

Approach to the Mature Cosmetic Patient: Aging Gracefully

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ABSTRACT

Aging gracefully has taken on a whole new meaning over the past few decades as new aesthetic treatments have been developed and are becoming more sophisticated by the day. The aging process, which is exacerbated by chronic UV exposure, results in dyspigmentation, loss of skin laxity, precancerous and cancerous skin lesions, fat loss and redistribution, and bone resorption. Laser and light devices can be used to treat dyspigmentation, while neuromodulators and soft tissue fillers can be used for rhytides and revolumization. Newer procedures include using resorbable polyglycolide/L-lactide suspension sutures with bidirectional cones for mid face revolumization, deoxycholic acid injections for submental fat reduction, and radiofrequency energy. Certain over-the-counter products can increase the risk of postprocedure bruising, while arnica and bromelain may help decrease this risk. Dermatologists continue to be at the forefront of aesthetic treatments, ready and willing to help the aging population look and feel their best.

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Our population is aging and has accumulated a significant amount of UV exposure, resulting in sun damage, wrinkles, textural changes, and skin cancer.^{1,2} These complications affect the economy as a whole, with skin care representing an ever-expanding \$80 billion industry.³ Women ages 35 and older look at their face, on average, about 5 times per day, equivalent to approximately once every 3 waking hours. Forty-five million American women (60%) were likely to worry about “looking old and wrinkled,” and 60% of women think men would rather kiss a woman with a beautiful face. Our mature patients desire safe and effective techniques to “turn back the clock,” with most women preferring dermal injectables over surgery. Women on average would prefer to look about 13 years younger than their actual age, and 75% of women want their skin to look and feel new. As the aging population increases, dermatologists continue to be at the forefront of aesthetic treatments.⁴

Aging skin is a cumulative process that is a consequence of genetically programmed decreases in functional capacity and loss of the ability to repair damage. Fat redistribution and loss from facial fat compartments contribute to multiple changes in the aging face, including the increased prominence of nasojugal creases, nasolabial folds, marionette lines, and jowls.⁵ Patients in their fifties have usually already started or will start menopause, as well as start to develop changes in facial contour, reduced skin elasticity, and more brittle hair and nails. When patients reach their sixties, dyschromias become more prominent, as do seborrheic keratoses, actinic keratoses, dilated pores, lusterless hair, and vascular erythema. Past age 70, volume loss becomes more apparent, as lipoatrophy begins and bone resorption progresses. Skin laxity increases even further, as does easy bruising and hair thinning or loss.⁵⁻⁸

When a patient presents for a cosmetic consultation, the best way to start the conversation is by asking the patient what bothers them and then discussing what aspects can be improved. Asymmetry and other notable features can be documented with pretreatment photographs, which can then be compared to post-treatment photographs to show patients how their appearance has been improved. A wide variety of aesthetic treatment options are available to patients. Laser and light treatments can treat pigmentary alterations and telangiectasias, as well as help with evening skin tone.⁹ In contrast, neuromodulators and soft tissue fillers are essential tools for improving rhytides and volume loss. Men can also benefit from aesthetic procedures, although they typically require greater amounts of neuromodulator to be injected than that needed to achieve the same result in women.

Tear troughs that have undergone lipoatrophy can give the eyes a sunken, tired appearance. Injecting hyaluronic acid into this region using a blunt-tipped cannula can take years off the face in a way that decreases the chance of running into vessels in this highly vascular area (Figure 1). Cannulas are an excellent way to inject filler into other highly vascular areas, such as the mid face, to minimize the risk of bruising and other vascular complications related to intravascular filler injections. However, cannulas are not suitable for revolumizing the temples since this procedure requires injection down to the level of periosteum. Cannulas are not appropriate for revolumizing thin ear lobules either, which is a simple procedure in which filler is injected into the ear lobules to give them a more plump, youthful appearance to counteract the sagging and thinning that results from years of wearing heavy earrings.

With age, there is an overall loss of lip volume and structure. The upper lip becomes thin and elongated, Cupid's bow

FIGURE 1. Before (left) and after (right) hyaluronic acid injections into the tear troughs using a blunt-tipped cannula, giving the eyes less of a sunken, tired appearance.



FIGURE 2. Before (left) and after (right) hyaluronic acid injections into the lips to revolumize the lips and recreate Cupid's bow.



FIGURE 3. Before (left) one week after (right) calcium hydroxylapatite injections to soften marionette lines and pre-jowl sulci.



becomes effaced and flattened, and the philtral columns lose definition.¹⁰ Lip augmentation needs to be performed correctly, recreating Cupid's bow and adding volume to the lips without giving them a sausage appearance (Figure 2). Upper cutaneous lip rejuvenation using neuromodulators and fillers can soften perioral rhytides and redefine the philtral columns.

Sagging cheeks can result from fat and bone loss in the mid face. The cheek can be resculpted by either injecting filler or by using resorbable polyglycolide/L-lactide (PLGA) suspension sutures with bidirectional cones that reposition the tissue and stimulate collagen formation to add back volume. Repositioning the cheeks can also improve the appearance of the lower

face, thus minimizing the interventions that will need to be performed in this area.

Marionette lines and more prominent pre-jowl sulci result from volume loss in the lower third of the face and can give the appearance of a frown. Injection of fillers, such as calcium hydroxylapatite, can replace lost volume, soften these lines, and be used to turn the corners of the mouth upward, giving patients their smiles back (Figure 3).

The mandibular sweep can also be recreated to hide sagging jowls by injecting filler, such as calcium hydroxylapatite, along the angle of the jaw and in front of the jowl. In contrast, platysmal bands, as well as horizontal neck lines, which have started to appear in even younger people as a result of looking down at one's phone while texting, are best treated using neuromodulators.

Even if patients have aesthetic procedures to improve their facial appearance, their hands, which can appear skeletonized due to volume loss if left untreated, can provide a clue to their true age. Injecting calcium hydroxylapatite using a blunt-tipped cannula can reshape a skeletonized hand and give the hands a more youthful appearance (Figure 4).

Newer innovations, including the aforementioned PLGA suspension sutures, have allowed dermatologists to expand their aesthetic repertoire. Deoxycholic acid injections can be used to reduce submental fat and sharpen the cervicomental angle (Figures 5 and 6). Radiofrequency energy can be used for a variety of applications, since heat from the injectable cannula can stimulate collagen production beneath the skin, as well as shrink fibrous septae and melt fat at higher target temperatures.

FIGURE 4. Calcium hydroxylapatite has been injected into patient's right hand using a blunt-tipped cannula; patient's revolumized right hand appears more youthful compared to patient's untreated left hand.



FIGURE 5. Before (left) and after (right) submental deoxycholic acid injections with noticeably reduced submental fat and sharper cervicomenal angle.



FIGURE 6. Before (left) and after (right) submental deoxycholic acid injections with noticeably reduced submental fat and sharper cervicomenal angle.



Ultimately, any procedure where insertion of a needle or cannula is required can result in bruising. Patients using over-the-counter products like glycerin, evening primrose, and vitamin C can have a greater risk of bruising. In contrast, arnica and bromelain can help decrease the likelihood of postprocedure bruising.^{11,12}

Overall, as our population continues to age, the demand for minimally invasive aesthetic procedures continues to increase. Various changes happen as people age, which can be combated using laser and light devices, neuromodulators, soft tissue fillers, and some of the newer treatment modalities, including PLGA suspension sutures, deoxycholic acid, and radiofrequency energy devices. Ultimately, it is up to dermatologists to master these and future aesthetic procedures in order to give a whole new meaning to aging gracefully.

DISCLOSURES

Dr. Weinkle is a Medical Consultant, Allergan; Clinical Investigator, Allergan; Medical Consultant, DermAvance; Clinical Investigator,

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