

FOREVER YOUNG?

How early should you start getting aggressive with antiaging treatments? Confident in the face of youth, Erin Flaherty gears up and takes a closer look

PICTURE IT: The Mandarin Oriental's elegant sky-level dining room overlooking New York City's Central Park. I'm sitting across from cosmetic dermatologist Dr. Paul Frank, movie-star handsome as he sips a sumptuous-looking breakfast smoothie, light jazz tinkling in the background. Frank is the go-to guy in this town for the kind of "work" no one notices, in a good way. "So," I say coquettishly. "What age is appropriate for, you know, getting procedures done?" I assume it's 40-something, maybe 50. Mr. Tall Drink of Water looks at me with those big brown eyes before responding, "It's the minute something bothers you." With that, the sound system screeches to a halt. Say what? Something's always *bothering* me! At the tender(ish) age of 32, should I be considering taking more drastic measures?

Frank, who surely sees my jaw drop, explains that aging isn't always chronological—"One person's 32 is another's 40"—but things do "divert dramatically starting at age 30." Gulp.

The end of the innocence is nigh. Later that night, I take a closer look in the mirror and—jimmy crickets!—there it is: My left smile line is slightly deeper than my right, my prodigious forehead has creases, and the tiny red capillaries around my nose have undergone mitosis. Like unwelcome houseguests, fine lines have set up camp and show no signs of departing. My minimalist skin regimen of rinse with (exfoliating) face wash and repeat had clearly stalled. I

needed a new battle plan.

Until that fateful breakfast, I'd blissfully considered cosmetic intervention to be a fabulous shade of lipstick and a deliciously sleek blowout. But increasingly, younger women are responding to the advice of derms who preach the good word of prevention. According to the American Society for Aesthetic Plastic Surgery, Botox procedures in the 19 to 34 demo have doubled in the past decade. Another study found that those between the ages of 18 and 24 are the most likely of any age group to approve of surgery. Clearly the new generation, raised on a steady diet of reality TV and tabloids, doesn't wrestle with the shame in vanity some of their older sisters do; they embrace it. But in a world of Bristol Palins and Heidi Montags, how young is too young?

Depends on whom you ask. A 28-year-old milk-skinned coworker confesses she gets injections of Restylane (a hyaluronic acid filler—essentially a sugar compound) to combat her increasingly dark under-eye circles. A relative, 29, calls me for advice on Botox. Even my boss has asked me what I've tried. I'm OK with my mug, but there's no denying years of stress, smoking, and sun damage are catching up. Maybe it is time for me to *fill fill fill*.

Overcome by morbid curiosity, I hightail it to Frank's Upper East Side office. "You want to clean up your room before it gets too dirty," he proclaims. "With younger patients, we can do less-invasive procedures, but once the line is too deep, we have to work more aggressively." The first signs >>

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of aging—uneven pigmentation, enlarged pores, fine lines—are more superficial and, therefore, easier to treat. Frank suggests starting a regimen of Retin-A in your 20s (“or 30s, at the latest”). If I really want to “tidy up,” he recommends Fraxel, a resurfacing laser which helps reverse sun damage. “Studies have shown it can reduce precancerous tissue and growth,” Frank says. It’s not covered by insurance, which for the younger set, means the average \$1,500 price tag may actually make a dent somewhere else—like rent! And there’s one more downside: several days of angry-looking, swollen skin.

While I’m not opposed to a laser—somehow it seems less terrifying than a needle, and certainly more benign than a knife—I’m ambivalent. Blame my Protestant work ethic, but I can’t imagine calling in “sick” due to an intentionally fried face.

Determined to get a second opinion, I seek counsel with another renowned derm, Dr. Patricia Wexler. For beauty insiders, she’s something of a fairy godmother (albeit one who wields a syringe instead of a wand). She’ll no doubt hug me to her bosom and say, “But you’re too young, child!” So I’m stunned when she asks me if I’m worried about my neck.

To be fair, she eases into this query with a mole check and a sunscreen lecture. “Apart from avoiding weight fluctuation and smoking, SPF is the most important way to prevent aging,” she says, which, of course, I know but continue to follow, well, loosely. Then she recommends my old friend Fraxel paired with a new pal, Restylane. “I would inject it around your upper jawline to lift this,” she says, alluding to my (prematurely?) sagging jowls. There’s more than temporary merit to the filler, as it has been shown

to increase collagen production over time, so it should last longer between treatments. Prevention is also the goal when it comes to using Botox to relax muscles that can induce newborn wrinkles, but Wexler advises I avoid it for now. “This whole area is so expressive!” she proclaims, gesturing to my eyes. “You don’t want to mess that up.” (While I appreciate the compliment, in this context, I realize that any and all facial movements will inevitably lead to injectable intervention in the future. Let’s move on.)

But the idea of “messing it up” makes me wary of doing more harm than good. Take Lindsay Lohan. The kid looks 36! Tell-tale signs of alteration—the cheek filler here, the laser resurfacing there—add up. Is cosmetic surgery like dyeing your hair? Once you start, you can’t stop? I’m not a commitment-phobe, but this is one obligation I’m not sure I’m ready to make yet.

Last stop: A colleague tells me about a “conservative” derm on Fifth Avenue. Dr. Arielle Kauvar does seem sensible. She admits that the number of younger patients seeking antiaging treatments has increased, and she often has to talk them out of procedures they don’t need. “They want Botox just like their mommies?” I venture. “Something like that,” she laughs. After she inspects my face under an insanely bright lamp, she assesses: “No crow’s-feet. And do you have Botox in your forehead? Your skin looks very good for your age.” Jackpot! (Is this all I’ve wanted to hear all along? Yes. Yes, it is.)

Kauvar echoes Frank’s advice about timing being different for everyone, and even offers a sunny spin. “In using Botox to, say, slightly lift the brows of a patient who looks tired all the time, there’s a huge psychological benefit in the way they look, feel, and are perceived,” she says. Good

point. In that case, age is irrelevant. She does gently suggest a few procedures I might want to try—from collagen-stimulating lasers to Perlane injections for erasing that nasolabial fold I’ve been watching like a hawk—if it’s bothering me enough.

Instead, I chicken out and meekly ask for microdermabrasion, but something odd happens as her assistant, 25, performs the old-school treatment. She chirps on about her own preventives—which include retinoids and lasers (she speculates “that’s why Brad and Angie look so great”)—and I gain courage. “Numb me,” I mutter, and she applies topical anesthetic in preparation for the Gemini laser, which evens skin tone and will zap the above-mentioned capillaries. “You’ll see,” says Kauvar as she wields extremely painful lasers that burn into my skin for the longest seven minutes of my life. “Once you’ve tried one thing, the next is no big deal.” I leave the office with a blotchy face and clutching a prescription for Retin-A. I look much better the next morning, and my skin appears to keep improving over the next few weeks, as if I’m aging in reverse, like Benjamin Button! Personally, I’m still certain I’d rather eat a glazed doughnut than inject sugar into my face, but check back in a few. After all, I’ve got nothing but time, right? **mc**

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