

UPDATE ON SUNBLOCK

Now that the COVID pandemic is getting under control with vaccinations, more people will be heading to the beach. Bill and Tom asked if there was any update on sunblock as their doctors keep on finding sun-caused pre-malignant skin grows even though they are using over-the-counter sunblock.

There is recent research at the University of California, Riverside, that was published in 2013 that updated original FDA's recommendations of 2009. SPF, or Skin Protection Factor, is a measurement of how effective the sunscreen is in preventing sunburn. For example, if you normally burn in 10 minutes, SPF of 15 will multiply this time by 15 i.e. 150 minutes before burning. It is best to re-apply the sunscreen after 2 hours. No sunscreen is waterproof and can be diminished with swimming, rubbing, or wiping off. The ultraviolet rays can be in either UVA or UVB frequency range. Many former over-the-counter sunscreens did not block UVA radiation which does not primarily cause sunburn, but can increase the rate of aging, photo dermatitis (brown sun spots), pre-malignant and malignant skin lesions, such as basal cell cancer, squamous cell cancer, or malignant melanoma. Broad spectrum sunscreen covers both UVA and UVB frequencies. The FDA set out the comprehensive set of rules in 2011 to take effect in 2013 designed consumers identify and select suitable sunscreen protection products.

The two ingredients that have been approved by the FDA are Zinc Oxide and Titanium Dioxide. In the past, it was 3-4% of active ingredient but now it is recommended 9-10%. The best sunscreen is still broad brimmed hat, polarized UVA/UVB wrap-around sunglasses, and long sleeve shirts and pants. Light colored cotton fabrics are the best alternative to sunscreens. When selecting the sunscreen, pay close attention to active ingredients on the label. If you cannot find the right sunscreen locally, check the internet for alternatives.