

An Ounce of Prevention



20s “Between your 20s and 60s, you’re going to undergo the three Ds of aging: deterioration, deflation and decent,” says Dr. Stephen Mulholland, MD, FRCSC. Sounds gloomy, we know, but you won’t have seen much of this in your 20s, and you want to keep it that way.

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Skin care is more than skin-deep, says Dr. Benjamin Barankin, MD, FRCPC, founder and medical director of the Toronto Dermatology Centre. “Taking care of yourself means getting enough sleep, drinking enough water and eating a healthy diet. It also means not smoking, not using tanning salons, and minimizing dehydrating agents like caffeine and alcohol.”

“Skin care is the thing—with a big emphasis on sunscreen,” says Vancouver-based dermatologist Dr. Francis Jang, MD, FRCPC. By now, we all know tanning is a bad habit—especially the artificial kind—but it’s not just sunburns you’re avoiding. “It’s cumulative sun damage that really damages the skin.”

Don’t be lazy with selection or lax with application. “Use SPF 30 that covers both UVA and UVB—and make sure you wear it every day, no matter what.” Jang’s preferred brand? “Neutrogena and La Roche-Posay are both great sunscreens, cosmetically elegant and widely available.”



30s **Dr. Mulholland calls it the “Stairstep Approach”:** to your 20s skincare regime, add—do not replace anything with—lasers and light therapy. “By that, I mean intense pulse photo rejuvenation and photo facials. These things improve your brown and red discolourations, but they also add a degree of tightening and pore reduction that you don’t get with just skin care,” he says.

“Lasers and tighteners—if you do it properly—take aged skin and large pores away,” says Dr. Vera Madison, MD, a Toronto physician known for her laser expertise. Dr. Madison prefers Syneron, a laser based on synergy between light and electricity, to penetrate up to 10mm in the skin and “crunch” the present collagen, which then presents as tight skin. “It’s not at all dangerous and totally non-invasive,” says Dr. Madison. “I treat people at 7 am and they go on television at nine.”

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But lasers like Thermage, Accent and Refirm aren’t for everyone, she cautions. “Tighteners work on any type of skin, but lasers aren’t good for dark skin—pigment binds to the heat and can leave dark marks. Even if someone says yes, they will do it for you, you shouldn’t—you’re going to be a very unhappy customer.”

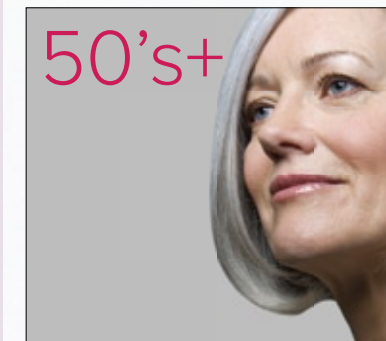
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40’s “As you get older, at some point in time, women may want to start doing injectables like Botox and fillers,” says Toronto-based Dr. William Middleton, MD, FRCSC. Some start earlier than others—“It’s preventative, like buying a car and putting it in the garage. Come back in 20 years and it’s in mint shape,” says Dr. Middleton—but it’s really a matter of lifestyle. “If you spent all your 20s studying, you’ll look different than if you had a kid at 18,” he adds.

So whenever you’re ready—most women begin experimenting with fillers in their 40s—there’s good news: As Botox rounds its 10th birthday in Canada, there are more filler options than ever before. Middleton’s newest trick is the so-called Vampire Facelift: “We take a syringe of your blood, separate the platelet-rich plasma, and mix it with Selphyl to make a tissue rejuvenator,” he says. But more conventional fillers are equally satisfying: “People also like Juvéderm, Radiesse, Restylane and Perlane because they’re natural sugar gels, no allergic testing needed, and they can be adjusted by an enzyme—they’re fast, reversible and last up to two years.”

Getting your own skin working for you is at the forefront of modern fillers. “After three or four treatments, the filler gets embedded with your collagen,” explains Dr. Madison. “So whenever you inject the filler, it stimulates collagen production and basically, you have brand new tissue.” Talk about saving face!



50’s+ “Rather than doing lifting, which we might have done 20 years ago, we get lifting from your volume,” says Dr. Mulholland. By your 50s, you’ll be dealing with the doctor’s third D—descent—and while you can step it up with lasers and fillers, “if you’re still looking descended and deflated, conventional lifting is still your best bet,” he says.

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But the good news, besides having avoided 30 years of interventional procedures, is that your face is already halfway there. “If you do finally decide to do it, you’ll need less aggressive surgery,” explains Dr. Mulholland. “We can do a mini-lift, where you cut just a bit of skin away beneath the ear or hairline. There is some removal, but it’s minimal. These days mini-lifts are done on a Thursday and you’re back to work on Monday.”

“But now that we have better lasers, Botox and fillers than ever before, we are seeing far fewer plastic surgery procedures,” says Dr. Benjamin Barankin, MD, FRCPC. The bundling approach, a model where you can progress gracefully or stop entirely at any time, saves you the risks and expenses of major surgery down the road. And in the meantime, your cosmetic options for treating and preventing the signs of aging are the best they’ve ever been. ☺

Fred Astaire famously said, “Old age is like everything else. To make a success of it, you’ve got to start young.” He might not have meant fine lines and wrinkles specifically, but every dermatologist agrees: treat your face right now and you’re much less likely to find yourself going under the knife tomorrow. “With the technology explosion in lasers, lights and devices, we can now put off surgery for 15 or 20 years,” says Dr. Stephen Mulholland, a cosmetic plastic surgeon in Toronto. Here’s how to cruise through the decades with these non-invasive procedures. **BY ROSEMARY COUNTER**