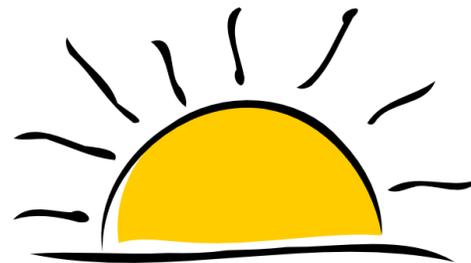


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Recognizing & Preventing Photosensitivity Reactions



What is Photosensitivity?

Photosensitivity disorders - otherwise known as photodermatoses - are conditions in which abnormal cutaneous reactions to ultraviolet radiation and/or visible light occur. There are several different types of photosensitivity disorders, each with their own causes and manifestations.

The most common type of photosensitivity seen in practice is that which is due to exogenous agents. This refers to drugs or chemicals which, when ingested or applied to the skin, promote a photosensitivity reaction when one is exposed to the sun.

There are two categories of photosensitivity: Phototoxicity and Photoallergy.

Phototoxicity	Photoallergy
<ul style="list-style-type: none"> • Resembles sunburn, and is often painful, but occurs when ultraviolet radiation activates a phototoxic agent causing damage to the cells of skin surfaces exposed to sunlight (Example: face, hands) • Usually occurs within a few hours after using certain medications (Example: tetracycline) • Edible plants can also cause phototoxicity. (Example: limes, celery, parsley) 	<ul style="list-style-type: none"> • Is an allergic reaction resulting in redness, itch, scaling or blisters. These reactions can be caused by cosmetics (Example: aftershave lotions), sunscreens or oral medications (Example: sulfonamides), and can even affect skin surfaces not directly exposed to the sun (Example: abdomen) • Reactions can take one to three days to manifest.

Drugs that may cause Photosensitivity

This list is not all-inclusive

Amiodarone ¹	Furosemide	NSAIDs ³	Sulfonylureas ^δ
Amitriptyline	Griseofulvine	Promethazine	Suscreen (photoallergy)
Birth Control (ethinyl estradiol)	Haloperidol	Psoralens	Coal Tar Compounds
Carbamazepine	Hydrochlorothiazide	Quinidine	Tetracyclines†
Chlorpromazine	Lamotrigine	Retinoids ^x	
Fluoroquinolones ²	Methotrexate	Sulfonamides ^γ	

¹ Incidence with amiodarone of 10% to 50% has been seen

² ciprofloxacin, levofloxacin, moxifloxacin

³ ketoprofen, naproxen, piroxicam > celecoxib, diclofenac, ibuprofen...

^x Isotretinoin such as Accutane, vitamin A

^γ sulfamethoxazole, sulfasalazine

^δ glyburide > gliclazide

[†] tetracycline, doxycycline (dose dependent). Monocycline is not typically considered to be photosensitive

How can photosensitivity reactions be prevented?

Although it is important for patients who use the above drugs to have photosensitivity awareness all year round, it is especially crucial to discuss this topic with them during the summer months as they will likely have more sun-exposed skin for longer periods of time.

- If a patient's typical daily activities require sun exposure, prescribing of a chronic photosensitive drug (e.g., hydrochlorothiazide) should be reconsidered. For acute courses of photosensitive drugs (e.g., ciprofloxacin), discuss sun-avoidance with the patient
- When appropriate, suggest patient take their dose at night so that maximum drug absorption and distribution occurs overnight
- Avoid natural sun exposure - especially between 10 a.m. and 3 p.m. (the atmosphere absorbs less of the most harmful UV rays during this time)
- Avoid tanning beds

- Wear protective clothing:
 - Tightly woven, thick or dark colored clothes
 - Long sleeved shirts with high collars
 - Long pants or skirt
 - Wide-brimmed hats
 - Socks and shoes
 - Sunglasses
- Advise patients to use a broad spectrum sunscreen (UVA + UVB protection) with at least SPF 30 and to apply approximately 30 minutes before sun exposure
- Wear lip balm with sun protection factor
- Although not cosmetically acceptable for many patients, zinc oxide is a physical sun blocker and may be applied to areas more prone to burn (e.g., nose, cheeks, ears, etc.)

How can photosensitivity reactions be treated?

- Moisturize affected area(s) with hypoallergenic cream several times per day
- Avoid gels (which are alcohol-based) as they can be drying to the skin
- Cool, wet dressings may be applied to affected areas
- Topical corticosteroids may be useful for pruritic, photoallergic reactions
- Patients with severe reactions should be referred to their physician or nurse for further assessment

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