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Is It Sensitive Skin...or Something More?

HALF OF WOMEN THINK THEY HAVE SENSITIVE SKIN, BUT OFTEN THEIR SKIN IS BURNING FOR THEM TO ADDRESS A MUCH MORE SPECIFIC PROBLEM.

By Petra Guglielmetti



IF YOU THINK YOU HAVE sensitive skin, you're in good company. But dermatologists say the term is a big, unwieldy umbrella—one that can prevent us from addressing the true reasons we're red. "There's a good chance you're undertreating your skin when you put yourself in this broad category," says Kavita Mariwalla, a dermatologist in West Islip, New York. She estimates that only about 10 percent of people have sensitive skin. Here's how to ID what's really going on.

SKIN SYMPTOM: Your moisturizer suddenly makes your face feel like it's on fire.

LIKELY SUSPECT: An exfoliating OD. If your skin suddenly freaks out in response to a product you've used without issue in the past, the problem is likely something else on your vanity. "We're so obsessed with anti-aging, but it can actually turn our skin sensitive," says Elizabeth Hale, a dermatologist in New York City. "People load up on retinoids, glycolic acid, and alpha hydroxy acids to get back into their skin-care routine after summer, and they overdo it." Overexfoliating disrupts your skin's barrier, its main defense against irritants. If you use a retinoid, apply only a pea-size amount, topped with moisturizer. Stick to one exfoliating ingredient or tool per day or go down to once a week until you're less sensitive. Build your barrier back up with a ceramide-rich cream, like CeraVe Daily Moisturizing Lotion (\$14; at drugstores) or SkinCeuticals Triple Lipid Restore 2:4:2 (\$127; skinceuticals.com).

THE REALIST

You think you're red because it's fall and you're dry, so you add moisturizer. But that's not what your skin craves.

SKIN SYMPTOM: Every fall, you get red and flaky around your eyebrows, nose, and/or mouth.

LIKELY SUSPECT: Seborrheic dermatitis, a type of eczema that involves an overgrowth of yeast in areas where skin is oily and often pops up when the seasons change. You think you're red because it's fall and you're dry, so you add moisturizer. But that's not what your skin craves, says Mariwalla: "What you really need to address is the imbalance of your skin's flora—the normal, healthy organisms that live on everyone's skin." It's best to see a dermatologist who will likely suggest a wash with sulfur and topical antifungal, like ketoconazole.

SKIN SYMPTOM: Your face glows like spotlight after you shower.

LIKELY SUSPECT: Rosacea, a chronic disorder involving the dilation of blood vessels. "It's extremely common and underdiagnosed," says Hale. "As you age, the redness progresses because capillaries tire out and burst." That redness flares in response to extreme temperatures, spicy foods, alcohol, sun exposure, and stress. Identifying and avoiding these triggers is the best way to keep rosacea in check. Wear broad-spectrum SPF 30 or higher every day. Avoid using cortisone to reduce redness; instead, try a redness-reducing cream, like Neocutis Pêche Redness Control Cream (\$79; dermstore.com). A dermatologist may prescribe a topical cream, like Rhofade or Colantra, or a low-dose oral antibiotic, like doxycycline. Or she may recommend pulsed-dye laser treatments to ease dilated surface capillaries, though you'll need touch-ups every year or two.

SKIN SYMPTOM: Your skin feels itchy when you sweat and itchy when you sleep.

LIKELY SUSPECT: Atopic dermatitis, the most common form of eczema, it affects 10 percent of people and in some cases can be so uncomfortable

that it interferes with sleep and regular activities. "The entire skin surface area is affected—all of the skin's barrier and immune system is not working as well as it should," says Joshua Zeichner, director of cosmetic and clinical research in the Department of Dermatology at Mount Sinai Hospital in New York City. That makes it harder for the skin to retain moisture and fight off bacterial and viral infections, leaving you prone to dryness, irritation, and rashes. Products made for sensitive skin should help; avoid harsh soaps and anything scented, and moisturize often. "You may also need a prescription cream to address the underlying inflammation," notes Zeichner.

SKIN SYMPTOM: The corners of your eyes and eyelids are permanently pink and irritable.

LIKELY SUSPECT: Contact dermatitis, in which your skin reacts to a surface irritant or allergen. You might assume the eye area is just ultrasensitive, but often there are irritating substances on your fingers when you rub your eye area. Common culprits include formaldehyde in nail polish and nickel via jewelry, car keys, zippers, jeans buttons, and coins. "Rashes that occur in specific locations and have distinct borders usually come from an outside source," says Zeichner. A dermatologist can do a patch test to pinpoint what you're reacting to.

SKIN SYMPTOM: It's hard to find a new product that doesn't make your skin burst into flames.

LIKELY SUSPECT: Sensitive skin. If every product you try causes irritation—and you don't have rosacea or eczema—you may have inherently reactive skin. Be cautious with fragrance, lanolin, and wound creams with neomycin (try Vaseline Jelly Original, \$3.50; target.com). Opt for mineral sunscreens. Mariwalla's rule of thumb: Stick to products with fewer than 10 ingredients and you'll be giving your skin the light touch it deserves.

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