M89, A COMBINATION OF 89% OF VICHY VOLCANIC MINERALIZING WATER AND HYALURONIC ACID IS BENEFICIAL AS AN ADJUNCT FOR THE MANAGEMENT OF ROSACEA: RESULTS FROM AN OBSERVATIONAL INTERNATIONAL STUDY

Jerry Tan[1], Julieta Spada[2], Cecilia Orlandi[3], Martina Kerscher[4], Maryna Anfilova[5], Sonya Abdulla[6], Adriana Floriánová[7], Klaudia Preisz[8], Anita Altmayer[9], Catherine Delva[10], Delphine Kerob[11], Maiia Goldobina[12], Monika Arenbergerová[13], Masha Svyatoslav Tuz[14], Elena Araviiskaia[15]

[1]Department of Medicine, Western University and Windsor Clinical Research Inc, Windsor, Canada - [2]Clínica Dra Julieta Spada. Dermatología y Estética, Buenos Aires, Argentina - [3]Clinica Orlandi, Santiago, Chili - [4]Division of Cosmetic Science, University of Hamburg, Germany - [5]Department of Skin and Veneral Diseases, National Pirogov Memorial Medical University, Vinnytsia - [6]Dermatology on Bloor, Toronto, ON, Canada M4W2N277Adriana Florianova Private Medical Practice Dermina, Kosice, Slovak Republic [8]Buda Health Centre, Budapest, Hungary - [9]Department of Dermatology and Allergology, Szent-Györgyi Albert Clinical Centre, Szeged, Hungary - [10]Sylia-Stat Lancrenon, Bourg-la-Reine, France - [11]Laboratoires Vichy International, Lavallois Perret, France [12]Private medical practice, Saint-Petersburg, Russian Federation - [13]Department of Dermato-Venereology, Third Faculty of Medicine, Charles University, Královské Vinohrady University Hospital, Prague, Czech Republic - [14]Sharapova Clinic, Samara, Russian Federation - [15]Department of Dermatology, First Pavlov State Medical University of St. Petersburg, St. Petersburg, Russian Federation

INTRODUCTION

Rosacea is a common chronic inflammatory skin disease characterised by persistent erythema associated with periodic intensification or 'flares'. Fixed centrofacial erythema is a characteristic feature, others being flushing, papules, pustules and telangiectasia.[1-3]

M89 (Mineral 89, Vichy Laboratoires) contains 89% Vichy volcanic mineralizing water (VVMW) and 0.4% hyaluronic acid. It is hypoallergenic and contains no perfume, thus being suitable for subjects with rosacea. VVMW originates from the French volcanic region and contains 15 minerals with a total mineral concentration of 5.2g/l. These minerals reinforce the natural defences of the skin in restoring the natural skin barrier, stimulating antioxidant activity and reducing inflammation, which is commonly observed in subjects with rosacea.[4-7]

AIM

An observational and international study was conducted in 3461 subjects with various facial dermatoses and post procedures. The aim of this poster was to present the benefits and tolerability of M89 as an adjunct in a subgroup of subjects with rosacea.

MATERIALS AND METHODS

Data from a subgroup of 114 subjects treated for rosacea were analysed. M89 was provided as an adjunct to conventional therapy for 4 weeks. Clinical evaluations included assessment of clinical signs and symptoms at baseline and after 4 weeks. At week 1 and 4, perceived tolerance and satisfaction were assessed.

RESULTS

Detailed demographic data are given in Table 1.

Table 2 provides details about clinical signs and their severity grade at study start.

The prevalence of subjects with no or improved clinical signs present at study start had increased significantly ($p<0.0001$) for erythema by 77.9%, for desquamation by 89.5% and for irritation by 95.1% after 4 weeks.

Figure 1 provides shifts from severity stages between study start and the end of study for these clinical signs for subjects for whom severity was graded.

In subjects with symptoms at study start, the mean score for skin dryness had decreased by 62.1%, for burning sensation by 77.5%, for itching sensation by 62.6% and for stinging/tingling by 60.6%; the decrease was significant ($p<0.0001$) after 4 weeks.

Figure 2 gives mean scores at study start and end of study.

Skin hydration had significantly ($p<0.0001$) increased in 69.4% of subjects. There was no significant change from baseline for the papules/pustules count.

Overall, 97.3% of subjects were satisfied with the texture of M89 at study end. The mean satisfaction score was 7.8±2.2 out of 10 after applying M89 after one week and 8.6±1.9 after 4 weeks.

For a large majority (94.7%) of subjects, investigator satisfaction was high or very high.

After applying M89 for one week, 75.2% of subjects reported soothed or very soothed skin; after 4 weeks, this percentage increased to 96.5%.

Overall, M89 was well or very well tolerated by 98.2% of subjects.

DEMOGRAPHICS AND SKIN CHARACTERISTICS AT STUDY START

Table 1

	Total	
	n	%
Gender	**113**	**100**
Female	97	85.8
Male	16	14.2
Age	112	
Mean ± SD	43.0 ± 9.8	
Median	42.0	
Min; Max	23.0;86.0	
Phototype	**113**	**100**
I	11	9.7
II	66	58.4
III	30	26.5
IV	6	5.3
Skin type	113	100
Very dry	4	3.5
Dry	**61**	**54.0**
Normal	16	14.2
Combination	22	19.5
Oily	10	8.8
Sensitive skin	112	100
Yes	103	92.0
No	9	8.0
Papules/pustules	**112**	**100**
Yes	35	31.3
No	77	68.8

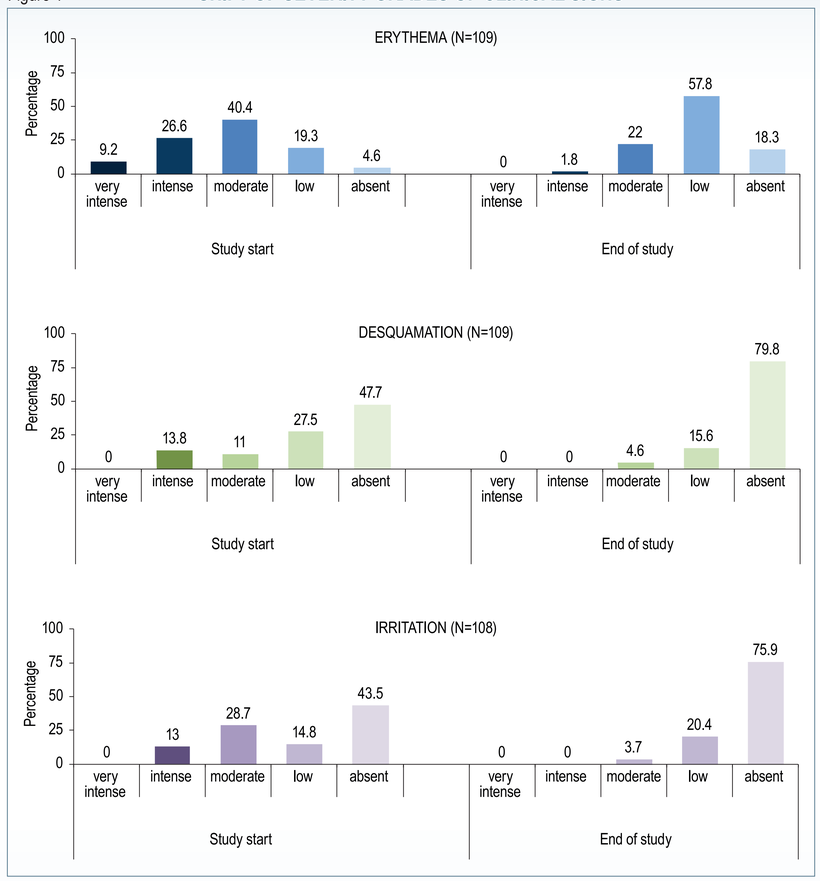
CLINICAL SIGNS ASSESSED BY THE INVESTIGATORS AT STUDY START

Table 2

	Total	
	n	%
Erythema	**114**	**100**
Grade	111	100
Very intense	10	9.0
Intense	30	27.0
Moderate	45	40.5
Low	21	18.9
Absent	**5**	**4.5**
Desquamation	**113**	**100**
Grade	112	100
Very intense	0	0
Intense	16	14.3
Moderate	12	10.7
Low	31	27.7
Absent	**53**	**47.3**
Irritation	**114**	**100**
Grade	109	100
Very Intense	0	0
Intense	14	12.8
Moderate	32	29.4
Low	16	14.7
Absent	47	43.1

Figure 1

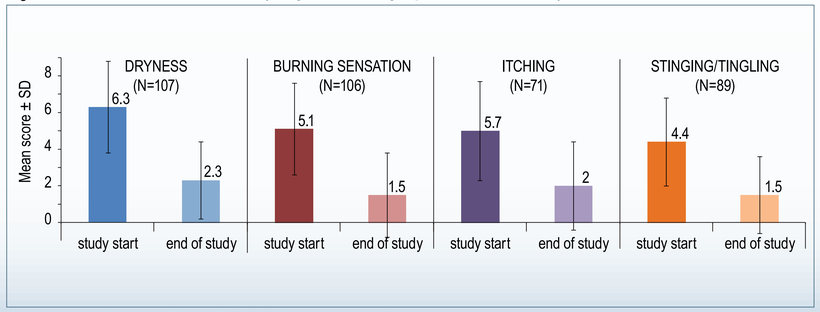
SHIFT OF SEVERITY GRADES OF CLINICAL SIGNS



The difference in prevalence of subjects with improved clinical signs was statistically significant ($p<.0001$) after 4 weeks compared to study start.

Figure 2

MEAN CLINICAL SYMPTOM SCORES AT STUDY START AND AT END OF STUDY (subjects with symptoms at baseline)



Mean scores had significant ($p<0.0001$) decreased at study end.

CONCLUSION

M89 improves clinical signs and symptoms of rosacea, with high tolerability and satisfaction in a real life setting

REFERENCES

1. Gallo RL, Granstein RD, Kang S, Mannis M, Steinhoff M, Tan J, et al. Standard classification and pathophysiology of rosacea: The 2017 update by the National Rosacea Society Expert Committee. J Am Acad Dermatol. 2018;78(1):148-55.
2. Tan J, Almeida LM, Bewley A, Cribier B, Dlova NC, Gallo R, et al. Updating the diagnosis, classification and assessment of rosacea: recommendations from the global ROSacea COnsensus (ROSCO) panel. Br J Dermatol. 2017;176(2):431-8.
3. Thiboutot D, Anderson R, Cook-Bolden F, Draelos Z, Gallo RL, Granstein RD, et al. Standard management options for rosacea: The 2019 update by the National Rosacea Society Expert Committee. J Am Acad Dermatol. 2020;82(6):1501-10.
4. Nusgens BV. [Hyaluronic acid and extracellular matrix: a primitive molecule?]. Ann Dermatol Venereol. 2010;137 Suppl 1:S3-8.
5. Nonotte I, Montastier C, Boisnic S, Branchet-Gumila MC, Breton L. Inhibitory effect of Lucas spring water on substance P induced inflammation in organ culture of human skin. Nouv Dermatol.1998;1:535-42.
6. Moyal D, Tricaud C, Pham DM, Ngyen QL. P2619 Efficacy of a spa water in preventing UVA-induced catalase degradation. J Am Acad Dermatol. 2006;AB190.
7. Tacheau C, Weisgerber F, Fagot D, Bastien P, Verdier MP, Liboutet M, et al. Vichy Thermal Spring Water (VTSW), a cosmetic ingredient of potential interest in the frame of skin ageing exposome: an in vitro study. Int J Cosmet Sci. 2018;40(4):377-87.

Funding

This survey was supported by Laboratoires Vichy, France.

Conflict of interest

Catherine Delva, Sylia-Stat performed the statistical analysis and Delphine Kerob is an employee of Laboratoires Vichy France. Jerry Tan, Martina Kerschner and Elena Araviiskaia were members of advisory boards organized by Laboratoires Vichy, France. The other authors have no conflict of interest to disclose.

Acknowledgments

The authors acknowledge the participation of the M89 study investigators and the subjects who participated in this study as well as Karl Patrick Göritz, SMWS, France for editorial support and Dominique Poisson for the poster lay-out.