

PATIENT INFORMATION: HYPERPIGMENTATION CREAM

WHAT IS HYPERPIGMENTATION?

Hyperpigmentation results from a mixture of genetic predisposition, sun/UV light exposure, estrogen (pregnancy or contraception) and inflammation.

Inflammatory triggers include heat especially laser and IPL treatments or chemical peels, acne, and even waxing. Inflammatory skin conditions such as acne, lupus and some hormone diseases (thyroid and low B12) can also cause pigmentation. If your pigmentation is unexplained, you may need a blood test to check these issues.

Lifestyle factors are also important. There is increasing evidence about the role of antioxidants reducing pigmentation. It's important to eat a lot of fruit and vegetables every day, avoid smoking. Some people like to take an antioxidant supplement to improve daily intake of antioxidants. I recommend Vita-Sol Infinity Wholefood powder and/or oral glutathione. I would not advise intravenous glutathione as research has shown this can pose significant health risks.

The hyperpigmentation cream you have been prescribed contains various ingredients including hydroquinone, retinoic acid, kojic acid and a low dose steroid.

Hydroquinone prevents deposition of melanin in the skin and disrupts existing melanin structures. Lightening of hyperpigmentation becomes evident after 5–7 weeks of treatment.

In general, a lightening cream will improve pigment by up to 30%.

USING YOUR HYPERPIGMENTATION CREAM

In the morning:

Use a high-quality vitamin C under a high-quality sunscreen. For example, Synergie Skin Vitamin C serum or vitamin C crystals combined with Synergie Skin SuperSerum+, then Synergie Skin UberZinc.

At night:

This is when you will use your hyperpigmentation cream. Apply it on dry skin. At first, try it every 2nd night and if your skin responds well continue this every night.

IMPORTANT

You cannot take this dose of hydroquinone if you are pregnant or breast-feeding as it has safety concerns for the foetus and young babies. You should stop all hydroquinone 3 months before trying to conceive.

You MUST wear an SPF 50 daily (even if you are inside). If you are outside, wear a broad brimmed hat, sunglasses and avoid the sun in the middle of the day. If you don't do this, no treatment for your pigmentation will work.

Treatment should be continued for 3 - 4 months only. You MUST stop the medication at this time and have a break. If you do not do this, the pigmentation may become unresponsive, or get worse (rebound hyperpigmentation or blue staining of the skin). There is also a risk of skin atrophy or dilated blood vessels.

I expect my patients to check in at the 3 - 4 month mark so we can plan the next cycle of pigmentation maintenance. During this break, we advise alternating between Q-Switch laser treatments and peels to assist with maintenance and controlling the pigmentation disorder. Some patients choose to have Cosmelan or Dermamelan during this time ([see website for more details](#)).

Some people cannot take Hydroquinone (e.g. pregnancy, medical conditions, intolerance or safety concerns). *Please note that safety concerns due to Hydroquinone are related to oral hydroquinone. To date, there have been no good studies relating risk to topical hydroquinone creams.*

SIDE EFFECTS

Side effects include skin irritation (redness or a burning sensation) or dermatitis. If you develop this use it every 2nd day. If the redness is not settling or you get a severe reaction, please STOP and contact the clinic for a review.

The cream may cause staining of your pillow. You may wish to use a darker pillowcase while you are being treated.

Note that hyperpigmentation may be a lifelong condition. You need to understand that no treatment will be curative.

OTHER OPTIONS FOR PIGMENT CONCERNS

- Vitamin C
- Azelaic acid
- Topical tranexamic acid
- Cosmelan/Dermamelan peel programs

Please book a consultation with Dr Grant to discuss these options.