Skin allergy to chemicals - clinical, epidemiological and public health perspectives

Jeanne Duus Johansen
National Allergy Research Centre
Department of Dermato-allergology
Copenhagen University Hospital Gentofte
Denmark



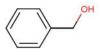
Exposure

Wide spread skin exposure to chemicals

- Intended (e.g. cosmetics)
- Unintended (e.g. work place)

Many chemicals are allergens

- Preservatives
- Glues
- Dyes
- Fragrances
- Metals





Epidemiology of skin (contact) allergy

21.6% of the European population is sensitized to one or more chemcials

Women: Men 2:1



• 12-16 years: prevalence 15%

Allergic eczema in 5-10% /year

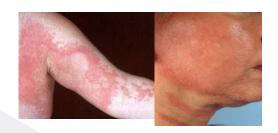
A frequent work related disease







Allergic eczema



Fragrances/preservatives



Hair dyes





shoes



Occupational exposures

Environment/genes?

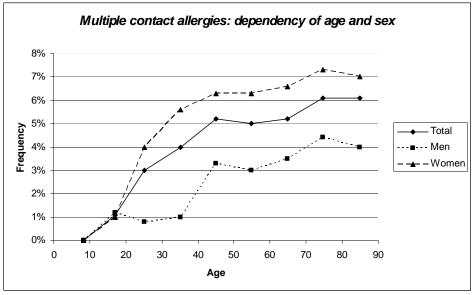
Twin studies:

- A mainly environmental disease
- No specific genes identified

Susceptible groups?

Multiple allergies
Weak allergens
Enzyme systems in the skin
Skin barrier defects

Cumulative environmental exposure needed



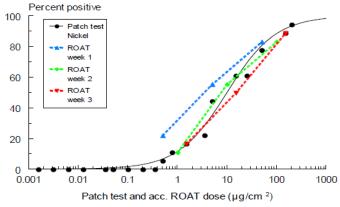
Carlsen B et al. Contact Dermatitis 2007

Preventable

Dose-response
Thresholds in induction and elicitation

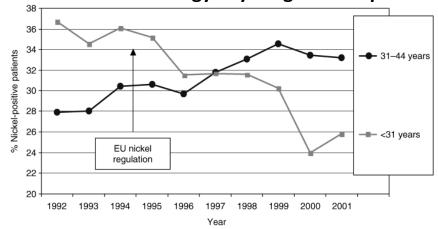
Used in nickel regulation:

Consumer items in close contact with skin Nickel release limit <0.5 µg/cm²/week



Fischer LA et al. Contact Dermatitis 2009

Decrease in nickel allergy in young eczema patients

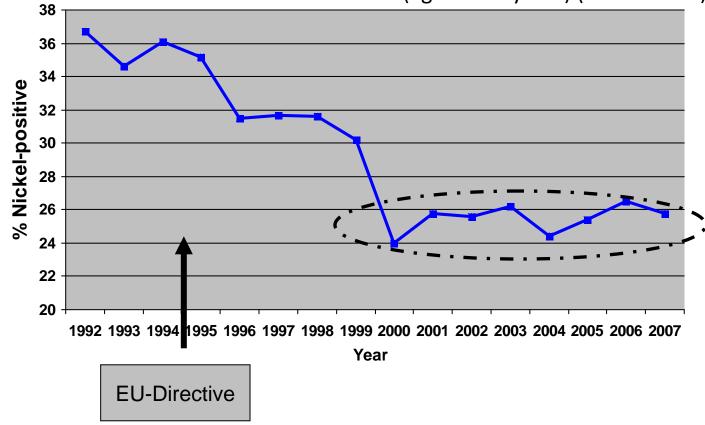


Schnuch, A. et al. Contact Dermatitis 2003



Further trends...

Trend of sensitization to nickel in women (aged 1-30 years) (1992 - 2007)





Cosmetics

Fragrance ingredients

- 1-4% of the population
- 10% of patients

Causative products

- creams
- deodorants
- perfumes

Too high levels of skin allergens in products

Cocktails of allergens



Uter W, Geier J, Schnuch A, Frosch PJ.

J Eur Acad Dermatol Venereol. 2007 Mar;21(3):374-9. Nardelli A, Carbonez A, Ottoy W, Drieghe J, Goossens A. Contact Dermatitis. 2008 Mar;58(3):134-41

Fragrance allergy and daily living

Self-perceived effect on daily living?

N=147 with fragrance allergy (Gentofte Hospital, 18 months) Due to fragrance contact allergy	
I have to take special precautions	67.5%
I often have eczema, itch	47.0%
I have had sick-leave	17.1%
My daily living is significantly affected	45.3%



The prevalence and morbidity of sensitization to fragrance mix I in the general population

J.P. Thyssen, A. Linneberg,* T. Menné,† N.H. Nielsen‡ and J.D. Johansen

General population N=3460 Year 2006 Patch test (FM I) Questionnaire

Positive patch test to a mixture of 8 fragrance ingredients were positively associated with:

I. Dermatitis to cosmetic products (past 12 months):

OR: 3.5 (CI 2.0 -6.2)

II. Dermatitis to cosmeticslead to medical consultations

Or: 3.4 (CI1.8 -6.2)

Preservation

Needed to avoid contamination of water-based products cosmetics and occupational products

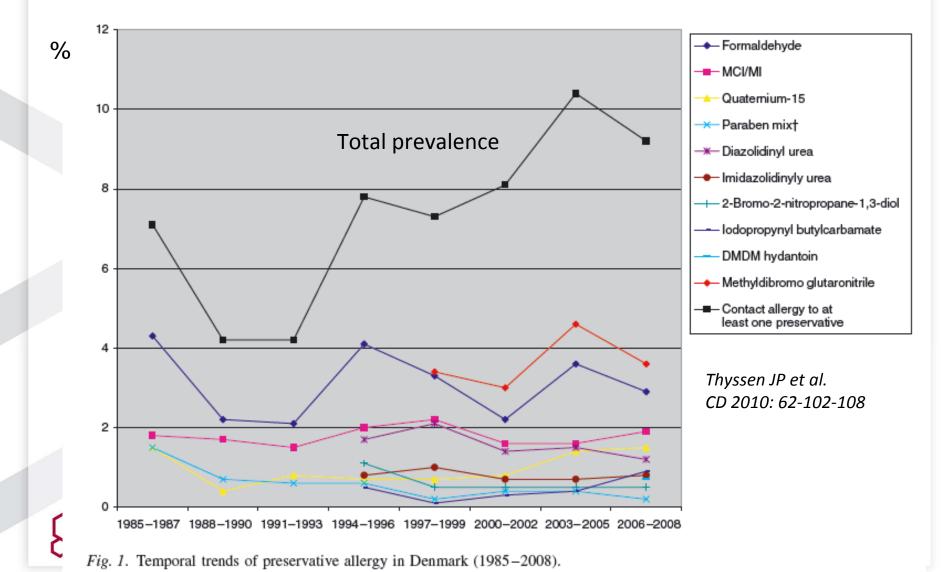




Lundov M. Ph.d.-thesis 2011

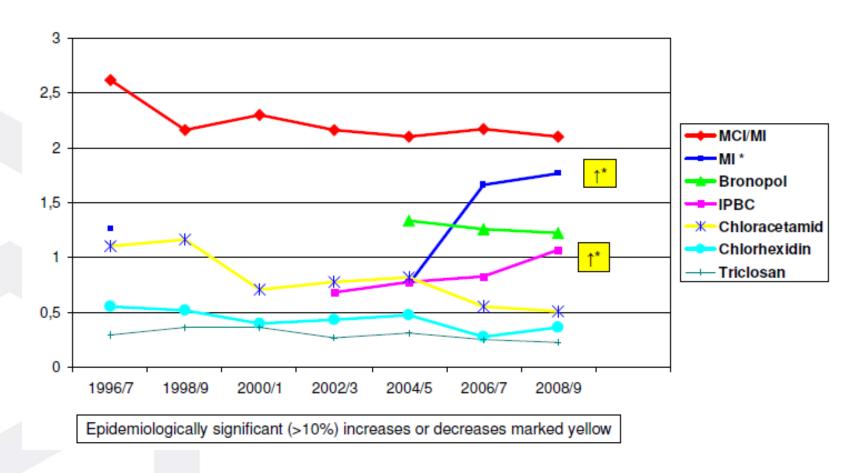


Skin allergy to preservatives



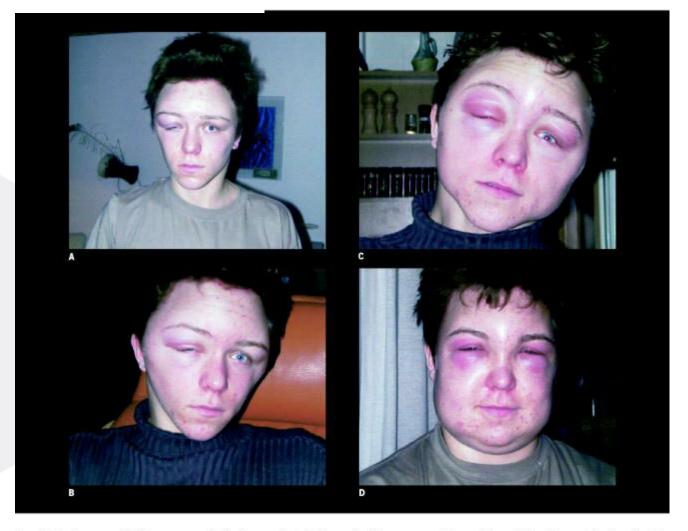
Skin allergy to preservatives

- German data





Hair dye allergy

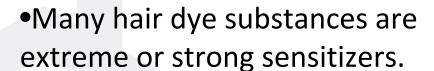




Gudbjerg P. Ugeskr. For Læger 2003:11:165(33)

Hair dyes

 Contact allergy caused by hair dyes is an important health problem often causing acute and severe dermatitis



 These may not be safe for the consumer





Scientific Committee on Consumer Products
SCCP

MEMORANDUM ON

HAIR DYE SUBSTANCES AND THEIR SKIN SENSITISING

Adopted by the SCCP during the 10th plenary of 19 December 2006

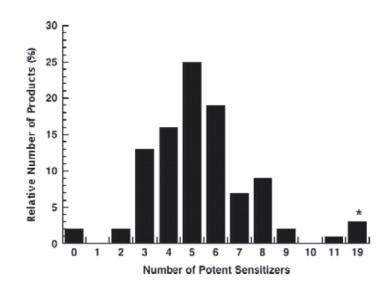


Potent skin sensitizers in oxidative hair dye products on the Swedish market

KEREM YAZAR, ANDERS BOMAN AND CAROLA LIDÉN
Institute of Environmental Medicine, Karolinska Institutet, Stockholm, Sweden

Ingredient label examined:

- 120 out of 122 oxidative hair dye products contained potent skin sensitizers
- More than 80% contained at least four such substances





Exposure to hair dyes

75% of adult women have dyed their hair

Sosted H.Br. J. Dermatol. 2005: 153, 132-135

Girls (15-18 years)

n=1062 population-based:

- 82.3% have dyed their hair
- 13.1 years age at first hair dye
- 3.7 hair dyes/ year
- Adverse effects:
 - 2.9% oedema after hair dying
 - 9.4% report rash from hair dyes



Extract from:

Bregnhøj A, 2011: Contact Dermatitis:64:85-9

Occupational exposure: hairdressers

Exposure to hair dye in saloons from

- Dying
- Cutting
- Background
- Wrong use of gloves

Lind ML et al Ann Occup Hyg. 2005 Aug;49(6):473-80

Cohorte of 5.324 hairdressers:

- 44.3% stopped in profession
- Mean time in profession: 8.4 years
- Half of these because of hand eczema
- 70% says it started as apprentice

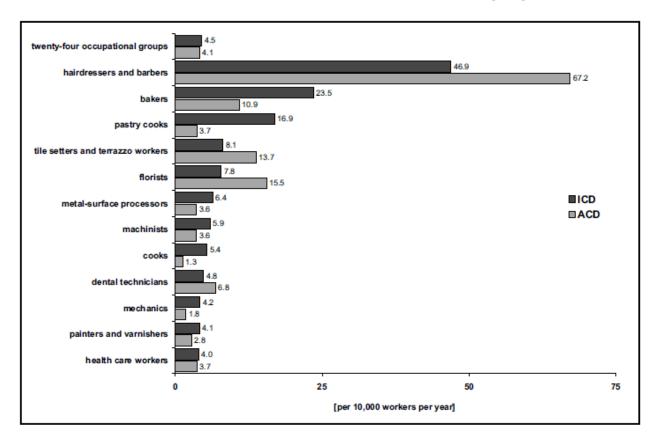
Lysdal S et al. Contact Dermatitis 2011: submitted



NATIONAL ALLERGY RESEARCH CENTRE

Occupational skin disease:

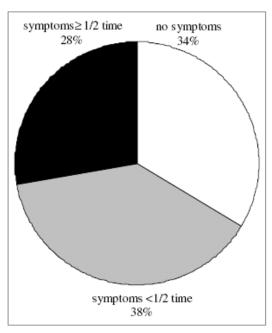
- •Represent up to 25 % of all occupational illness
- •Account for 90% of all work related problems in the age group of 15-25 years





Consequences

Hand eczema



15-year follow-up: 2 out of 3 have had symptoms

Chronic disease

Skin allergy (positive patch test): Risk factor for bad prognosis

The determinants of chronic disease not known



Consequences

Sick-leave: 7%

Total median: 38 weeks

Medical attention Treatment

50% corticosteroids

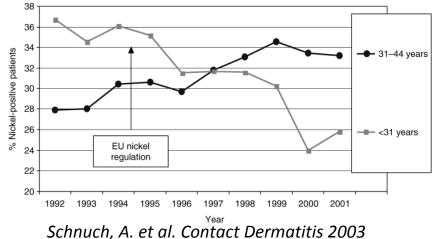
Psycho-social consequences

Disturbances: 96%

Occupational changes

Estimated direct expenses of occupational disease > 5 billion **Euro/years**

Decrease in nickel allergy in young eczema patients



Reduction in new cases estimated value in DK: 1.3 billon Euro/20 years

Conclusions

Skin allergy is frequent

- Caused by a range of different exposures
- Frequent problems / severe problems

Impact on the individual and society

Can be reduced/prevented



Gaps of knowledge

Data on a European level

- Trends
- Causative exposures (consumers/occupational)

Susceptible groups?

- Role of skin enzymes
- Role of skin barrier
- Genetics/gender

Determinants of chronic disease Strategy for using preservative

Exposure data: cocktails of allergens, many sources

Risk assessment strategy and risk reduction: preventive measures



This paper was produced for a meeting organized by Health & Consumers DG and represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission's or Health & Consumers DG's views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.