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What age is too old for cosmetic procedures?

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According to an opinion piece published in *JAMA Dermatology*, when considering the appropriate ages for [aesthetic procedures](#), the question isn't so much "What age is too young" as it is "What age is too old?"

In that edition's [Viewpoint feature](#), the authors, Heather K. Hamilton, M.D., and Kenneth A. Arndt, M.D., of SkinCare Physicians, Chestnut Hill, Mass., write that deeply-etched facial lines that develop as patients age "are caused by repeated folding of the skin and include lines of facial expression and sleep lines," and that in young adulthood these lines predict "the unique pattern of facial wrinkling that will be seen without expression years later."

Drs. Hamilton and Arndt go on to say that regular treatment with a neuromodulator when patients are in their 20s or 30s will minimize etched facial lines by the time they're in their 40s and 60s. They cite the case of identical 38-year-old twin sisters. One began regular [botulinum toxin](#) injections in the forehead and glabella when she was 25, while the other got injections in the same areas just twice over seven years. They write that while lines glabella and forehead lines were visible at rest, they were not visible in the regularly treated twin four months after her last treatment.

"This observation suggests that regular treatment with a neurotoxin, beginning in young adulthood, can prevent the development of etched-in lines," Drs. Hamilton and Arndt write. "So there really is rarely a time that is too early. Perhaps the better question is, 'When is it too late?'"

CST Trends asked two doctors to give their opinions on the issue concerning when is "too early" to begin [aesthetic treatments](#).

"I basically agree with the opinions of the authors but also understand the biopsychosocial implications that may be argued by those who disagree," says Joe Niamtu III, D.M.D., a Richmond, Va., specialist in facial cosmetic surgery. "I can guarantee that you will see some negative feedback on this viewpoint article, with the opposition saying that we are creating a society of 'plastic' people who can't deal with the normal process of aging ... I can see both sides of the argument."

Dr. Niamtu says he thinks the real "take-home point" of the article is that while preventive treatment can influence the future appearance of aging, "treating younger patients has positive and negative benefits that reach beyond the needle. There are clearly some patients that would benefit from treatment at a younger age and others who would suffer body-image issues if they did do it or wanted to do it and could not afford it.

"The other very important piece of this discussion is that we could not discuss this topic 20 years ago, as there were basically no fillers, neuromodulators or light- and energy-based therapies," he adds. "I think that the current discussion will become hot in time because in another 20 years we may have easier and more effective treatments that are more effective and preventive and may be highly used by younger patients."

Joel Schlessinger, M.D., a dermatologist and cosmetic surgeon in Omaha, Neb., concurs with the viewpoint authors.

"I agree wholeheartedly with the authors," he says. "Sadly, most people take the opposite viewpoint, waiting until it is too late, as the authors comment, and either missing the opportunity to have a full correction or even any chance to have a significant change. On the other side of the equation, there clearly are individuals with [body dysmorphic syndrome](#), who have no issues at all and undergo multiple surgeries in pursuit of a 'better' look. This is something that all dermatologists run into at one point or another.

"Overall, it is best to have a discussion with the individual and prepare a plan of action and an ongoing concept of how to diminish signs of aging over time," Dr. Schlessinger says. "This approach is highly successful and leads to less intervention in later years and, surprisingly, less expenditure over the years."

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