

Lupus And Lipstick: The Industry Responds

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Abstract

Introduction: Evidence links lipstick to systemic lupus erythematosus (SLE). This study aims at obtaining a response from the lipstick industry.

Method: A 4-item electronic and postal survey, with 2 follow-up mailings, was conducted amongst 19 major lipstick companies.

Results: From the electronic survey, 100% of the companies responded with machine-generated confirmations of receipt.

Human responses were obtained from 10 of the companies. The responses were characterized by refusal to participate, referrals to non-responsive contact details, and standard disclaimers. Only 1 company answered the questions directly, and 1 indirectly.

Discussion and conclusion: Despite the lipstick industry's awareness of the research, there appears to be little concern over the link between lipstick and SLE. There is the need for the lipstick industry to research the link, for the medical fraternity to adjust acceptable guidelines, and for the impact of lipstick transfer, particularly to children and infants, to be researched.

INTRODUCTION

Since 1969 [1], there has been a suggested link between the use of lipstick and the onset of systemic lupus erythematosus (SLE). More recently, Wang et al indicated that "Using lipstick at least 3 days/week was significantly associated with increased risk of SLE" [2].

Studies consistently report that 80% to 90% of all SLE patients are women, half of whom first present symptoms between the age of 15 and 30 [3,4,5,6,7].

It is difficult to know the percentage of women who wear lipstick, but, in Western Countries, the figure appears to be at least 50% [2,8,9] with some estimates of 98% of women in the USA between the ages of 18 and 34 [10], and popular press estimates ranging from 70% to 90% [11,12].

Given this information, there is surely a need for a response to the work of Burry and Wang et al from lipstick manufacturers. The aim of this study was to learn the extent to which the cosmetic companies are aware of this research, and their responses to such research.

METHOD

Of the 30 largest cosmetics and toiletries companies (by market share, as determined by Euromonitor International [13]), 19 companies either manufacture lipstick, or are holding companies of lipstick manufacturers.

From June through August 2008, a survey was conducted of these 19 companies. The survey consisted of a brief introduction, including a link to Wang et al's abstract, an assurance of anonymity, and four questions:

1. Is your company aware of these studies that suggest this link between lipstick and SLE?
2. Has your company (or somebody on behalf of your company) ever researched the link between lipstick and SLE?
 - 3.1 If Yes, what were the results, and how can the public access them?
 - 3.2 If No, what are the reasons?
4. Given the research, especially this most recent article, what is your company's overall comment on this link between lipstick and SLE?

Of the 19 companies, 16 could be surveyed electronically, either via email, or their "contact us" form on their web page. The three remaining companies were contacted via normal postage.

After two weeks, follow up emails and letters were sent to non-responders. After a further two weeks, a second follow up, in the form of normal postage, was sent.

The responses were themed using NVivo Version 7.

RESULTS

Of the 16 companies contacted electronically, 100% sent computer-generated confirmations that the survey questions had been received.

Of the 19 companies, a total of 10 (53%) companies responded to the survey. (For the purposes of this study, although the number of machine-generated response is noted, only these 10 human-generated responses are considered survey responses).

RESPONSES

The responses were classified into the following themes:

REFUSAL TO PARTICIPATE

Two companies [C, I] refused to participate in the survey, only one of which gave a reason:

It is a long-standing [C] policy that we do not participate in surveys. [C]

REFUSAL TO PARTICIPATE ELECTRONICALLY

Three companies (D, E, H) refused to participate via email; one [D] cited the complexity of the question, and gave further contact details. The contact details drew no further response.

STANDARD DISCLAIMER

Three companies [B, F, J] gave standard disclaimer-type responses, referring in general to laws and safety, with little or no reference to the questions.

Please be informed that our products [are] strictly manufactured according to the standards stipulated by pharmaceutical/cosmetic laws in respective countries, allowing our customers to use our products with a sense of assurance. [F]

's response appeared to be a copy-and-paste from a "Frequently Asked Questions" (FAQ) question on the company's web page, regarding the amount of lead in lipstick. (The response cannot be reproduced in this article, as a search on the Internet for the quotation would identify the company).

DISMISSING WANG

One Company [J] dismissed the validity of Wang et al, saying that it:

refers to a survey via internet and does not correspond to any relevant scientific accepted epidemiological study. [J]

Further, that the relationship between lipstick and SLE is not known and not confirmed by the named study. [J]

ANSWERING THE QUESTIONS

Only two companies [A, G] addressed the questions. [A] was aware of the link between lipstick and lupus, while [G] was not. Neither company had conducted research into the link, although [A] had been following the research. [G] had not come across "any specific reports linking lipstick use with the onset of Lupus or any other similar medical conditions." [A] could not express an overall opinion because of the limited number of reports, and [G] said that it would "carry out an analysis of this any other related medical reports to establish if any further investigation or action is necessary."

DISCUSSION

The high female/male ratio of SLE patients and the fact that most women wear lipstick does not argue a causal relationship, as there is a range of factors that contribute to the onset of SLE [3,7,14,15]. It appears, however, that the lipstick manufacturers' target consumer group is the highest at-risk group for SLE. When one considers this fact in the light of the research by Wang et al and also Kurien and Scofield [16], then there is cause for concern about the incidence of SLE and the usage of lipstick.

A LACK OF LIPSTICK INDUSTRY CONCERN

From the results of this survey, however, the concern does not appear to be shared by the lipstick industry.

There is the possibility that the industry's researchers are unaware of SLE, and the impact that it has on women. This, however, is certainly not across the board: representatives from lipstick manufacturing companies openly support lupus research programs [17], the companies have funded research into lupus [18], and their products are recommended as topical protection for lupus [19,20,21]. In addition, the survey conducted in this study directed the companies to Wang et al's abstract, but this did not appear to have had an impact on the responses.

PARALLELS WITH ANOTHER INDUSTRY

It might be unfair to draw parallels, but the responses and broad assurances in the face of the evidence are reminiscent of the responses and assurances from the tobacco industry to the connections between tobacco usage and lung and heart

disease [22,23].

Perhaps, however, there are lessons to be taken from this parallel. Firstly, as was realised by the tobacco industry, it may be time that the lipstick industry “come forward with evidence to show that its products, present and prospective, are not harmful” [24]. This need is heightened by the ingestion of lipstick [16], and is surely heightened by long-lasting lipstick.

Secondly, this parallel indicates a route for medical professionals. A legitimate defence of the lipstick manufacturers is that they adhere to international laws and practices. The medical profession, just as it did with tobacco, may, therefore, have a role to play in adjusting those international laws and practices.

FURTHER RESEARCH

Apart from further research on the direct link between SLE and lipstick usage, we should be concerned about third parties. Just as the dangers of passive smoking were not initially recognized [22], so there is not yet evidence on the impact of lipstick transfer, an area chiefly the domain of forensic scientists or lipstick companies concerned with aesthetics. Further research into lipstick transfer, particularly in respect of transfer to children and infants, is required.

WHERE DO THE CONSUMERS STAND?

The consumers in this case are potential SLE patients. The lack of meaningful response from the cosmetics companies means that these potential patients are left to decide for themselves. Their reaction may move between two extremes: one in which they ignore the lupus research, and the other in which they refer to lipstick as ‘lupustick.’

CONCLUSION

For four decades there has been a small but growing body of evidence to suggest a link between lipstick and SLE. This paper has attempted to obtain the industry's position to this link. The current industry response is not appropriate, and it is necessary to pursue this further.

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References

1. Burry, J. (1969) Lipstick and lupus erythematosus, *New England Journal of Medicine*, 281, 620-621.
2. Wang, J., Kay, A. B., Fletcher, J., Formica, M. K. & McAlindon, T. E. (2008) Is lipstick associated with the

- development of systemic lupus erythematosus (SLE)? *Clinical Rheumatology*, 27(9), 1183-1187.
3. Lockshin, M. (2002) Sex ratio and rheumatic disease: excerpts from an institute of medicine report, *Lupus*, 11, 662-666.
4. Ward, M. M. (2004) Prevalence of Physician-Diagnosed Systemic Lupus Erythematosus in the United States: Results from the Third National Health and Nutrition Examination Survey, 6, pp. 713-718.
5. The American Lupus Society (1993) *Lupus erythematosus*, American Lupus Society, 2(7).
6. Bossingham, D. (2003) Systemic lupus erythematosus in the far north of Queensland, *Lupus*, 12, 327-331.
7. Simard, J. & Costenbader, K. (2007) What can epidemiology tell us about systemic lupus erythematosus? *International Journal of Clinical Practice*, 61(7), 1170-1180.
8. Engasser, P. G. (2000) Lip Cosmetics, *Dermatologic Clinics*, 18(4), 641-649.
9. Coulter, R. A., Feick, L. F. & Price, L. L. (2002) Changing faces: cosmetics opinion leadership among women in the new Hungary, *European Journal of Marketing*, 36(11/12), 1287-1308.
10. Merskin, D. (2007) Truly Toffee and Raisin Hell: A Textual Analysis of Lipstick Names, *Sex Roles*, 56, 591-600.
11. Women's Environmental Network (2003) *Getting Lippy: Cosmetics, Toiletries and the Environment*.
12. Packaged Facts (1999) *The U.S. Ethnic Haircare, Skincare and Color Cosmetics*. <http://www.Packagedfacts.Com/Sitemap/Product.Asp?Productid=143436> Accessed 15/06/2008.
13. Euromonitor International (2008) *Cosmetics and Toiletries*, http://www.euromonitor.com/Cosmetics_And_Toiletries. 12/06/2008.
14. Cohen-Solal, JFG, Jeganathan, V., Hill, L., Kawabata, D., Rodriguez-Pinto, D., Grimaldi, C. & Diamond B (2008) Hormonal regulation of B-cell function and systemic lupus erythematosus, *Lupus*, 17, 528-532.
15. McAlindon, T. (2000) Update on the epidemiology of systemic lupus erythematosus: new spins on old ideas, *Current Opinion in Rheumatology*, 12, 104-112.
16. Kurien, B. & Scofield, R. H. (2008, July 19) Lipstick consumption and systemic lupus erythematosus: nothing to gloss over, *Clinical Rheumatology*, [n.p.].
17. Cambridge Charities (2008) *Cambridge Who's Who Supports Lupus Research*, <http://cambridgewhoswho.org/about-cambridge-whos-who/cambridge-whos-who-community/cambridge-whos-who-lupus/>. 14/08/2008.
18. Provost, T. T., Arnett, F. C. & Reichlin, M. (1983) Homozygous C2 deficiency, lupus erythematosus, and ANTI-Ro (SSA) antibodies, *Arthritis & Rheumatism*, 26(10), 1279-1282.
19. Solsky, M. A. & Wallace, D. J. (2002) New therapies in systemic lupus erythematosus, *Best Practice & Research Clinical Rheumatology*, 16(2), 293-312.
20. Ting, W. & Sontheimer, R. (2001) Local therapy for cutaneous and systemic lupus erythematosus: practical and theoretical considerations, *Lupus*, 10, 171-184.
21. Lindow, K. B. & Warren, C. (2001) *Understanding Rosacea: a guide to facilitating care*, *American Journal of Nursing*, 101(10), 44-51.
22. Glantz, S. A., Slade, J., Bero, L. A., Nanauer, P. & Barnes, D. E. (1998) *The Cigarette Papers* (Berkeley, University of California Press).
23. Francey, N. & Chapman, S. (2000) Operation Berkshire: the international tobacco companies' conspiracy, *British*

Medical Journal, 321, 371-374.

24. Philip Morris Research Center Report (1964) Smoking

and Health: Significance of the Report of the Surgeon
General's Committee to Philip Morris Inc.

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