

PHOTOSENSITIVE REACTIONS WITH DRUGS

- The lighter your skin, the higher your SPF number should be. Ask your dermatologist or doctor what he/she recommends.

- For maximum effectiveness, reapply your sunscreen every hour and after swimming. Choose one that indicates it is waterproof.

- Use makeups with suncreening protection. And remember that not all clothes will protect you. Tightly woven, dry clothing are most effective.

- Always wear a broad-brimmed hat, long-sleeve shirts and sunglasses to protect your head, shade your face and arms, and prevent sunburn. (Did you know that an oversized straw golf hat offers 30 SPF?)

- Stop any elective photosensitizing medications while you're on vacation, such as Tetracycline and Retin-A for acne.

- Finally, the most harmful and intense ultraviolet rays are between 10 a.m. and 3 p.m., so avoid prolonged exposures during these times.

- Remember that you can still burn on a cloudy day, and reflective surfaces like snow, water, sand and concrete can heighten your exposure.

Enjoy your day in the sun, but take care of your skin. Ultimately, you'll be looking after your long-term health.

— With information provided by Dr. Bruce Miller.

For more information on sunburn, including UV-resistant clothing, tanning salons, sunscreens and other UV-related topics see the upcoming July issue.

— Eds.

BIOS

Gil Zeimer of San Rafael, California, has been a DAN Member since 1988. He prefers 50 SPF sunblock.

DAN Member Dr. Bruce Miller is a dermatologist practicing in Portland, Oregon, and a Diplomate of the American Board of Dermatology and the American Board of Dermatopathology.

A tropical location, limited exposure protection and extended time in the sun enhance the risk of sunburn — and so can some medications. Many of us are not aware that some drugs can increase the skin's sensitivity to sunlight. The reactions caused by the interaction of the drugs and the ultraviolet radiation in sunlight can manifest themselves as either photoallergies or phototoxicity.

A photoallergic reaction occurs when ultraviolet light alters the structure of the drug. This process causes the body to react by forming antibodies to the modified structure. The result is a skin reaction appearing as an eczema-like condition that can spread to areas not exposed to the ultraviolet light.

Of the two photosensitive reactions, phototoxicity is more common. It does not affect the body's immune system. Instead, the drug absorbs the UV light and releases the energy into the skin, causing cell damage. The extent of the damage is usually limited to areas directly exposed to the UV light. Both reactions can occur immediately or have a delayed onset.

How can you protect yourself from the sun when you're using medications? Don't forget that the effects of any drug linger after you have stopped taking the medication. The best advice is to avoid or limit your exposure to the sun whenever possible. This shouldn't be a problem if the drug therapy regimen is short-term.

— Bryan G. Levano, M.S., R.Ph.

For more information on how the sun interacts with your fun, see the November / December 1996 issue of *Alert Diver*. In "Sunning and Still Having Fun," dermatologist Dr. Bruce H. Miller of Portland, Ore., contributed a story on avoiding sun damage.

In this story DAN printed a short list of drugs and compounds which may increase photosensitivity to the sun. Here is a more complete list, courtesy of Dr. Miller, who got his information from *The Medical Letter*, Volume 37, Issue 946, April 14, 1995.

ANTICANCER DRUGS

Dacarbazine (DTIC-Dome)
Fluorouracil (Fluoroplex, and others)
Flutamide (Eulexin)
Methotrexate (Folex, and others)
Vinblastine (Velban, and others)

ANTIDEPRESSANTS

Amitriptyline (Elavil, and others)
Amoxapine (Asendin, and others)
Clomipramine (Anafranil)
Desipramine (Norpramin, and others)
Doxepin (Adapin, and others)
Imipramine (Tofranil, and others)
Maprotiline (Ludlomid, and others)
Nortriptyline (Aventyl, and others)

Phenelzine (Nardil)
Protriptyline (Vivactil)
Trazodone (Desyrel, and others)
Trimipramine (Surmontil)

ANTIHISTAMINES

Cyproheptadine (Perlactin, and others)
Diphenhydramine (Benadryl, and others)

ANTIHYPERTENSIVES

Captopril (Capoten)
Diltiazem (Cardizem, and others)
Methyldopa (Aldomet, and others)
Minoxidil (Loniten, and others)
Nifedipine (Procardia, and others)

ANTIMICROBIALS

Ciprofloxacin (Cipro)
Clofazimine (Lamprene)
Dapsone (generic)
*Demeclocycline (Declomycin, and others)
*Doxycycline (Vibramycin, and others)
Enoxacin (Penetrex)
Flucytosine (Ancobon)
Griseofulvin (Fulvicin-U/F, and others)
*Lomefloxacin (Maxaquin)
Minocycline (Minocin, and others)
*Nalidixic acid (NegGram, and others)
Norfloxacin (Noroxin)
Ofloxacin (Floxin)
Oxytetracycline (Terramycin)
Pyrazinamide (generic)
Sulfonamides
Tetracycline (Achromycin, and others)
Trimethoprim (Proloprim, and others)

ANTIPARASITIC DRUGS

Chloroquine (Aralen, and others)
Quinine (many manufacturers)
Thiabendazole (Mintezol)

ANTIPSYCHOTIC DRUGS

*Chlorpromazine (Thorazine, and others)
Fluphenazine (Permitil, and others)
Haloperidol (Haldol, and others)
Perphenazine (Trilafon, and others)
*Prochlorperazine (Compazine, and others)
Thioridazine (Mellaril, and others)
Thiothixene (Navane, and others)
Trifluoperazine (Stelazine, and others)
Triflupromazine (Vesprin)

DIURETICS

Acetazolamide (Diamox, and others)
Amiloride (Midamor, and others)
Bendroflumethiazide (Naturetin, and others)
Benzthiazide (Exna)
*Chlorothiazide (Diuril, and others)
*Furosemide (Lasix, and others)
*Hydrochlorothiazide (HydroDIURIL, and others)
Hydroflumethiazide (Diucardin, Saluron)
Methyclothiazide (Aquatensen, and others)
Metolazone (Mykrox, Zaroxolyn)
Polythiazide (Renese)
Triamterene (Dyrenium)
Trichlormethiazide (Metahydrin, and others)

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