Sun Protection Behaviours in Primary Care

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What talk about sun protection?

- Skin cancer is the most common cancer diagnosis in Canada and numbers diagnosed are expected to more than double in the next 15 years. Melanoma, basal cell, and squamous cell carcinomas are highly preventable through sun protection behaviours.
- The importance of educating young children and their parents may lead to lasting benefits for our population as a whole.

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Learning Objectives

- 1. Review the new Canadian evidence-based sun safety consensus guidelines.
- 2. Present clinical cases and management plans utilizing the new consensus guidelines.
- 3. Encourage integration of sun protective strategies into routine primary care visits through patient tools and strategies.

What sun safety messages should we promote?

- The last time we had a consensus document on sun safety messaging was in 1994
- A new set of evidence based guidelines have just been completed and are being prepared for dissemination in late 2015/ early 2016
- At present they are geared to the population as a whole, but may be adapted to populations such as children and adolescents



SUNSMARTE COUNT DOWN

Key Message

Enjoy the sun safely:

Protect you skin, protect your eyes

Protect your Skin

When UV index is 3 or higher, protect your skin as much as possible.

- Seek shade or bring your own. (eg. umbrella)
- Wear a wide-brimmed hat and clothing that covers as much skin as possible, appropriate to the activity and weather.
- Apply sunscreen generously to skin not covered by clothing, and reapply when required. Sunscreen should be labeled "broad spectrum" and "water resistant" with SPF of at least 30.
- Don't use UV tanning equipment or deliberately get a suntan. Avoid sunburn.

Protect your eyes

 Wear sunglasses or eyeglasses with UVprotective lenses when outdoors

Wear a wide-brimmed hat for added protection

Additional Recommended Protective Action Statements

- Check the daily forecast for the UV Index and protect your skin accordingly.
- Whenever possible, plan outdoor activities for before 11 a.m. or after 3 p.m. between April and September.
- Use sources of vitamin D that are safer than UVR exposure, e.g., dietary sources, including fortified foods, and vitamin D supplements. Intentional UVR exposure to meet vitamin D requirements is not recommended.

Tips for Implementing the Primary Protective Action Statements

Shade

 e.g., As a general guide, wider and denser sources of shade provide increased SPF.

Clothing

• e.g., Hats should shade the head, face, ears and back of the neck with a wide brim. Tightly woven fabrics offer more protection.

Sunscreen

 e.g., Use a generous amount of sunscreen (e.g., the average adult requires approximately two to three tablespoons of lotion-formulated sunscreen to cover the whole body, and a teaspoon to cover the face and neck).

Eye protection

 e.g., Look for sunglasses or prescription lenses with full UVA and UVB protection. Examples of appropriate labels are "UV400" or "100% UV protection."

Case 1

- Mrs Jones arrives for a 2 week well child visit with her daughter Isabel. After the visit is complete, with her hand on the door, she asks:
- "Is it safe to use sunscreen for my baby?
 We have a family reunion picnic coming
 up this weekend and we will be out on
 Toronto Island for the entire day. What
 should I do?"

Case 1

Questions to Ponder:

- What strategies would you suggest for Mrs Jones' child?
- Is sunscreen safe in an infant?
- What other strategies are available to protect Isabel?

Considerations in infants

- we know that pediatric patients, particularly infants and toddlers, have a significantly larger body surface area to volume ratio than adults.
- this age group also has a thinner epidermis with a less dense stratum corneum, which leads to the potential for increased absorption of topical products

Infants

- These factors are what have led to the recommendation that sunscreen products should not be used in infants younger than 6 months
- However, the American Academy of Pediatrics (AAP) suggests sunscreen only be applied to exposed areas of infants during unavoidable sun exposure

- The AAP also advocates for the use of physical blockers (zinc and titanium dioxide), as opposed to chemical blockers (oxybenzone, parsol 1789, etc) for children between 6 months and 2 years
- Physical blockers are less irritating to the skin and not as easily absorbed
- HOWEVER, they also don't provide the same broad-spectrum UV protection as combination sunscreens, so limiting exposure in other ways is very important

Baby Isabel

- Mrs. Jones should consider keeping Isabel cool, but in clothing that covers most of her skin and apply sunscreen to exposed areas only.
- She should keep her in the shade.
 Consider a stroller with an overhead and side cover, a UV net or under dense foliage/umbrella
- Isabel should have a broad brimmed hat

Case 2

 Joanne is a 17 yo runner planning to run a half-marathon. She asks for advice on how to proceed on sunny days when she is training.

Questions to Ponder:

- When should Joanne do her training?
- What clothing should she wear?
- Are there any other strategies that she can utilize?

Timing of sun exposure

- UVR that is harmful to the skin is primarily present in the sun's rays from 11 a.m. to 3 p.m. between April and September in Canada
- UVR that is harmful to the eyes is present in the sun's rays all year round and throughout the day
- In both cases, UVR can be harmful, even when it's cloudy

Clothing

 Tightly woven or UV-protective labelled clothing is recommended

 a dark color cotton T-shirt averages a UPF of 10, a white cotton T-shirt provides only moderate protection with a UPF between 4 and 7

Joanne

- Joanne should try to go on her runs before 10am or after 3pm
- She should wear a tightly woven fabric (as is common with atheltic wear as opposed to cotton).
 Long sleeves when she can.
- Wear a hat and sunglasses
- Broad spectrum, water resistant sunscreen should be applied liberally to all exposed skin
- Consider "face sticks" for the areas around the eyes to avoid stinging. Use for lips also.
- Spray, rubbed in well may be less occlusive when active.

Sunscreen options





Tanning beds

- In teens (particularly girls), take the opportunity to bring up the hazards of indoor tanning risks
- In a British study analyzing the incidence of melanoma in 2004 in the 20- to 39-year-old age group, about one- quarter of melanomas diagnosed in young women could be attributable to sunbed use
- Premature again is also directly correlated with use of tanning equipment and may be more important to young adults than the threat of cancer

Case 3

- Mrs Brown had a recent fracture and was diagnosed with Osteoporosis. She was told to increase her vitamin D levels and asks about how much sun exposure is recommended and how to use tanning beds.
- How long should she stay out in the sun?
- How effective are tanning beds?

Vitamin D

- Use sources of vitamin D that are safer than UVR exposure, e.g., dietary sources, including fortified foods, and vitamin D supplements. Intentional UVR exposure to meet vitamin D requirements is not recommended.
- UVR exposure from the sun or from tanning equipment is not a safe way to meet vitamin D requirements and is inconsistently effective.
- Canadians live at lattitudes that require Vitamin D supplementation throughout the fall and winter months regardless of sun exposure

Age-based recommendations (adapted from, but not contained in current guidelines)

Newborns and Infants Under Six Months

 Avoid the suns; stay indoors, in the shade, wearing clothing

 Avoid sunscreens except on unavoidably exposed skin. Use physicial blockers, ie sunscreens whose active ingredients are zinc and /or titanium dioxide

Alternate source of vitamin D needed

Young Children

- Hats, ideally with a broad brim
- Sunglasses
- Sunscreen- try to stick with physical blockers (zinc +/- titanium dioxide) up until age 2
- Avoid peak hours of sun eposure (10-3)
- Sunprotective swim wear and clothing

Adolescents

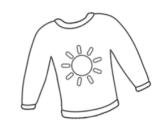
- Hats, ideally with a broad brim
- Sunglasses
- Sunscreen- whatever is most acceptable to the patient is the one that should be used. Light weight lotions that don't promote acne, sprays (rubbed in well) and makeup with spf 30 may be good options in this age group
- Avoid peak hours of sun eposure (10-3)
- Sunprotective swimwear and clothing esp in outdoor jobs needs to become social norm

Tools For Office Practice

- Posters in waiting room
- Colouring pages
- Add it to your EMR visit for routine pediatric and teen exams, immunization visits, adult preventive health visits
- Suggest technology for older children/ teens and adults

BE SUNSMART









Use these 5 ways to help you stay sun safe.

Before you go outside to play, slip on a shirt slap on a hat slop on sunscreen slide on sunglasses seek shade whenever you can

Brought to you by



BE SUNSMART

DOING THE SUNSMART COUNTDOWN

Whenever the UV level reaches three and above use the five SunSmart Countdown steps. Never rely on just one sun protection measure – the best possible protection is when you use them all. Be especially careful with babies under 12 months and keep them well shaded so they are not exposed to direct sun.

5. SLIP on some sun-protective clothing

· that covers as much skin as possible.

4. SLOP on SPF30+ sunscreen

· make sure it is broad spectrum and water-resistant.

3. SLAP on a hat

. that protects the face, neck, head and ears.

2. SEEK shade

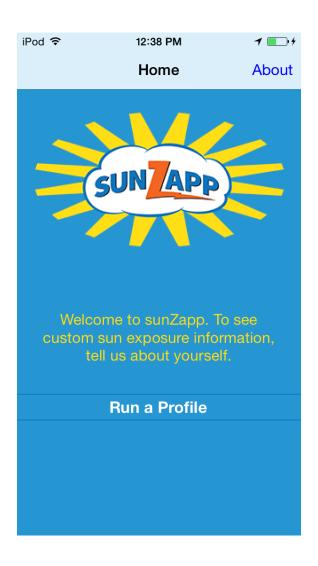
try to use shade whenever possible.

SLIDE on some sunglasses

· make sure they are UV blocking.

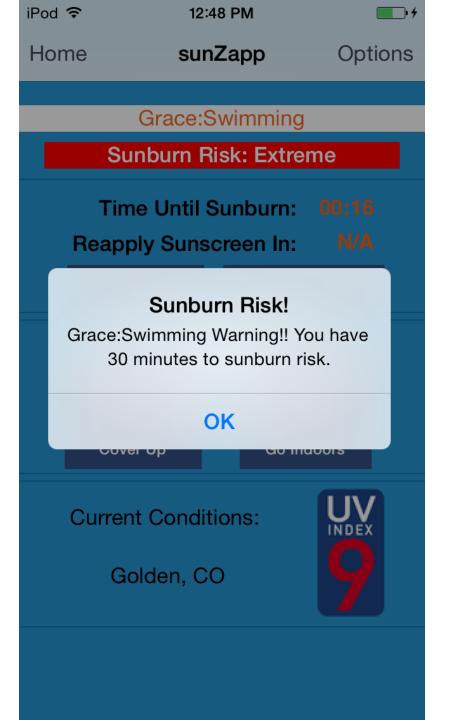


Patient Tools- apps?



Apps

 A clinical trial conducted in 2012 showed an improvement in sun protective behaviours in subjects using an individualized sun safety app



In Conclusion

Enjoy the sun safely: **Protect you skin, protect your eyes**