

Many factors contribute to acne in adolescents

■ **SKIN:** Treatment for acne ranges from ointments to antibiotics and other drugs

By Amy Palanuk
Higher Education Reporter

For most people, those tiny bumps on the face that would grow into unsightly zits and then erupt into tiny mountains of pus first appeared in adolescence. Many people were lucky enough to outgrow the irritating visitors, but for the unlucky few, acne persists even into their late twenties.

What is acne?

Acne is an inflammatory skin disease which affects the tiny pores that cover the face, arms, back and chest and the oil glands attached to them. Common acne, called acne vulgaris, occurs most often during adolescence. With fluctuating hormones, secretions of skin oils can become unbalanced, creating unsightly inflammations on the skin, the most common being blackheads and whiteheads. These are caused when ducts of oil glands become clogged with debris, bacteria and dead skin cells, which then appear as blemishes below the surface of the skin. They can range from occasional blemishes to severe, chronic breakouts. For teens and those in their early 20s, acne is considered to be quite common.

What causes acne?

Many myths surround the

cause of acne, but the most common cause of acne is genetic. If there is a history of severe acne in the family a person is more likely to encounter it. In genetic cases, the cells on the surface of the skin are unable to balance correct amounts of oil which causes oil sludge to collect and block pores.

Other causes of acne may range from hormones to allergic reactions. During puberty, males produce large amounts of testosterone. In the acne sufferer, this hormone has a profound effect on the skin and can cause abnormal responses even with normal levels of testosterone in the blood. Many women notice a worsening of acne premenstrually, which is due to hormonal changes at this time. Pills that contain the female hormone estrogen can help acne, and progesterone-only pills can make acne worse.

Stress can also cause the skin to break out. If most irritations are on the outer cheek, jaw and chin, the causes are most likely to be because of stress. No medical treatment will cure acne aggravated by stress, but by studying regularly and getting plenty of sleep, the breakouts will most likely go away.

Cosmetic allergies also can cause irritations in the skin. If cosmetic products are used regularly, but the cheek area is consistently dotted with blackheads and whiteheads, cosmetics could be the problem. Other breakouts

TREATMENTS FOR ACNE

■ **BENZOYL PEROXIDE:** This is available over the counter and can be effective in mild acne; however, it can irritate the skin and may dry it.

■ **ANTIBIOTIC LOTIONS:** These are available by prescription only. Clindamycin lotion has been shown to be as effective as taking antibiotics by mouth.

■ **ANTIBIOTIC TABLETS:** This is the usual treatment for moderate-to-severe acne and is also only available by prescription only. The most popular are the tetracyclines, which may cause skin sensitivity especially in the sun. Treatment is long-term and gradual.

■ **HORMONE TREATMENTS:** High estrogen pills do help acne,

but not without side effects. A form of the pill is made with low-dose estrogen levels and an anti-testosterone drug, which may be useful in bad acne.

■ **TOPICAL VITAMIN A DERIVATIVES:** These are supplied as creams, gels, or lotions. They are very good for blackheads but often dry out the skin. They should be used with lots of moisturizer.

■ **ISOTRETINOINE (ACUTANE):** A powerful by-product of vitamin A, this is available only by prescription and only in most severe cases. It prevents sebum production of oils and helps release pores. There are high side effects such as birth defects and severe skin sensitivity.

along the hairline suggest an allergy to hair products.

Sweat can also cause breakouts, usually in the form of small inflammatory bumps caused by wearing tight synthetic materials while working out.

How can it be prevented?

In most cases, minor acne can be prevented with over-the-counter ointments and cleansers. One of the most effective ointments for mild cases is benzoyl peroxide, however it can irritate the skin and may dry it. Most doctors suggest experimenting with different lotions to find one that works best. However, if these lotions don't work, there's always

antibiotic lotions, available by prescription only. These lotions are effective in mild-to-moderate acne and dry up pustules quickly. Antibiotic tablets, also available by prescription only, are the usual treatment for moderate-to-severe acne. Many different antibiotics can be used, but the tetracyclines are the most popular. Treatment should last for at least six months, and depending on the response, may last for up to three years.

Other treatments for more severe acne are available but not without side effects. Acutane, a powerful by-product of vitamin A, prevents sebum production and helps release pores and re-

“One of the largest myths surrounding acne is that eating lots of chocolate or junk food causes the skin to break out. While it may be true for some people that eating certain foods will cause their skin to break out, no scientific evidence has proven that a person's diet directly causes acne.”

move painful cysts.

But it may cause birth defects. Women must have a blood and pregnancy test before being prescribed Acutane, and must use effective contraception during treatment.

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— Information provided by the Acne Support Group web page.

Reported cases of gonorrhea infection increase slightly in Oregon

■ **DISEASE:** State officials don't think the numbers indicate a growing epidemic, but they are still worried

The Associated Press

After 20 straight years of decline, the number of people reporting the sexually transmitted disease of gonorrhea increased slightly in Oregon last year.

The number of gonorrhea infections reported to the Oregon Health Division

jumped from 854 to 886 from 1995 to 1996. The rate of infections increased from 27.2 per 100,000 people to 27.9 per 100,000.

Oregon remains well below the national infection rate of 150 cases per 100,000, but health officials are taking the increase seriously and aren't sure why it occurred.

“We're anxious to see if the trend continues,” said Doug Harger, manager of the Health Division's sexually transmitted disease program. “An increase of 32 cases is not an outbreak. It's not an epidemic. But it

is something to take note of and make certain we don't let up on prevention efforts.”

Harger said the increase in Oregon could reflect changes in behavior, such as more teenagers becoming sexually active and not using latex condoms. He said it could also indicate that gay men may be lapsing into high-risk behavior such as having multiple partners without using condoms.

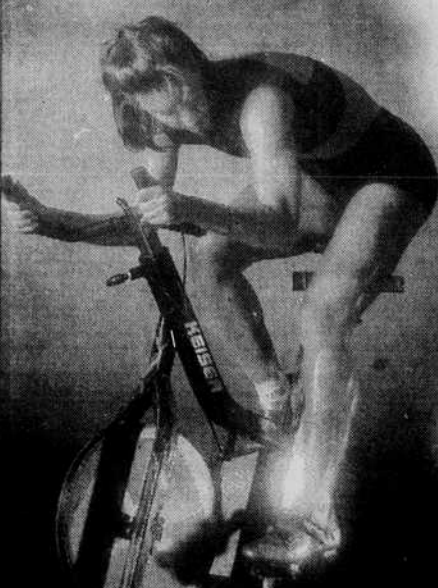
Health officials tracked increases in Lane, Klamath, Multnomah, Washington and Yamhill counties.

The biggest increase was among girls ages 15 to 19, a group that increased 22 percent.

The disease also appears to be on the rise among homosexual men, especially in the Portland area. In Multnomah County, men who reported having sex with men accounted for 28 percent of cases last year, up from 18 percent the year before.

From 20 percent to 40 percent of women with gonorrhea develop pelvic inflammatory disease, which can cause permanent infertility.

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by Karen Voight

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