How can camouflage help with long-term skin problems?

Tonia Goman

Many people with skin conditions such as eczema, psoriasis and acne, as well as scars and old or unwanted tattoos, can find their self-esteem is negatively affected. This article looks at skin camouflage, a cosmetic technique that can nonetheless provide patients with a way of lessening the psychological impact of skin conditions.

KEYWORDS:
Dermatology ■ Skin camouflage ■ Eczema ■ Psoriasis ■ Acne

Consideration that the skin is the body’s largest organ, it is hardly surprising that things can, and do, go wrong. Skin problems are incredibly common, affecting men and women of all ages and it is reported that 15–20% of GP consultations are skin-related, which equates to almost 13 million people, or 24% of the English and Welsh population (All Party Parliamentary Group on Skin [APPG], 2013). Approximately 800,000 patients are referred onto secondary care each year, usually in an outpatient setting (APPG, 2013). The most common conditions seen are inflammatory skin disorders such as eczema, psoriasis, and acne.

Community nurses are at the forefront of nursing care and have to field a range of questions regarding a multitude of health concerns, including from people that may be concerned about their skin, whether they are affected by conditions such as eczema, psoriasis and acne, or have concerns about birthmarks, scars and tattoos.

Knowledge of the services that people can access and the methods available to help prevent or assist with feelings of anxiety or depression resulting from a long-term skin condition can improve a patient’s quality of life (British Association of Dermatologists [BAD], 2011). However, the APPG (2013) has acknowledged that there is a lack of dermatology training, especially for those clinicians working in primary care such as community nurses.

PSYCHOLOGICAL IMPACT OF A SKIN CONDITION

It is well-documented that having a long-term skin condition can impact significantly on a person’s psychological wellbeing, lowering self-confidence and self-esteem. For many people, this creates a ‘domino’ effect — they may subsequently stop socialising, find that their relationships are damaged, experience a reluctance to begin new relationships, or find that their careers or aspirations are negatively affected. As mentioned above, the impact of a skin condition may also lead to mental health problems such as depression (Griffiths et al, 2007; Horne, 2015).

Gupta and Gupta (2003) also stated that for many, the affect of a skin condition on their quality of life was more debilitating than the symptoms of the condition itself.

It is commonly accepted that people with skin conditions on their hands and/or face are more psychologically affected (Rapp et al, 1999; Basavaraj at al, 2010). Stigmatisation — where others may visibly recoil or avoid touching a person with an obvious skin condition — can create anxiety and reinforce negative responses such as shame, embarrassment, guilt, helplessness, resentment, frustration, and, as mentioned above, low self-esteem leading to social isolation (Spence, 2008; Thompson, 2009; APPG, 2013).

It is important for community nurses to recognise, however, that depression does not necessarily affect everyone who has a visible skin condition. Though the majority of people affected report some kind of negative response as a result of their condition, most manage to find some kind of satisfactory coping mechanism, which means that they do not descend into depression (Egan et al, 2011).

The British Skin Foundation (BSF) conducted a survey held at the BAD annual conference in 2012. A significant number (105) of dermatologists and dermatology nurses were asked a range of questions relating to the UK’s economic recession and the emotional impact on their patients; whether more could be done to help them live with their condition as well as the symptoms that came with their skin condition.

The results showed that 48% of those surveyed believed that

Figure 1.
Patient’s arm showing classic pattern of port wine stain.
healthcare professionals should take the psychological effects of having a skin disease more seriously; while a further 39% felt counselling and other services should be readily available for those affected. The overall response from dermatologists and dermatology nurses was that more could be done to support patients with underlying problems accompanying the symptoms of their skin condition.

Previously the BSF had carried out a separate survey asking people about the psychosocial and emotional effects of living with a skin condition (BSF, 2012). Of the 729 participants, 47% reported being verbally abused at least once by members of the public; a further 16% claimed their condition had resulted in them self-harming, while 17% had contemplated suicide at some stage (of these, seven had actually attempted suicide).

When it comes to accessing help, evidence has suggested that many people with a skin condition avoid seeking out advice, fearing that their problem will be considered cosmetic by healthcare professionals and that nothing can or will be done (Sarveswari, 2010).

As mentioned above, the pressure of the media can mean that patients with a skin condition often feel a pressure to be ‘perfect’, which can often lead to unachievable expectations. Allied to this are unrealistic expectations of what is possible through medical treatment for skin conditions, which can also increase frustration, again impacting on the acceptance and management of the condition (Prakash, 2010).

In the author’s experience, patients that have been referred for camouflage can expect a ‘magic’ cure that will remove the skin problem; others expect laser treatment or imagine skin camouflage to be a ‘permanent fix’; some even anticipate a surgical procedure that will remove the problem. However, for some patients with a skin condition, skin camouflage is a simple, effective and non-invasive option that allows them to at least mask their condition and helps them to live their lives with more freedom.

<table>
<thead>
<tr>
<th>Property</th>
<th>Benefit</th>
<th>Application</th>
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<tbody>
<tr>
<td>Water resistant</td>
<td>Mean the patient can still swim or shower</td>
<td>Pat skin dry gently. Avoid rubbing. If required, apply powder to the edges of the camouflage to set</td>
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<tr>
<td>Long-lasting</td>
<td>When applied properly, last for up to 12 hours on the face and up to three days on the body</td>
<td>Allow time for products to set when initially applied</td>
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<tr>
<td>Cost effective</td>
<td>Only a small amount is required to cover a large area</td>
<td>Products are highly pigmented, so only a thin layer is required</td>
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<tr>
<td>Compatible with make up</td>
<td>Make-up can be worn over skin camouflage</td>
<td>Care should be taken not to disturb the camouflage underneath</td>
</tr>
<tr>
<td>Contains sun factor</td>
<td>Protects hypopigmented skin such as vitiligo</td>
<td>No need for additional sun creams on these areas</td>
</tr>
<tr>
<td>Topical creams</td>
<td>Prescribed topical treatments can still be used on the skin</td>
<td>Apply before skin camouflage</td>
</tr>
<tr>
<td>Compatible with facial hair, i.e. beards</td>
<td>A ‘stipple sponge’ can create an impression of beard stubble/shadow</td>
<td>Simple technique</td>
</tr>
<tr>
<td>Promotes confidence</td>
<td>Reduces anxieties and unwanted attention</td>
<td>Natural coverage ensures the eye is not drawn to the blemish</td>
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### WHAT IS SKIN CAMOUFLAGE?

Skin camouflage is a process used to mask blemishes or skin conditions and give the patient’s skin a ‘natural’ appearance. In conditions such as psoriasis, topical therapies can still be applied before the use of skin camouflage; creams, rather than ointments are more effective due to the high oil content in ointment.

The skin camouflage products used comprise specially formulated creams and powders that are colour-matched to the person’s skin tone to provide even coverage. The products are also designed to be water resistant and ‘smudge’-proof, as well as containing sun factor properties (see Table 1). They are also specially formulated to be long lasting and are more pigmented than common make-up foundations.

<table>
<thead>
<tr>
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Skin camouflage practitioners are usually trained by the British Association of Skin Camouflage (BASC), Changing Faces, or in the past the Red Cross. Internationally acknowledged, the BASC offer expert training for medical professionals and graduates then work independently in the NHS and private practices, while some offer advice for medico-legal reports.

A consultation with a skin camouflage practitioner would typically involve an hour-long appointment where the correct colour-match would be chosen for the patient’s skin tone. During the consultation, the practitioner would explain the method of application, care of products, removal and advice around sun protection. The process of applying the skin camouflage usually involves applying a thin layer, or layers, of cream to the affected area and setting it in place with a loose fixing powder or spray.

### Benefits

Skin camouflage offers the patient the freedom to apply the cream when required — this may be on a daily...
PRODUCT INFORMATION

Name of the Class I Medical Device: Balneum Cream

Ingredients: Urea 5%, Ceramide NP, Aqua, Glycine Soja Oil, Propylene Glycol, Cetearyl Alcohol, Liquid Paraffin, Isohexadecane, Sodium Laurate, Lactic Acid, PEG-2 Stearate, Polysorbate 60, Squalane, Stearic Acid, Disodium EDTA, Ethanol, Ascorbyl Palmitate, Hydrogenated Palm Glycerides Citrate. Balneum Cream is free of fragrances, colourants and preservatives.

Pharmaceutical form: White cream.

Indications: Balneum Cream is formulated to protect the skin, to maintain skin moisture and to restore the impaired skin barrier in conditions giving rise to dry skin. It contains urea, ceramide NP and physiological lipids. Urea is known to increase the skin's ability to retain water and maintain skin hydration. Ceramide NP is known to help restore the barrier function of skin. Balneum Cream is designed for daily use to relieve dry and very dry skin conditions including eczema, psoriasis and other dermatological conditions.

Method of administration: Using clean hands, apply the cream to the skin once or twice daily.

Contraindications: Patients with known hypersensitivity to any of the ingredients, soya or peanut.

Warnings and precautions: For topical use only. Do not use on broken or inflamed skin. Caution should be exercised with concomitant treatment with other medicated topical products, if the condition becomes worse or if patients experience side effects/adverse incidents, discontinue treatment with Balneum Cream and seek medical advice.

Adverse incidents: Although very few adverse incidents have been reported, the most frequent are local skin reactions.

Special precautions for storage: Do not store above 25°C. Use within 6 months of first opening.

Pack sizes: Available in 50g (£2.85) and 500g (£9.97) pump dispensers.

CE marking held by:
Almirall-Hermal GmbH, Schultzstraße 3, 21465 Reinbek, Germany.
Distributed in the UK by:
Almirall Ltd, 1 The Square, Stockley Park, Uxbridge, UB11 1TD.
Date information last revised: 02/2015.
Item code: UKSOY3039.

Adverse incidents should be reported.
Online reporting forms and information can be found at www.mhra.gov.uk/yellowcard.
Adverse incidents should also be reported to Almirall Ltd.

References:
has been extremely rewarding, for a full list (see Table 2). In the author’s experience, patients will often disclose negative experiences that have resulted from their skin condition and in the author’s experience the way that they have coped can be inspiring. For example, patients who have self-harmed can disclose particularly traumatic incidents that have led them to cut themselves. These patients have usually been on a difficult personal journey but discovering skin camouflage has helped many come through with resilience and determination. For some, an appointment with the author is the first time they have discussed certain aspects of their lives and this can be cathartic.

Table 2: Areas appropriate for skin camouflage

<table>
<thead>
<tr>
<th>Areas that can be camouflaged</th>
<th>Areas that cannot be camouflaged</th>
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<tbody>
<tr>
<td>Scarring due to trauma caused by accident, violence (including self-harm), burn injury, results of skin condition or disease, surgery (including reconstructive, skin grafts and cosmetic procedures) — only apply once healed</td>
<td>Sutures (stitches)</td>
</tr>
<tr>
<td>Solar lentigo (age spots)</td>
<td>Moles</td>
</tr>
<tr>
<td>Spider naevus (swollen blood vessels just beneath the skin’s surface)</td>
<td>Skin cancers</td>
</tr>
<tr>
<td>Striae (stretch marks)</td>
<td>Strawberry birthmarks</td>
</tr>
<tr>
<td>Telangiectasia (thread veins)</td>
<td>Undiagnosed rashes</td>
</tr>
<tr>
<td>Vitiligo (lack of melanin causes pale, white patches on the skin)</td>
<td>Varicose veins</td>
</tr>
<tr>
<td>Xanthelasma (yellow-white spots around eyes usually related to fatty deposits)</td>
<td>Viral infections such as herpes simplex, herpes zoster (shingles) and warts</td>
</tr>
<tr>
<td>Unwanted tattoos</td>
<td></td>
</tr>
<tr>
<td>Acne erythema and scarring</td>
<td></td>
</tr>
<tr>
<td>Discoid lupus erythematosus (most common chronic form of cutaneous lupus)</td>
<td>Xanthelasmas (yellow-white spots around eyes)</td>
</tr>
</tbody>
</table>

For a full list refer to the British Association of Skin Camouflage (BASC): www.skin-camouflage.net

Areas that cannot be camouflaged

- Allergic reactions
- Bacterial and fungal infections, e.g. ringworm and tinea
- Blistered/ulcerated skin
- Chilblains
- Illnesses that visually manifest such as chickenpox and measles
- Infestations such as scabies and lice
- Occupational/contact dermatitis
- Open wounds

For many patients, their condition means that they are not used to their skin being exposed and their anxiety levels around being seen may be high. Sometimes, further psychological support may be required and the initial consultation allows the practitioner to broach this and offer other services.

One case seen by the author was a 15-year-old long distance runner who ran for her school and struggled with extensive vitiligo affecting her left leg. In spite of how well she performed in her chosen sport, she hated having to wear shorts due to the teasing and questions from adults and other children. The author discussed referring her to the local psychological support group and this, along with the support of skin camouflage, enabled her to feel more confident and deal with her skin condition.

Providing patients with information about support groups relating to their particular skin condition such as the Vitiligo Society (www.vitiligosociety.org.uk) can also be helpful.

Managing expectation

When recommending skin camouflage, it is important to set realistic expectations. Sometimes a perfect match with the person’s skin tone cannot be achieved but the practitioner should always promise to attempt the closest match possible.

Similarly, skin camouflage will not conceal irregular texture, but can be blended to achieve a more realistic tone. For example, raised keloid scars can create a shadow even when colour-matched. However, as the skin tone is blended with the surrounding skin, the overall ‘look’ of the skin does not draw attention as it would have before the application of skin camouflage. Occasionally, it may be necessary to blend two different tones together to achieve a more accurate colour match. Crucially, skin camouflage cannot be applied to broken skin or open wounds, due to the risk of introducing infection (see Table 2).

While skin camouflage can ‘rub off’, it is generally hard-wearing (Khanche, 2012), and it is worth...
considering the site of the person’s skin condition, as the back, neck or shoulders in particular can be difficult for a patient to reach alone.

Due to regular hand washing often required (after visiting the toilet etc), skin camouflage is not always the most effective option for people whose hands are affected by a skin condition. Similarly, the camouflage can easily be removed by other products such as household cleaning products. Lips can also be difficult to colour match as products will be easily removed by eating and drinking etc. Patients can be advised to try lip stains from retail make-up counters as these are ideal for cases such as vitiligo around the mouth.

Alternative treatments are limited. Fake tan can be effective but often results in an orange tone, so alternative methods may need to be considered (Allen and Davison, 2015).

**HOW TO ACCESS SKIN CAMOUFLAGE SERVICES**

If a patient is asking for help with a skin condition and the community nurse feels that they may benefit from skin camouflage, an initial discussion with the patient’s GP is advised. A referral can then be made to a local hospital that provides the service or to Changing Faces, a voluntary service that was set up in 1992 to help people find ways of living with disfigurements.

Changing Faces took over the skin camouflage service from the British Red Cross in 2011. Changing Faces also accept self-referrals in some areas of the UK and services are offered free of charge (see box opposite).

**CONCLUSION**

While living with long-term skin conditions can have a negative effect on people’s daily lives, there are temporary methods that can provide an immediate improvement. Many studies have been carried out to establish if skin camouflage does indeed have a positive effect. The majority have been targeted at vitiligo, all of which have proven that this simple non-invasive technique improves self-esteem and increases confidence (Ongenae et al, 2005; Tanioka et al, 2010).

Skin camouflage is by no means a cure, but it can help to increase patients’ confidence, although it is important to remember that not everyone will want to explore this technique. Further information on skin camouflage can be obtained from the BASC (www.skincamouflage.net). Private skin camouflage services are also available in many areas.

**REFERENCES**


**WHAT IS CHANGING FACES?**

Changing Faces is a charity that provides trained skin camouflage practitioners who will find the best colour match for each person’s skin tone and then teach them how to self-apply the specialist cover products. The products are fully waterproof and are available on prescription from GPs at the discretion of the NHS and to those eligible. Changing Faces runs clinics in about 120 locations across the UK, usually for one morning or afternoon a month. Consultations are free of charge and are delivered by practitioners who provide the service on a voluntary basis.

To find out more, visit: www.changingfaces.org.uk

**All Party Parliamentary Group on Skin, London**


