilled surgeon while you're under local anesthesia. Because Mohs preserves more tissue than excision, it leaves less scarring.

Your doctor may also recommend one or more other treatments in addition to or instead of surgery:

■ **Radiation therapy** used as a primary treatment is typically reserved for patients over age 60 who can't tolerate surgery or who have tumors that can't be surgically removed because of their size or location.

■ **Curettage and electrodesiccation** involves scraping away the tumor and using electricity to kill any remaining cancer cells.

■ **Photodynamic therapy** uses a combination of a chemical applied to the lesion and a special light directed at the treatment site to destroy cancer cells.

■ **Topical prescription creams, ointments, or gels** can be applied directly to an early-stage growth or lesion. Such prescriptions contain either a mild chemotherapy drug or a drug that boosts the immune system to destroy the cancer.

■ **Cryotherapy** harnesses the power of liquid nitrogen to freeze and destroy cancerous cells. It's used on small, non-invasive, low-risk lesions.

■ **Targeted therapy** in oral drug form may be prescribed in extremely rare cases when BCC metastasizes and can't be surgically removed or treated with radiation.

Performing a skin self-exam

Regularly checking your skin will help you recognize what's normal and what's not for your body. The American Cancer Society recommends monthly self-exams for most adults. Here are some tips for performing a thorough exam:

- Using a full-length mirror, examine the front and back of your body, including the feet and between your toes. Lift your arms and examine along the side of your body.
- Bend your elbows and examine your arms, forearms, and palms. Check your fingernails and between your fingers.
- Using a hand mirror, take a closer look at your back, buttocks, neck, and scalp, making sure to part your hair.

Make an appointment with your doctor if you notice anything new or suspicious.

Because skin cancer recurrence is most common in the first few years after treatment, it's crucial to see your doctor regularly, which can be as often as once a month.

Keeping skin cancer at bay

Overall, the prognosis for BCC and SCC when caught early is excellent, with five-year cure rates at greater than 90 percent. Survival rates drop dramatically with metastasis, however: For SCC, only 25 to 35 percent of patients are alive at five years if the cancer metastasized to the lymph nodes (the survival rate drops to less than 10 percent if there are distant metastases), and less than 20 percent are still alive at 10 years. BCC that has spread also has a poor prognosis; average survival time after diagnosis of metastasis may be anywhere from 10 months to slightly more than seven years.

"The good news is that many non-melanoma skin cancers can be prevented with some simple measures: Using and reapplying sunscreen often, avoiding mid-day sun, wearing a hat to protect your face and scalp, covering up your arms and your legs, and avoiding tanning beds," Dr. McLellan says. "This is a case where a little bit of prevention goes a long way."

Nails: Clues to Your Health Are at Your Fingertips

Did you know that your fingernails could provide you with valuable clues about your overall health? Many conditions and diseases can manifest themselves in nails.

“Pitting, different-colored lines, or visible ridges or spots on your fingernails, or nails that become brittle and break easily can be red flags,” says Beth Kassanoff, M.D., FACP, an internist at Baylor University Medical Center at Dallas. “These changes can indicate a broad range of systemic health conditions—anything from a deficiency of certain nutrients in your diet to an underlying disease requiring medical treatment.”

At the root of the problem

Nails change over time. Just as skin tends to become drier with age, so do nails. They may become thicker, thinner, or rougher and develop fissures, ridges, or splits. Nails can also become discolored and dull and take on a yellow or gray hue, or even become opaque. Meanwhile, the lunula—the white half-moon at the base of nails—disappears in some people as they age. Nail abnormalities may indicate a health disorder that needs medical attention. Some signs to look for include:

■ **Clubbing.** One or more fingernails may start to curve downward and appear detached from the nail bed; your fingertips may also become enlarged. Nail clubbing is most often associated with lung disease, but it may also signal cardiovascular disease, liver disease, inflammatory bowel disease, or human immunodeficiency virus (HIV). Clubbing may also be hereditary.

■ **Spoon shape.** Nails that are concave or thin and flat are associated with iron deficiency and anemia, but they’re more often caused by trauma or chemical exposure. Chemotherapy also may cause spoon nail, or koilonychia.

■ **Horizontal depressions.** These depressions are known as Beau’s lines, named after the specialist who first identi-

fied the abnormality—as are many other nail disorders. Beau’s lines can occur as a result of an injury or trauma to the nail or nail bed, or an illness, condition, or treatment that affects the overall body, such as severe infection, malnutrition, or chemotherapy. The lines can also appear if you have peripheral vascular disease (a blood-vessel disease that affects the limbs), uncontrolled diabetes, or a zinc deficiency.

■ **Double white lines.** Also referred to as Muehrcke’s nails, these double white lines run horizontally across the length of the nails and are sometimes associated with liver or kidney disease. They may occur after chemotherapy, as well.

■ **Dark bands.** White nail plates with a darker band of color at the top may indicate a condition called Terry’s nails. While normal aging is a possible culprit, dark bands can also be a sign of a serious illness, such as liver disease (cirrhosis), congestive heart failure, diabetes, or HIV.

■ **Brittle nails.** Onychoschizia, or brittle nails, may sometimes, but rarely, be an indication of excessive vitamin A intake or conditions such as thyroid disease or osteoporosis (brittle bones). You may also find your nails breaking and splitting easily from too-frequent manicures, aging

(up to 30 percent of women 50 and older have brittle nails), or regular exposure of nails to water or chemicals, common among people with such occupations as dishwashers, housekeepers, or hairstylists.

■ **Pitting.** Nail pitting, characterized by small depressions (“pits”) in the nail surface, is most often associated with nail psoriasis. The condition is also linked to skin dermatitis and certain connective tissue disorders such as reactive arthritis (once known as Reiter’s syndrome), sarcoidosis (an inflammatory disease), and alopecia areata (which causes hair loss).

■ **Red, pink, or brown horizontal stripes.** Known as half-and-half nails, apparent leukonychia, or Lindsay’s nails, these stripes can appear on up to 60 percent of the nail and be accompanied by dull, grainy white areas. Such nail changes can signal poor kidney function, such as chronic kidney failure and uremia (when waste products build up in the blood).

“If you notice any nail abnormalities, see your doctor, who can determine whether your nails may be revealing a change in your health status and should be further evaluated,” Dr. Kassanoff says. “Most abnormalities are cosmetic, but you want to err on the side of caution.”

Be on the lookout for skin cancer under the nail

Subungual melanoma is a rare form of skin cancer that occurs under the nail, usually on the thumb or big toe. It appears as a longitudinal dark band that’s at least a few millimeters wide. Unlike the more common melanomas that appear on the skin in more easily seen areas, such as the torso or the leg, subungual melanomas are often overlooked because they mimic so many other nail conditions. For instance, any trauma to the nail can cause a blood blister, which looks similar to subungual melanoma. Fungal or bacterial infections also can cause the nail to discolor.

Experts advise people over age 50 who notice symptoms such as a new dark spot under their nail or the widening of an existing dark streak to consult a dermatologist. Darkening of the associated cuticle or nail fold is particularly worrisome since it can reflect “Hutchinson’s sign,” which can indicate melanoma.

Surgery is usually warranted to remove the cancer completely. Because these growths are typically found when they’re advanced, the prognosis is poor, with a five-year survival rate of 59 percent, according to some estimates.

Facing the Facts About ‘Anti-Aging’ Skin Products

You can take steps to minimize the appearance of wrinkles and other signs of aging, but the reality is this: Science has never discovered a single ingredient that slows, stops, or reverses the complex aging process. Of course, you’d never guess that from the number of skin-care products lining store shelves that suggest they can take years off your face.

“There’s a lot of deception out there,” says Fayne Frey, M.D., a board-certified dermatologist with a practice in West Nyack, N.Y. “Anti-aging is an \$85 billion industry that’s feeding off insecurities, and there’s no need to spend a lot of money on these products. I tell people if they want to look 20 years younger, they’re going to need surgery or a very significant ablative laser procedure. There’s no fountain of youth in a bottle. I call these products ‘hope in a jar.’”

Dr. Frey has long been a staunch advocate for consumer education on

skin-care products and jokes that she’s quickly becoming the Ralph Nader of the skin-care industry. *Health After 50* spoke with her recently about the business of skin care, anti-aging, and what every consumer should know before opening his or her wallet.

Are there any long-term benefits to using over-the-counter (OTC) skin-care products?

Dr. Frey: From the perspective of the Food and Drug Administration (FDA), over-the-counter moisturizers are considered cosmetics and have no medical value. As moisturizers, they may temporarily increase the water content of skin and thereby decrease the “appearance” of fine lines and wrinkles. But they will not get rid of them. Think of it as taking a raisin and pumping water into it. You get a grape. A grape is definitely firmer and has fewer wrinkles. But the effect is temporary.

Are they safe?

Dr. Frey: Cosmetic products do not need FDA premarket approval, nor do they need to prove efficacy or safety, though many of the major skin-care manufacturers belong to the Personal Care Products Council, a national trade organization. Members follow strict guidelines as to what ingredients they use and at what concentrations. *[Ed. note: The Personal Care Products Council owns and operates the consumer website www.cosmeticsinfo.org, where you can find information about the ingredients in personal-care and beauty products.]* It’s a relatively safe industry, with few reactions or allergies. Unlike cosmetics, prescription and OTC drugs must go through the FDA approval process, as they claim to change the actual structure of skin.

Expensive products—there must be something to justify charging more than \$100, right?

Dr. Frey: Almost all OTC products have the same basic formula, no matter the price tag. The majority are water-based and include occlusives, which are substances that trap water in the skin and prevent it from evaporating; humectants, which act as a sponge and draw water into the skin; emulsifiers, which keep the oil and water components of the product together; preservatives; thickener; and fragrance. But then the manufacturer adds a tiny amount of an ingredient, almost always named near the very end of the ingredient listing. With very little evidence-based science showing the efficacy of these ingredients, I feel they are added as marketing tools. These ingredients might include retinol, collagen, hyaluronic acid, or one of many “antioxidants.” They may also add expensive oils, which act as emollients, giving the product a wonderful aesthetic value, making the skin feel soft and supple, but they often have very little therapeutic value. The overwhelming majority of these products

Sunscreen application 101

Did you get sunburned despite applying sunscreen? It’s likely user error was involved: Many people fail to apply enough sunscreen, forget to reapply it after spending long periods in the sun, or use an expired product. Keep in mind these tips from the American Academy of Dermatology to get the most protection benefit from your sunscreen:

- **Go with high numbers.** That means a sunscreen with a sun protection factor (SPF) of 30 or higher. Other must-have features: water resistance and broad-spectrum coverage. Broad-spectrum coverage refers to protection from two types of ultraviolet (UV) light called UVA and UVB.
- **Apply it before going outside.** Give your skin about 15 minutes to absorb the sunscreen.
- **Don’t skimp.** You’ll need a minimum of an ounce, or approximately the amount you can hold in your palm.
- **Hit all exposed areas.** All bare skin needs protection, so don’t forget those easily missed places on your body, such as your neck, ears, scalp (if your hair is thinning), and the tops of your feet. Get help applying sunscreen to those hard-to-reach areas, such as the back. And don’t ignore your lips: Choose a lip balm with SPF 15 or higher.
- **Reapply to avoid the fry.** That means reapplying sunscreen every two hours or right after swimming. If you’re sweating a lot, reapply often, as well.
- **Play it safe on cloudy days.** You can burn when it’s overcast, so slather on the sunscreen.

are formulated like moisturizers, increasing skin hydration, temporarily improving the appearance of fine lines and wrinkles, and yet, some companies charge \$170 to \$300 an ounce—that’s \$2,700 to \$4,800 per pound. There is no correlation between the cost of a moisturizer and its ability to increase water content of the skin. We buy them and think the product is doing something phenomenal for us.

What about products geared for specific uses, such as night cream? Do these work?

Dr. Frey: Ingredients don’t know what time of day it is. Look at the formulation of these products, and it’s the same as others: water-based, humectants, occlusives, preservatives, perhaps more thickener, and fragrance. The only difference, in my opinion, is that there’s no sunscreen in night cream. As for products such as eye cream, there’s nothing specific to these products for use around the eyes. I’ve talked to formulation experts, chemical engineers, and asked them what ingredients they use specifically for eye cream and they say none. If you can’t put the same product you’d use on your cheeks under your eyes, then you shouldn’t be putting that product on your face.

Should I pay more for something that’s paraben-free? I heard parabens are bad for you.

Dr. Frey: Parabens are preservatives. Although they are some of the most controversial preservatives, they are also the most studied. You need preservatives in water-based skin-care products; otherwise, you’re going to have an overgrowth of mold and bacteria within two weeks. A study published several years ago found parabens in breast tumors, so women immediately thought it caused breast cancer.

Parabens do have very mild estrogenic activity, about 10,000 to 100,000 times weaker than your own estrogen. Many compounds found in nature also have mild estrogenic activity, such as soy. Parabens

are found naturally in many fruits and vegetables such as carrots and blueberries. Additional studies have not linked them to breast cancer, and parabens are approved in countries that traditionally have some of the strictest regulations on additives, including Japan and the European Union. The big question people should be asking themselves is, “What preservatives are these companies using, then?” An alternative is DMDM hydantoin, which is a formaldehyde-releasing preservative that can be very irritating to those with sensitive skin and those with eczema. Formaldehyde has also been linked to cancer (though no such connections have been made to the preservatives).

What about prescription creams?

Dr. Frey: There’s a physiologic problem with all these products, in that they don’t get down deep enough in the skin to where the damage is. The most popular prescription cream that the FDA has approved to lessen fine lines and wrinkles is Renova. Renova contains tretinoin, a vitamin A derivative that has been shown to make changes in fibroblasts (the cells within the dermal skin that produce collagen) at the cellular level. Even the package insert of prescription tretinoin reads in bold lettering, “Does not eliminate wrinkles, repair sun-damaged skin, reverse photoaging, or restore more youthful or younger skin.” It has been shown to only mitigate fine lines when used in conjunction with a comprehensive sun-avoidance program,

which includes sunscreen use. The drug gained FDA approval because its trial results showed a moderate improvement in 10 percent of those using Renova and a sun-avoidance program compared with 3 percent of those who used only a sun-avoidance program—a statistically significant result. But when you look at the numbers, aside from the 10 percent of study participants who had moderate improvement, the rest saw no improvement, had only minimal improvement, or had their skin actually worsen, as was the case for many patients with dark skin. Is it worth \$300? One must truly ask, “Do the benefits outweigh the risks?” Tretinoin is also a dermal irritant, as stated on the insert. It can cause redness and inflammation, and it’s sun sensitizing.

In other words, there’s no magic skin-care product?

Dr. Frey: There is no magic potion, but there is a product that can help: sunscreen. Sunscreen is the most biologically active “anti-aging” product on the market, bar none. And you’re never too old to start using it. Most changes to skin that we associate with aging are because of sun damage. Overall, good habits go a long way: Eat a healthful diet; get good sleep; exercise; don’t smoke; follow a simple regimen using a mild cleanser, moisturizer, and sunscreen with SPF 30 or higher; and skip the exfoliating—the first 15 to 20 layers of your skin are self-moisturizing, so why remove them? There are no shortcuts to good skin.

About Dr. Fayne Frey



Fayne Frey, M.D., is a board-certified dermatologist in West Nyack, N.Y., with more than 20 years’ experience. She received her medical degree from Weill Cornell Medical College of Cornell University in New York City and has served as a clinical instructor at New York Hospital-Cornell Medical Center and consulting dermatologist at Nyack Hospital in Nyack, N.Y. For more information about skin-care ingredients, including picking the best product for your skin type, visit Dr. Frey’s website at www.fryface.com.

8 Ways to Keep Your Feet Healthy This Summer

From years of not wearing properly fitting shoes to ill-advised nail-trimming techniques, your feet don't always garner the respect they deserve. And unless your feet are causing you pain, you may not even think about a regular care routine until the summer, when it's sandal season.

"Feet are easy parts of your body to forget about, especially in colder weather when they're not often exposed," says Annette Joyce, D.P.M., a podiatrist on the board of the American Society of Foot and Ankle Dermatology. "Feet and toenails are an indicator of overall health, particularly as you get older and are more likely to develop circulation problems, diabetes, and even skin cancer. As warmer weather approaches, and you start to shed the heavy boots and socks, your feet become more vulnerable to skin and nail infections, injury, and other seasonal irritations."

Here are several ways to keep your feet comfortable, healthy, and in top shape:

1. Slather on the sunscreen. Even people who dutifully lotion up their faces and bodies may forget that feet get burned, too. If you're wearing an open shoe, it's important to cover the tops of your feet and your ankles with a mineral-based sunscreen, preferably one containing zinc oxide. Many skin cancers are found in the feet and legs among older adults, and the incidence of malignant melanoma is 10 times higher than in those under 40.

2. Avoid going barefoot when visiting indoor public areas. Walking around sans shoes in a locker room, on a pool deck, or in a communal shower is an invitation for warts, athlete's foot, ringworm, and other fungal or bacterial infections to take hold. Those infections can trigger redness, blisters, and

itching—among other symptoms. And those infections can be hard to cure. But there's an easy solution: Give your feet proper protection.

"If you know you're going to be in a wet environment, where your regular shoes aren't practical, consider investing in water shoes. These can provide the grip you need and help prevent infection," Dr. Joyce says.

3. Avoid going barefoot when outdoors. Even though the feel of the sand between your toes may be your idea of nirvana, resist the urge to remove your shoes at the beach—sharp objects may lie in wait beneath the sand. Keep your shoes on in the backyard, too: According to the American College of Foot and Ankle Surgeons, every year people burn their feet on stray fireworks or barbecue coals—as well as lose toes while mowing the lawn barefoot.

4. Hydrate, hydrate, hydrate. Drink plenty of fluids on hot days to keep swelling in your feet (and all your extremities) to a minimum.

5. Forgo flimsy flip-flops. They don't provide enough cushioning or foot support and can lead to arch and heel pain when regularly worn. Reserve flip-flops for the beach and public pools and locker rooms. It's easier to trip while wearing flip-flops or even Crocs—setting you up for a fall—so never wear them if you have balance issues.

6. Treat nail fungus at the first sign. Many studies have shown that the earlier nail diseases like onychomycosis, or toenail fungus, are treated, the better the chance for successful results. If you notice a discolored or damaged toenail, see your podiatrist for a nail culture to properly diagnose the infection. New topical prescription medicines and even medical lasers are available for making the nails look and feel better in sandal season.

7. Smooth your skin. If you have calluses or corns caused by irritation from a poorly fitting shoe, a few simple self-care steps can provide some relief—and reduce the risk of cracked heels, which can lead to serious skin infections and pain while standing. Consult your podiatrist before treating yourself if you have diabetes or poor circulation. Otherwise, try these tips:

a. Soak the area in warm water and Epsom salt until it softens, then use a pumice stone to gently file away some of the dead skin. Use a circular motion, and to avoid bleeding be careful not to remove too much skin.

b. Follow up with a moisturizing cream that contains salicylic acid, ammonium lactate, or urea, all of which provide a gradual softening action.

c. To prevent further irritation, apply a piece of nonmedicated moleskin or a protective pad on or around the callus or corn.

d. Find a pair of shoes with a more appropriate fit. Your shoes should feel comfortable, offer ample support, and provide a half-inch of space between the tip of the shoe and your longest toe. Once the friction is gone, your corns should eventually disappear.

Our feet change length and width as we age. Consider getting a professional measurement and fitting each year to ensure the right size shoe. Poorly fitting shoes can lead to blisters and open wounds or foot ulcers that may not heal.

8. Assemble a first-aid kit for your feet, just in case. Sterile bandages and antibiotic cream for minor cuts and scrapes, toenail clippers, an emery board to smooth out rough nail edges, aloe vera for sunburns, and a hydrocortisone cream for insect bites can prepare you for any summer foot woes that come your way.

What to Do About Skin Tags

If you've ever noticed what looks like a small skin-colored or dark growth on your body, chances are you're looking at an acrochordon, commonly known as a skin tag. It's a familiar sight as you age: Close to half of all adults have skin tags, and the risk of developing them increases as you get older, usually until you reach your 70s.

Skin tags tend to develop in skin-fold areas, such as the underarms, neck, eyelids, groin, and under the breasts. Although anyone can get them, they're more common among obese people; it's thought that the friction occurring when skin folds rub together can cause the tags to form. People with diabetes also have a higher rate of skin-tag growth, possibly caused by insulin resistance. Some evidence suggests that they may be a marker for cardiovascular disease. Pregnancy is another time when skin tags often develop (although they tend to shrink after delivery).

"The development of skin tags may be genetic or part of the normal aging process and usually does not indicate any underlying health problem," says Gregory Henderson, M.D., Ph.D., a dermatologist

and health sciences clinical instructor with UCLA Dermatology in Palos Verdes, Calif. "Skin tags also don't discriminate when it comes to gender, with men and women equally affected by them."

Anatomy of a skin tag

Attached to the skin by little "stalks," skin tags can grow to 1 to 2 centimeters or larger. Tiny as they are, skin tags can be a big nuisance, and many people find them unsightly. Although usually not painful, they can catch on clothing and jewelry, causing irritation. However, if a skin tag becomes twisted at the blood supply location, causing tissue to die, it can darken and become painful, although this is uncommon.

"If you want a skin tag removed because you don't like the way it looks, or it's causing discomfort, it's important that you see your doctor," says Dr. Henderson. "The tag has its own blood supply, and you could end up bleeding quite a bit if you attempt to remove a large skin tag on your own. You're also leaving yourself open to infection."

Your dermatologist can remove the tag

in one of three ways: snipping it with medical scissors and forceps, burning it (electrocautery), or freezing it (cryosurgery).

"Any of these methods work well and, with anesthetic, should be relatively painless. And the skin tag likely won't grow back," Dr. Henderson says.

A cosmetic procedure

Skin-tag removal is sometimes considered a cosmetic procedure, so your health insurance or Medicare may not cover treatment unless it's deemed a medical necessity—for example, if you have a limited number of symptomatic skin tags or your doctor suspects one may be cancerous.

And stay away from over-the-counter products to remove skin tags; they work by killing the unwanted skin and can cause irritation, bleeding, or infection. And they should never be used around the eye area.

If you have a skin tag, check the growth from time to time. See your doctor if you notice any change, such as enlarging or darkening, or if it becomes painful. A clinical exam and possibly a biopsy can help rule out cancer or any other skin condition that might require treatment.

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Your Guide to Summer Rashes

With summer comes an increased amount of time spent outdoors—and increased exposure to the sun, plants that cause skin irritations, insects, and other triggers of itchy rashes. Below are symptoms to watch for and some fixes, with help from Gregory Henderson, M.D., Ph.D., a dermatologist and health sciences clinical instructor with UCLA Dermatology in Palos Verdes, Calif.

Rash	Identifying it	Preventing it	Treating it
Athlete's foot	Itchy fungal infection that causes flaky, cracked skin on the feet and between the toes. Often contracted after walking barefoot in damp, public areas like locker rooms and around pools.	Wear water shoes in communal showers or on pool decks. Because the fungus loves moist areas, reduce foot sweat by wearing shoes and socks made of natural, breathable material; change socks frequently; and discard old shoes.	Wash and dry feet thoroughly every day, including between the toes. Over-the-counter antifungal creams or sprays made for athlete's foot may help. May require an oral antifungal drug prescription.
Eczema	Dry, itchy skin; scaly patches; redness; oozing, crusty patches; and swelling are among the wide variety of symptoms.	If you suffer allergic symptoms (sneezing, runny nose, itchy eyes) when exposed to certain substances, avoiding those substances may help head off a case of eczema.	Steer clear of irritants such as harsh soaps and dish-washing liquids; take lukewarm—not hot—baths and showers and moisturize your skin as soon as you finish; keep a humidifier on in your home; and do your best not to scratch.
Heat rash	Small red bumps that may itch, tingle, and sting; common in hot, humid conditions when pores become clogged. Most often occurs in areas of skin-to-skin chafing, such as the neck, groin, underarms, and beneath the breasts.	Wear loose, light clothing to prevent friction and moisture retention, and keep cool with fans or an air conditioner.	Calamine lotion can soothe the skin. Cool compresses may also help, but be sure to dry off moist areas. If the rash doesn't go away on its own within a few days, your doctor can prescribe a soothing cream.
Lyme disease	A red "bull's-eye" rash that occurs in about three-quarters of infected people—typically three to 10 days after a tick bite. You may also feel feverish, tired, and achy.	Avoid walking off trails in the woods or tall grass. Protect yourself by wearing long pants and long sleeves; using tick repellents that contain DEET, picaridin, IR3535, or oil of eucalyptus or applying a permethrin-containing insecticide to clothing; and doing a full-body check after coming inside to look for ticks.	The antibiotic doxycycline is typically prescribed for several weeks, although symptoms that persist for months may require longer-term treatment with antibiotics. If not treated early, Lyme disease may become chronic.
Photosensitivity	A red rash or small bumps that may be raised or "sac"-like and appear after sun exposure. This skin response is usually limited to areas directly exposed to the sun.	Avoid sunlight during midday, when rays are strongest, and be cautious if taking drugs like antibiotics or diuretics, which can make you prone to photosensitivity. Apply a broad spectrum sunscreen with a minimum of SPF 30 and wear a hat and protective clothing.	Keep out of the sun until your skin clears up. To relieve the itch, consider over-the-counter topical steroids and antihistamines or consult a dermatologist, who can provide relief.
Poison ivy, poison oak, poison sumac	A raised, red, streaky-looking rash that develops 12 to 72 hours after you come into contact with the offending plant. It's intensely itchy.	Learn to identify rash-causing plants so you can avoid them: The adage "leaves of three, let it be" applies here. Wear long pants and sleeves if you're spending time outdoors and might come in contact with irritating plants.	Wash skin and clothing immediately after exposure. Cool compresses and hydrocortisone cream can relieve the itching. If your reaction is severe or the rash doesn't improve after a week to 10 days, consult a dermatologist.
Swimmer's itch	Little red bumps or blisters that itch and burn, appearing minutes to days after being in water (such as lakes, ponds, and oceans) contaminated with microscopic larvae found in snails.	Avoid swimming in places where snails are abundant; rinse off your body promptly after swimming.	Over-the-counter steroid cream, cool compresses, and baking-soda or oatmeal baths can relieve some misery. Itching should subside in about a week. See your doctor if the condition doesn't clear up.