Chronic daily headache: 
When the pain never goes away

Nearly everyone experiences a headache occasionally. In fact, it is one of the most common health complaints. There are several types of headaches that have been identified, including tension headaches, cluster headaches and migraines. Each type of headache has its own causes and treatments.

But what if you have a headache that never seems to go away? It could be a newly identified type of headache — the chronic daily headache.

Sankar Bandyopadhyay, M.D., who goes by “Dr. Bandy”, a neurologist with Franciscan Skemp Healthcare — part of Mayo Health System, treats patients with chronic daily headache. He says, “Daily headaches are usually not mild — the pain lasts for hours and the impact on the sufferer’s lifestyle is significant.”

What is chronic daily headache?
Dr. Bandy says, “Approximately 4 percent of the population experiences chronic daily headache. Most sufferers are between the ages of 15 and 45, although I have treated patients as young as 9.” Dr. Bandy defines chronic daily headache as having more than 15 headaches a month.

“We do not yet understand the exact mechanism responsible for chronic daily headache, but we do know what some of the factors are,” he says. “The condition usually evolves from another type of headache, such as tension headache or migraine, and is exacerbated by the overuse of pain medication. Analgesics can create a vicious cycle,” Dr. Bandy says. The medicine temporarily

continued on page two
alleviates the headache, but as soon as it wears off the headache returns, usually with a vengeance. This is referred to as a rebound headache. How much is too much medicine? Dr. Bandy says, “Using pain relievers more often than two days a week could lead to a problem.”

**Treating chronic daily headache**

Dr. Bandy recommends seeing your healthcare provider if you experience:
- A headache that lasts more than two weeks
- More than 15 headaches a month
- Any headache with a change in character that is unexplained
- Any new onset severe headache or any severe headache that is disabling

Because of their complexity, chronic daily headaches can be challenging to treat. If you think you may have chronic daily headache, Dr. Bandy says it’s important to treat it early and find a healthcare provider who understands the problem. He says, “Chronic daily headache is a unique entity and requires a different approach. Many times, medications are not going to help, and they could make the situation worse.”

Keeping a headache diary may help you and your provider identify a pattern that will help determine what’s causing — and perpetuating — the pain. You can find headache diaries online. For example, the American Council for Headache Education Web site offers a printable diary at http://www.achenet.org/resources/diary.php. Typically, entries in the diary should include the date of the headache, the severity, relief measures and any triggers that may have been involved.

When patients with chronic daily headache see Dr. Bandy, he says the first step is to break the cycle that creates the headache. “The first thing we do is avoid all triggers and discontinue use of prescription and non-prescription analgesics,” Dr. Bandy says. “Depending on the individual circumstances, I may prescribe a combination of medicines.”

One new treatment option that is showing potential is a low-dose injection of botulinum toxin. “The treatment does not work for everyone, and it is expensive, but when it does work, it’s good for three months.”

The next step is to work with the patient on behavior modification. “This is the hard part,” Dr. Bandy says. “Chronic daily headache is not a disease like high blood pressure, where you can just take a pill. The patient has to learn and practice techniques that will alleviate the condition.”

Dr. Bandy helps patients learn biofeedback and stress management.

“Biofeedback has been found to be effective for many patients,” Dr. Bandy says. “Yoga, massage therapy, meditation and aerobic exercise are additional behavior modification options.” Dr. Bandy says, “It takes some time and discipline on the patient’s part to see what will work. We present a variety of options and techniques, the patient doesn’t have to do everything, but we need to find something that suits that person’s lifestyle,” he says. In treating the chronic daily headache, Dr. Bandy says the goal is not to cure all headaches, but to reduce their frequency and severity so that the sufferer can lead a functional, productive life.

Chronic daily headache is the topic for this month’s HealthLink, a project sponsored by Franciscan Skemp Healthcare and NewsChannel 8. To learn more about common headache triggers and tips for easing the condition, check out the HealthLink Web page at www.wkbt.com/healthlink.

If you are experiencing problems with chronic headaches, see your healthcare provider. To schedule an appointment with a Franciscan Skemp Healthcare provider, call Franciscan Skemp Healthcare at 800-535-9055.
Center for Advanced Medicine and Surgery

Why: Increasing demand for services by Franciscan Skemp patients. Since the affiliation with Mayo Health System in 1995, Franciscan Skemp Healthcare has experienced a 15 percent increase in clinic visits per year and a 24 percent increase in the number of surgical procedures per year. The number of physicians has increased by 37 percent, and the number of allied health providers has grown by more than 200 percent.

Cost: $28.4 million, more than $8.4 million raised locally through the Franciscan Skemp Medical Excellence Campaign. Additional support from Mayo Clinic and the Franciscan Sisters of Perpetual Adoration.

What’s next: The building is designed so that it can be expanded horizontally, and has the capability of reaching seven stories. Interestingly, because of greater floor-to-ceiling distances, seven floors of the new center would nearly match the height of the nine floors of the existing medical center.

The Center for Advanced Medicine and Surgery is part of a 30-year campus regeneration plan, which carefully considers the needs of the neighbors in such matters as aesthetics, traffic flow and parking.

Size: 107,000 square feet on three floors

Lower level: Dedicated to complete outpatient oncology services (including radiation oncology) and provides Franciscan Skemp cancer patients with an environment that will be uniquely their own. The area will have numerous features that will address the physical, emotional and spiritual aspects of cancer treatment.

First floor: Includes the main entrance to the center on the facility’s southwest corner. The southern half of the ground floor will be the new home for Franciscan Skemp day-surgery services and feature 20 new patient rooms. The northern half of the first floor will be the future home of a new combined Emergency Department/ Walk-In Clinic.

Second floor: New surgery unit built around eight new operating rooms.

Connection to the existing medical center: An underground tunnel for visitors, staff and supplies, plus an attractive skywalk for patient use connecting the third floor of the medical center to the upper floor of the new building.

Exterior: Brick with precast concrete accents, in concert with nearby buildings of Franciscan Skemp and the Franciscan Sisters of Perpetual Adoration.

Grand Opening
July 18, 2004

Join us to celebrate the opening of the Center for Advanced Medicine and Surgery on the La Crosse campus.

www.franciscanskemp.org
How much exercise is enough?

It’s easy for experts to say that you can lose weight and lower your risk of chronic disease if you get enough exercise, but what does that really mean? The rules and guidelines seem to be ever changing, so how much is enough?

“If you’re looking for a reason to be physically active, the health benefits you can achieve from exercise are a strong incentive,” says Will Schanhofer, M.D., a family physician with Francisian Skemp’s Lake Tomah Clinic.

“Exercising on a regular basis can lower your risk of heart disease, stroke, diabetes, colon cancer and high blood pressure. Regular physical activity also can help to develop and maintain healthy bones, muscles and joints; reduce falls among older adults; and relieve the pain of arthritis. Also, being physically active can reduce symptoms of anxiety and depression, promote psychological well-being and extend your life expectancy,” says Dr. Schanhofer.

Depending on who you ask, you may hear that to reap these health benefits you need to be physically active anywhere from 30 minutes most days of the week to an hour every day of the week. So exactly how long do you need to stay on the treadmill? “The answer probably falls somewhere in between the two extremes,” says Dr. Schanhofer.

In September 2002, the Institute of Medicine (IOM) issued a report recommending that adults spend at least 60 minutes in moderately intense physical activity — such as brisk walking — every day of the week. This is more than double the daily minimum goal of 30 minutes of physical activity most days of the week recommended by the U.S. Surgeon General in 1996. This earlier recommendation was based on research showing that 30 minutes of physical activity most days of the week could reduce the risk of many chronic diseases, including heart disease, diabetes and colon cancer.

The latest IOM recommendation stems from evidence showing that 30 minutes of activity most days of the week may not be enough to allow most people to maintain an ideal weight and achieve maximum health benefits. In short, the latest thinking reflects the fact that people in the United States are consuming more calories and getting heavier. These latest exercise recommendations aim to offset this excess calorie intake.

What does this mean for you? According to Dr. Schanhofer, “One magic number doesn’t work for everybody. It’s always a good idea to check with your healthcare provider before you start any exercise program. Your personal makeup — such as your age, weight and height, caloric intake, and current level of daily activity — affects how many minutes of physical activity you need. And how long you should exercise also can depend on what activities you engage in.”

For example, according to the new guidelines, a person can achieve the more-stringent physical activity goal by engaging in a moderate-intensity activity, such as walking 4 mph (1 mile in 15 minutes) for 60 minutes a day. The guidelines also can be met by taking part in a high-intensity activity, such as jogging, for 20 to 30 minutes a day most days of the week.

“It’s not necessary to carve out one big chunk of time from your already busy schedule,” Dr. Schanhofer says. “The cumulative effect of your physical activity throughout the day is what counts, and all types of activity help — not just doing aerobics or going for a jog.”

The bottom line is that 30 minutes of moderately intense physical activity a day provides you with significant health benefits, but a higher level of health benefits may be achieved with 60 minutes of moderately intense activity a day. Exercising at a high intensity — such as jogging at 6 mph or faster — for 20 to 30 minutes most days of the week also achieves the IOM exercise goals.

Dr. Schanhofer recommends finding some activities you enjoy and that fit in with your lifestyle. He says, “By accumulating at least 30 to 60 minutes of physical activity on most days of the week — and including healthy food choices into your daily routine — you can achieve and maintain a healthy weight and reduce your risk of many chronic diseases.”
Mayo Clinic is studying use of a medication that could change treatment standards for congestive heart failure. The medication is a man-made injectable form of the naturally occurring human hormone BNP, or B-type natriuretic peptide.

People in the study inject synthetic BNP to improve their heart and kidney function damaged by congestive heart failure, in much the way people who have diabetes inject a synthetic form of insulin when their bodies do not make enough of the hormone.

“The results of our preliminary, first-ever BNP pilot study were very encouraging,” says Horng Chen, M.D., a cardiologist at Mayo Clinic. “In just eight weeks, we saw improvement in the subjects’ hormonal function and a trend in improvement of kidney and heart function. We are now recruiting patients who have congestive heart failure for a larger study funded by the American Heart Association. There is tremendous interest in the international cardiology community in our study, in part because current therapies for congestive heart failure are far from being optimal. Patients who have severe forms of the disease have high hospitalization and mortality rates.”

BNP produced by the body when the heart is healthy helps the heart function normally with the kidneys to excrete excess fluid. Synthetic BNP helps the heart and kidneys work more effectively together to rid the body of excess water and salt.

“The functioning of the heart and kidneys are interdependent,” says Dr. Chen. “BNP has been known for its effects on the kidneys, but researchers at Mayo Clinic have been examining potential use of BNP on the human heart for 20 years. We believe synthetic BNP added to the standard treatment regimen for congestive heart failure may improve heart function in patients and potentially reduce their hospitalization and mortality rates.”

Mayo Clinic’s Cardiovascular Research Program is recruiting adults who have congestive heart failure for a study to determine the effects of human hormone BNP, a hormone produced by the heart.

Synthetic human BNP (nesiritide) has been approved by the U.S. Food and Drug Administration to be given intravenously for the management of acute heart failure.

Persons who have pacemakers are not eligible for the study because it requires an MRI (magnetic resonance imaging).

To learn more about the study, call 507-284-9511.

To find out about clinical trials that Franciscan Skemp is involved in, please call Terri Pedace, Research Coordinator at 608-791-9462.
Physicians estimate the risk of heart attack in their patients by counting risk factors, such as age (risk increases with age), gender (men are at greater risk), high blood cholesterol, high blood pressure, smoking, obesity, diabetes, physical inactivity and family history of heart disease. Not uncommonly, a heart attack can occur at a relatively young age with few or even none of these risk factors present. During the last several years, researchers have identified several “novel,” or new, risk factors for atherosclerosis, including:

- **Homocysteine** — an amino acid in the blood that, at high levels, may damage the lining of the arterial wall
- **Fibrinogen** — a protein essential to coagulation that, at high levels, may increase tendency to form blood clots in the heart arteries
- **Lipoprotein (a)** — a unique lipid often elevated in people who have a family history of early-onset heart attacks
- **Small dense LDL particle** — a predominance of small particles of LDL (“bad”) cholesterol may form arterial plaque more easily than larger LDL particles
- **C-reactive protein** — a trace protein that is a marker for inflammation and is associated with higher risk of heart attack, stroke and blocked arteries

Mayo Clinic has established an Early Atherosclerosis Clinic to provide consultation based on state-of-the-art testing for novel risk factors in people who have had a heart attack at a relatively young age (before 55) or who have a sibling or parent who had a heart attack before age 55.

“Testing for novel risk factors can help us to better assess risk and choose the right treatment options in people who have family or personal history of heart attack or other diseases of the circulatory system before age 55,” says Dr. Kullo. “Those individuals should seek specialized preventive cardiac care to help reduce the risk of occurrence and recurrence of a heart attack.”
As Sam Blackburn reached his late 40s, several factors converged to spur him to want to improve his health. “I often didn’t feel like I could do what I wanted without getting winded because of the excess weight I was carrying,” says Blackburn. “Also, I’m a hot air balloon pilot, and I didn’t want to risk losing my pilot’s license due to poor health. Most significantly, my father died from a heart attack at age 59. I didn’t want that family history to get the best of me too.”

During a visit to his primary care physician, Blackburn learned his total blood cholesterol was 288 mg/dL. The recommended level is 200 or lower. His physician referred him to Mayo Clinic cardiologist Iftikhar Kullo, M.D., for additional testing.

Dr. Kullo ran tests on Blackburn’s blood to check for novel risk factors for atherosclerosis, did a CT scan of his heart and an exercise stress test.

Test results showed two of the novel risk factors were elevated, lipoprotein (a) and C-reactive protein. Despite these abnormalities and Blackburn’s family history, test results also indicated good news. The CT scan and stress test did not indicate blockage in the arteries of his heart. “Sam began taking a statin medication to reduce his blood cholesterol and help lower the risk from the elevated novel risk factors,” says Dr. Kullo. “I also recommended he meet with a dietitian and an exercise specialist to develop programs tailored to his lifestyle to help him lose weight and improve his heart health.”

Blackburn was relieved to learn that his tests did not indicate existing heart damage, and he is determined to do what he can to make sure his heart remains healthy. “Before I had the tests, I was afraid to do any heavy exercise because of my weight and how winded it would make me,” he says. “Now that I’ve been so thoroughly checked, I’m riding an exercise bike, lifting weights, walking more and taking the stairs instead of the elevator. I’ll do whatever is necessary to make sure I can still go up in my balloon.”

“Iftikhar Kullo, M.D.
Cardiologist, Mayo Clinic

In nearly half of all people who have heart attacks, the cholesterol levels are normal, so there is a clear need to identify other risk factors. The Early Atherosclerosis Clinic at Mayo Clinic is one of only a few specialized clinics in the country to provide this research-based, advanced testing for novel risk factors and consultation with a cardiologist who specializes in preventive care.”

If you think you might be at risk for heart disease, please consider making an appointment with your Franciscan Skemp primary care provider … or call the Assistance in Selecting a Physician Line at 1-800-362-5454, ext. 9868 to find a provider near you.
Family ties inspire patient to participate in research

David Booker has three very personal reasons for participating in clinical trials at Mayo Clinic. His great-aunt, Gertrude Booker Granger, an ophthalmologist, was one of few female physicians at Mayo Clinic back in the early days (1898 to 1914) with its founders, brothers Will Mayo, M.D., and Charlie Mayo, M.D. Almost a century later, one of Booker’s sons was successfully treated for cancer at Mayo Clinic. And Booker has congestive heart failure, a chronic condition that makes breathing difficult.

“I believe research is important, and I have these connections to Mayo Clinic,” says Booker, 70, a farmer who lives near Dover, Minn. “If Mayo Clinic can use my medical information to further study, I’m happy to help.”

Booker, who was diagnosed with congestive heart failure five years ago and treated at Mayo Clinic, participated in the pilot study of the human hormone BNP, or B-type natriuretic peptide.

During the eight-week study last fall, Booker gave himself twice-daily injections of synthetic BNP to determine if the drug improves heart and kidney function damaged by congestive heart failure. Booker has definite opinions about the hormone’s effect on his condition.

“I felt great, like I was years younger,” says Booker. “I had a lot more energy and more strength and a better attitude because of those changes. My two sons who farm with me accused me of being a taskmaster during the weeks of the study because I got so much done and then noticed all the other things that hadn’t been getting done. I think this is a wonderful medication that, with daily use, seems to be able to really help people like me.”

One of those farming sons is Jeremy, age 26. He was diagnosed with leukemia at age 9. The diagnosis was particularly devastating to Booker and his wife, Jean, because they had previously lost a 5-year-old son, Gary, to cancer. Jeremy was treated at Mayo Clinic for a year and a half and has been cancer-free ever since.

“I think deep down I want to give back in any way I can because Mayo Clinic helped save my son’s life and because my great-aunt blazed a trail for women in medicine at Mayo Clinic,” says Booker. “And, of course, I want a better treatment for congestive heart failure, like the one in the BNP clinical trial, to be adopted while I can still benefit from it.”

What is congestive heart failure?

Congestive heart failure is a severe, life-threatening condition that develops slowly over time. The heart’s ability to pump has weakened, and it cannot circulate enough blood to meet the body’s needs. Heart conditions such as coronary artery disease are common causes of congestive heart failure.

Once symptoms become severe, the five-year survival rate if left untreated is 25 to 50 percent — worse than the survival rates for many cancers. Congestive heart failure has become so common that the National Heart, Lung and Blood Institute refers to it as a new epidemic.
What’s causing your sneeze?

According to the American Academy of Allergy, Asthma and Immunology, allergic diseases affect more than 20 percent of the U.S. population.

“An allergic reaction can range from itchy eyes and a stuffy nose to life-threatening anaphylactic shock,” says Doug Nelson, M.D., an allergist with Franciscan Skemp Healthcare. “It’s a complex health problem because every allergy can have its own symptoms and treatments.”

How much do you know about this common condition?
Take this quiz.

1. An allergy isn’t a true medical condition.
   a) True
   b) False

2. An allergen is:
   a) Any substance that causes allergies
   b) Any person who experiences allergies
   c) A drug that relieves allergies
   d) A condition in which you have more than one allergic reaction, such as hives and sneezing

3. Histamine is:
   a) The substance contained in allergens that causes allergic reactions
   b) An inflammatory substance released by certain immune cells that produces allergy symptoms
   c) A mucous membrane that becomes inflamed during an allergic reaction
   d) None of the above

4. Which of the following is most likely?
   a) You and one of your parents are sensitive to the same foods
   b) You and another member of your immediate family develop allergies, but you’re each sensitive to different allergens
   c) Allergies have nothing to do with heredity
   d) None of the above

5. Allergic rhinitis is:
   a) Known medically as rhinovirus
   b) An allergic reaction specific to hay
   c) A common respiratory allergy that often appears during the pollen season
   d) An allergic reaction to the rhinoceros beetle

6. If you’re allergic to dogs, short-haired pets are better than long-haired ones.
   a) True
   b) False

7. The desert is the place to be if you’re allergic to pollen.
   a) True
   b) False

8. Which of the following foods can trigger an allergic reaction?
   a) Peanuts
   b) Shellfish
   c) Eggs
   d) Milk
   e) All of the above

Correct Answers
1. b An allergy is a real medical condition involving your immune system.
2. a An allergen is any substance that triggers an allergic reaction.
3. b In sensitive individuals, contact with an allergen triggers production of the antibody immunoglobulin E (IgE), which causes immune cells in the mucous lining of your eyes and airways to release inflammatory substances, including histamine. When histamine is released, it produces allergy symptoms, such as itchy, red and swollen eyes; a stuffy or runny nose; and frequent sneezing and coughing.
4. b Allergies tend to run in families. But you and your relatives aren’t necessarily sensitive to the same allergens. You’re more likely to inherit the general tendency to develop allergies than to inherit sensitivity to a specific substance.
5. c The symptoms of allergic rhinitis (hay fever) often appear during pollen season, when seasonal pollens are more prevalent.
6. b The length of an animal’s fur isn’t the culprit in allergies. The cause is the dander — tiny particles shed from all animals with hair or feathers — and sometimes the saliva and urine that gets on the animal’s hair. These things are found on all dogs, regardless of the length of their hair.
7. b The deserts of the southwestern United States may lack maple trees and pine trees. But they do have many other plants that produce pollen.
8. e Peanuts, shellfish, eggs and milk are all food allergens. An allergic reaction to these substances can range from hives and itching to swelling and anaphylaxis — a potentially life-threatening allergic reaction involving constriction of your airways and a rapid decrease in blood pressure. Avoiding foods you’re allergic to is necessary to avoid a reaction.
Beth offers these tips to help as you prepare for breast-feeding after you return to work

- Communicate your plans to breast-feed before you resume work. Let your supervisor know how important breast-feeding is to you. Find a mutually beneficial plan for breast-feeding. Because breast-fed babies tend to have fewer illnesses, you might have fewer ill-child emergencies. Between you and your employer, you can determine the best way to fit breast-feeding into your work schedule.

- Discuss the times when you will pump, noting that you will use your breaks for pumping so that you won’t take time from your work schedule. If you generally work eight hours, plan on two 15-minute pumping breaks. Spacing your breaks evenly throughout the day is ideal, but often that’s not possible. What’s important is to keep up the frequency — for example, pumping twice during your eight-hour workday — to maintain your milk production. If you miss a session, try to make it up later in the day.

- Ask your employer to recommend a private room with a lock where nursing mothers can express their milk. Although more and more organizations are setting aside special rooms for nursing mothers, many women still face obstacles in finding a place to pump their milk. Some resort to pumping in their car or in a dressing room. A good rule of thumb is that you’d never want to pump breast milk in an area where you wouldn’t eat your lunch — in a bathroom, for instance. Discuss this with your employer before your maternity leave, so you’ll have a plan in place upon your return.

- Purchase a personal pump or rent a breast pump. It’s not recommended that you share a breast pump with anyone. Electric pumps generally are more effective than hand pumps for milk expression. Double pumps are an efficient choice — they allow you to express your milk more quickly than a single pump and will do a better job at helping you maintain your milk supply.

- Find a place in your office where you can keep supplies in addition to your breast pump, such as breast pads, empty containers for expressed milk and extra blouses in case you have milk leakage during the day. If you don’t have an office, ask your employer if a locking cabinet or closet is available for you and any other nursing mothers to use.

- Plan for storing and transporting your breast milk once it’s been pumped. For example, use an insulated bag with cold packs. Breast milk will stay fresh and safe for up to 10 hours at room temperature, eight days in the refrigerator, three months in a side-by-side freezer or six months in a deep freezer.

- Ask your caregiver not to feed your baby right before you’re due to pick him or her up. That way, you can nurse your infant immediately after returning home. You’ll be able to maintain your milk supply, and it will be a great way to bond with your baby after spending the day apart. Of course, there will be times when that’s easier said than done. If your baby seems particularly fussy or hungry on a given day, you might want to give the go-ahead to your caregiver for a feeding. Then plan on pumping when you get home.

- If you can’t express your milk at work, pump just before you go to
Preheat oven to 400 degrees. Wash asparagus. Place asparagus spears in a glass dish. Squeeze lemon juice on asparagus. Drizzle with olive oil. Place in oven for about 20 minutes or until tender-crisp. While asparagus is cooking, chop tomatoes and basil. Prepare vermicelli according to the directions on the package. Place tomato, garlic and basil in a dish and toss well. Once asparagus is done, chop into bite size pieces and place with tomato mixture. Add half the Parmesan cheese to the mixture and toss well. Place pasta in large bowl and toss with asparagus and tomatoes. Top with the rest of the Parmesan cheese and ground pepper as desired. Evenly divide on plates.

Yield: 2 servings

Recipe from MayoClinic.com

Nutritional analysis (per serving)

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<th>Nutrient</th>
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How does smoking cause wrinkles? Can you explain the effects of smoking on the skin?

Most wrinkles are due to age-related changes in the skin. Environmental factors, such as sun exposure and exposure to cigarette smoke, accelerate the skin-aging process. Heredity also plays a major role in the degree of skin aging and wrinkling.

Smoking reduces blood flow to the skin and decreases the amount of vitamins in the skin, such as vitamin A. These factors increase damage to elastic fibers and collagen in the skin from sun exposure. It also is possible that repeated exposure to the heat from a burning cigarette may damage facial skin over time.

These skin changes can be seen in young adults with only a 10-year smoking history. Some of the damage is reversible with the cessation of smoking and the use of sunscreen.

Greg Buttolph, MPAS, PA-C
Dermatology
Franciscan Skemp Healthcare