

## Pretty Curious with Jonathan Van Ness & Dr. Renée A. Beach

JVN: Hey, curious people, welcome to Pretty Curious, our podcast on all things beauty. I'm Jonathan Van Ness. This week we're talking to dermatologist, Doctor Renée A. Beach. Doctor Renée A. Beach is an MD who specializes in dermatology. She is also a board certified fellow of the Royal College of Physicians and Surgeons of Canada. She established her own practice DermAtelier on Avenue in Toronto with the goal of providing dermatologic expertise and excellence to patients of all skin types in a modern and comfortable setting. We're diving deep into injectables. What are the types? What are the differences? How long do they last? Should we use them? When should we use them? What's the deal? We're debunking the myths about cosmetic dermatology. Um but before we get into our gorgeous conversation with Doctor Renée A. Beach, it's time to get ready with me.

We could not absolutely not. Uh have our JVN product review not be sunscreen on an episode with a stunning dermatologist. So this one I just got in. It's gorgeous. EltaMD UV Clear broad spectrum SPF it's 41 bucks, but it's very well worth it. I love that. It's a combo mineral and chemical sunscreen. It goes on like a serum uh non-comedogenic meaning it's not clogging the pores but it's very light, very gorgeous. I love that. It has SPF 46. It's nice and strong, but I also love that. It's very non chalky and stunning. If you want to go, if you're more of like, I don't like uh I, I like mineral only. You could also try the La Roche Posay Anthelios Mineral Sunscreen. It's 35 bucks, lightweight matte finish goes on nicely under makeup. This is also really fun. This is a love letter from Allison, our resident producer who we love, but this is going in. Trader Joe's apparently has a stunning \$10 dupe for the SuperGoop Unseen Sunscreen. It's nearly identical with that clear matte finish, no white cast whatsoever. It's Allison approved it's in Pretty Curious. You better fucking slay girl.

Our listener questions of the week. Our first listener question is mascara tips for small eyes to keep it from going everywhere, type slash wand shape slash technique. Um one thing is as I would definitely say to curl your lashes first, make sure that because I feel like putting mascara on to uncurled lashes just makes it a little bit harder and it just goes on better when you've curled the lash because most mascara applicators are kind of have that like real cylindrical bend to them. So if you're trying to put on like a straighter lash, it just doesn't like meld as well. So make sure you're really curling them well. Um and you're gonna notice that different mascara uh or different eyelash curlers have very different shapes. Some are more flat and some are more rounded. So you wanna get the one that like most closely corresponds to your eye shape. Um then the other thing I would say is that most mascara wands have way too much product on them, like way too much. And it, and it's why they apply like a little clumpier. So what I like to do is I take like a small piece of toilet paper and I just kind of pat that outside of the mascara one before I do my first application. And I don't, I don't go up, down, up, down, up, down with the mascara one in the, in the tube because I read in the nineties that it puts like air bubbles into the formula. So I don't do that. I just take it out and I go plot, plot, plot quickly with um some tissue uh or toilet paper. Then I put it on and that, uh you could, you know, whatever tissue, a little Kleenex, a little toilet paper, wash your hands or have like separate tissue paper like out by where you do your makeup. Um and that takes off the excess. So you're not getting like such a clumpy application or if I don't want to do that or if sometimes I forgot: I do always have like clean mascara wands,, like disposable ones and I'll take that and I'll like comb through my, my lashes after I've applied

mascara to get the clumps out and that just kind of separates it and makes it look like, as pretty and full and like, clean as possible. Um, so that's how I do mine and that's what I like to do. I also always like to have some Micellar water and Q tip so that if you did get the mascara like up on your eyelid or you just got it somewhere, um you can put the micellar water on your Q tip and just like spot treat, get that little mascara all the way off without like fucking up your whole makeup application. Um so that's a gorgeous question. I hope that helped.

Our next question is, should I change my skin slash hair care routine as I age? I just turned 40 totally OK with grays and wrinkles. Um I think your skin and hair care routine yes, will need to change, but I don't necessarily think that like your style choices need to change. Like if you want to have like long hair as you age, go for it. I feel like when I first started doing hair in the salon, like a lot of women were like, oh I'm, you know, 50 or whatever, I need to cut my hair short. I don't think that's the case. We can have any length of hair at any age and that's all gorgeous. Um It's about how you feel, but I do think that as we get older, like silver hair typically is a little more prone to frizz. It can be a little bit drier and also can get prone to yellowing from like hard water or chlorine or like getting burnt. Um, like from heat styling. Sometimes you can get this like yellow cast. If you don't put enough heat protection on really silver hair, it can get like this like yellow burntness to it. If you like literally flat iron it and curling iron it too hot. So you may need to as you age with silver hair uh introduce like a blue violet shampoo um where you may need to do like a heavier blowout cream than maybe what you used to have or if your hair is getting finer as you age, you may need to like use a volumizing shampoo and conditioner that you didn't use to or like incorporate a volumizing foam that you didn't use to. Um also with your makeup uh skincare routine, um I think that I've seen a lot that like, I think you still can use powders on more mature skin. I think there's probably like a time and place but like cream is gonna blend better and not settle as much in wrinkles as powders will. Um also as we get older, the skin just gets a little bit thinner. So it might need, you might need a little bit more like um you might need like more retinol as you get a little bit older to, to try to smooth those topically. Um you might need like more sunscreen as you get older. You may need um you may just like or, or also could be as you get older with your skincare routine that you need to be a little bit more gentle. Like maybe it doesn't, you, you aren't taking the um exfoliation and like the intense serums as easily as you were. So I think just stylistically we get to be whoever we want to be. But I do think that as we age, we need to be aware that we evolve and our bodies change and they're gonna need different things as we get older. And one thing I have noticed um in the salon is that when people get stuck or when they just don't evolve, their skin care and hair care as they get older, you can kind of tell. Like not in the terms of like just that you're like, oh like that, you know, they could just, they could do this or they could do like a little of that. So you wanna stay open and evolving when it comes to your skin care and your hair care because just—and on the same coin with skin care especially you need to and we're actually gonna talk about that—um you do need to talk, you, consistency is really important with skin care. So you don't wanna be changing like every three seconds. Um but you also as we age like you just, your body is going to need different things as we, as we age. So thank you so much for those questions and also thank you so much for listening to Pretty Curious. If you are vibing Pretty Curious, if you are looking forward to this every Monday, share it with your friends. Uh But now it's guitar conversation with Doctor Beach. Doctor Renée A. Beach, how are you today? Thanks for coming on Pretty Curious.

DR. RENÉE A. BEACH: Thank you so much for having me. It's been a long time.

JVN: Dr Beach, darling, um will you tell us like about dermatology and like what you got to do to become a dermatologist?

DR. RENÉE A. BEACH: Dermatology is the study of skin, hair and nails. It's a branch or a subspecialty of medicine and uh a dermatologist is a medical doctor. So whether that in is a MD designation, uh There's also a uh DO or doctor of osteopathy. That's a medi that's another designation, but they're a medical doctor who has undergone a minimum of four years of training after medical school and that's focused in the skin, the hair, the nails. So in the United States, it's four years in Canada, it's five years.

JVN: What are like the classes of fillers? And because obviously there's like dermatology, there's giving like, you know, there's your psoriasis or eczema like all of that like clinical things. I'm more curious today about like cosmetics like those vibes. So what are like the classes of fillers like or is that even how it works? Like is Restalin in like a one type and Botox is a, is another type like what are the classes of fillers?

DR. RENÉE A. BEACH: Ok. So nitty gritty, high level, there's fillers and then there's so-called toxins. And fillers are materials that are Hyaluronic acid or calcium hydroxylapatite or um polylactic acid. And these...

JVN: What was that econd one?

DR. RENÉE A. BEACH: Calcium hydroxylapatite

JVN: Calcium. Um why is there calcium in there?

DR. RENÉE A. BEACH: Well, it's more how it's reconstituted because it's able to expand when it gets into the skin and it actually gives volume back. So restores the, the tissue underneath the skin and it also helps to stimulate collagen. So that's the one side, the volume or restoration or augmentation side. When people think about injecting their lips or restoring their chin or giving themselves a little bit more cheekbone or contour, um filling out the temples. All of those are using hyaluronic acid, calcium hydroxylapatite, polylactic acid to restore volume and give some people uh augmentation of their features.

JVN: Okay so that's filler and then what's the other one?

DR. RENÉE A. BEACH: So I use the short term um saying uh oh yeah, toxin. Now nobody refers to it as toxin. But, but it's said that way because of neurotoxin. And what it is is it's tiny, tiny amounts of, um, different forms of botchulinum toxin that are used to inject into the muscles. And between 24 hours and about 96 hours, they actually work, uh in the muscles to stop muscle movement; they stop muscle movement and therefore you don't get wrinkles. So you remove the wrinkles that happen whether it's on the forehead, um, you know, around the eyes, the crow's feet, uh the angry elevens or the glabella and various other sites on the, on the face.

JVN: I got some major glabella happening. Um so how long have how long like his uh like Botox and like Botox been getting administered? Like was it 2000 or...?

DR. RENÉE A. BEACH: Yeah. So the early studies were in the, late '80s and shout out to pioneer um a Canadian actually Canadian ophthalmologist, Dr Jean Carruthers who was actually the physician who made the discovery of it. So shout out to her big props, definitely a universal global change maker. And following those studies, it was approved in Canada around 2000, 2001. And then other products came along, um a product named Dysport, a

product named xeomin and then uh products that their name changes depending on the country that you're in.

JVN: So are so basically though besides like your filler are your like augmenters and then your, you know, uh Botox like the toxin-esque ones.

DR. RENÉE A. BEACH: Yeah, the neuromodulators.

JVN: Neuromodulator, honey. Oh my God, I love it. Is there, is there, there's no, like, there's no other, like, category for fillers or like, inject, injectables?

DR. RENÉE A. BEACH: No I mean I would think about, I would think about implants. So that's getting outside of the dermatologic space, getting more into like a plastic surgeon. But I'd say in terms of, you know, what you can do over a lunch hour, what doesn't require going, um, having general anesthesia or going to sleep. Those are the two main categories like outside of, you know, lasers.

JVN: Yes. And OK, so yeah, it's like injections. And then there's also what about those threads? Do you, did you ever see those threads on TikTok? Do you like those threads or you gonna fuck with those threads?

DR. RENÉE A. BEACH: So I think the threads are really divisive. I will say, I do think there's a place for them and a space for them provided that they're being administered under very sterile conditions. And there's the understanding that these threads are going to lift by about 2 to 3 millimeters and they're not a surgical result, the result. You're not getting the results of a facelift with threads. So I think if one's comfortable with that, uh that they can proceed, I don't have the patient population that's seeking threads, but I think that they're reasonable.

JVN: Are those little threads made of hyaluronic acid or like sugar or something? What are those, what are they made of? Or is it not really a thread?

DR. RENÉE A. BEACH: No, it actually does look like a thread and I can't, there's, there's different substances that are made of and, and depending on where you live, some things will be approved and some things will not be approved. Um let me just check, I do think though when you see them, they can be very intimidating because they look like little bits of barbed wire. Um and you literally, you literally have to navigate it underneath the tissue. Um so, you know, it's not the sort of thing where the faint of heart would proceed with because it can look quite intimidating when you actually look at the, the substance that's underneath the skin and it's supposed to be integrated with your own tissue.

JVN: I've oh wait, does that mean like it literally, it's like sewn through your face tissue.

DR. RENÉE A. BEACH: Yeah, it's almost like if you think about barbed wire going underneath.

JVN: I don't love how that sounds.

DR. RENÉE A. BEACH: Well, some people, some people really do love it. Um but yeah, I I can't, it's definitely not, it's definitely not for everybody.

JVN: So let's talk about more about our fillers or your quarterly maintenance. Where does one typically start or is it really so different per person?

DR. RENÉE A. BEACH: I think it's very different per person. It may be you start with the area that's always bothered you, you say, you know what this has been been, you know, it's, it's eroding my confidence. It's the area that I'm I'm most concerned about most insecure about. And so maybe that's where you start. But I would encourage people to be open minded when they go to see their dermatologist, they say, you know, what would you do with my, with my face? Like, where do you see I could improve and, you know, dermatologists, other providers as well, but dermatologists in particular are skilled at assessing the face as a whole, uh, to look at those first third, middle third, um, lower third. And to be able to say, you know, here's where you, here's where improvement is possible and here's what it will do for you as an overall aesthetic. So, trying to be open minded and I think it's reasonable to see somebody who is gonna go as slow as you want to. I'd be really leery of people who say, oh, it's a, it's a day it's today only offer or it's buy one, get one free or it's, you know, refer a friend and there's nothing wrong with incentives. That's how, you know, the world works, but it's your face. So I would caution people to avoid trying to jump on the, you know, uh, Groupon or, or other economic bandwagon to try to, to try to, you know, save.

JVN: And how long would you say they typically last? Because I mean, I feel like I read a lot of stories about like migrating filler or like that. Sometimes it actually lasts way longer than what people think like how can, how long can we expect it to last a filler specifically?

DR. RENÉE A. BEACH: Sure, so our, our filler the last depending on the structure of the fillers. So basically how thick it is versus how soft and buttery and fine it is and also the area in which it's injected. So a thick area injected in an area that doesn't move a lot. For example, maybe the um central chin or the temples, it's going to last longer than a thinner, softer filler that's injected in an area that's used a lot. So one's lips, you're chewing, you're laughing, you're eating. Uh you're speaking now, neuromodulator, your Botox, Dysport, Xeomin in that generally lasts between 3 to 4 months and it's much more obvious when that has kicked back in because guess what? You start to get back the movements, you start to get back the lines. Now of the ones on the market, there are some that have a better longevity than others. And so for some people, they say, well, I prefer to have, you know, something that's gonna last me closer to four months. And so they gravitate toward some like Dysport, for example, where somebody who says, you know what I'm pretty good with uh doing my upkeep more regularly and even if it lasts a bit uh lower time and so they may gravitate towards something like Xeomin.

JVN: Okay, I'm obsessed. Is it true that if your metabolism is like higher you go through it faster or like how can people like make their fillers last longer?

DR. RENÉE A. BEACH: So making your fillers last longer, I'd say would be uh somewhat difficult because, you know, you're meant to move your face and your body has a natural enzyme in it called hyaluronidase that's acting towards breaking down hyaluronic acid, whether it's endogenous or your own or exogenous that's injected. There are 2 to 3 things that one could do though to try to preserve it. One of it is, some of our serums are really smart nowadays and they actually contain agents in them that don't allow hyaluronidase. That's the enzyme that wants to break up the filler. They don't allow hyaluronidase to work as effectively. So one thing is applying serum, the other thing is trying to make sure that you're not having pressure applied to your face. So it means that you're washing your face gently. It means that you're sleeping on your back. It means that you're avoiding things like donuts when you're um, having a massage, you're on a massage table.

JVN: What would you do instead?

DR. RENÉE A. BEACH: Well, you try to have the massage done at least a month after your filler and, or adopt a different position when you're on the massage table.

JVN: Like just put the side of your face down and then switch?

DR. RENÉE A. BEACH: Yeah, or have, um, have, um, you know, the travel pillows that act as a pressure source. You could cheat instead of putting the travel pillow around your neck, you can put it so that it's uh your face is, is relatively elevated. It's not in direct contact with the pressure of the bed.

JVN: What about the prevent, you know, people with Botox are like, oh, it's preventative, like really?

DR. RENÉE A. BEACH: So they're not wrong. It is preventative. I think it depends at what point you're preventing. So if you're in your, you know, maybe you're in your twenties and you're not seeing a lot of the lines setting in. So wrinkles can be uh dynamic or they can be static, meaning that you can see wrinkles when your face moves or you can have wrinkles that are present when you're just not expressing your face, your face isn't moving when they're dynamic. uh So I only get these lines, you know, when I raise my eyebrows, that's it using a neuromodulator again, Botox, Dysport in a preventative fashion to try to release those lines that are forming with movement. It's true. Now, is it necessary? No, but of course, why not? Right? Especially when people look at their parents and they say, oh well, I know this is gonna happen based on how my mother or my father looks. That can be done.

JVN: Fuck, I think I'm there. OK?

DR. RENÉE A. BEACH: No, no, no, I'm sure you're not,

JVN: What about like laugh lines over here?

DR. RENÉE A. BEACH: Smile lines. These little guys called the crow's feet. So there's a muscle around the eye called the orbicularis oculi. And that orbicularis oculi, when we, when we um contract it, it forms these little lines known as the crow's feet and it's a popular area to treat. But a good dermatologist injecting will say you listen, you can, we can smooth these out as you if you want, but this has been proven published in the New York Times, this has been proven to be an area associated with positivity, laughter, close relationships, a life well lived. So it definitely can be treated. But it's an area that oftentimes may be undertreated to leave some of those lines is a positive association.

JVN: That I love. Ok. That makes a lot of sense. I'm really worried about my um uh my glabella, I'm worried about my glabella but then like the droop, I really don't want the droop like my eyebrows to droop.

DR. RENÉE A. BEACH: Well if you, if you treat the glabella, you won't get the droop because that doesn't do those.

JVN: But I don't want them to be disharmonious. So can I just do like a moderate dose that doesn't droop my shit but like releases the lines a little bit?

DR. RENÉE A. BEACH: Yes, you, you absolutely could do a moderate dose and then you can build upon that and that's where the photos are gonna be critical because you can see your natural progression, you know, from February through May through August and so on.

JVN: Doctor Beach, do you like loving bring a dermatologist. How did you become, or? I mean, we talked about at the time but like, has it been amazing? Like, do you love it?

DR. RENÉE A. BEACH: I do. I like people coming to see a dermatologist. I like it because people come to see me of their own accord, of their own volition. And we're most of the time speaking the same language. What I mean by that is, it's really hard to convince somebody to treat their blood pressure. If it's high, they can't see it, they can't tell. But when somebody comes to me, they've come to me because they have acne that's not going away and they, you know, attribute it to be important enough to treat. So I like that patients are mostly healthy and they, we're all going to die but they tend not to die from their skin disease. And I like that, I get to see all genders. Uh Dermatology is a subspecialty that's really for everybody. We all have skin. So whether it's young, old, the whole gender spectrum, they, they come to see us and it's a real matter of it's a mix of medicine and science for sure, understanding how things work and what the options are. But it's also the art of treating the patient as an individual. Uh I think what I struggle with is um the fact that in so many things in dermatology, there are options, but it's a question of affordability. So in Canada, our health care system is such that your assessment is oftentimes uh insured by the government. So, you know, your health card gets you your appointment. But oftentimes patients are really frustrated to find that the solution or the best case uh option for their condition is one which they may not have the funds for it may not be affordable. So I think that's the frustrating aspect of, of providing care.

JVN: And then starting your own practice. And like, how did you go about doing that? And then for anyone who's listening to this where they're like, maybe they're like, well, I don't want to go to med school for eight years, but I'm really into skin care and dermatology. Like, what are some other roles like in your clinic or in like dermatology that one could do that like, is it necessarily med school?

DR. RENÉE A. BEACH: Absolutely for me to start off with starting my own clinic was really more autonomy. I think I was about five years into practice. And I was kind of like, what's my game like, where am I going? And I'm sure other people in other fields and professions have had this and I started thinking about like, things are comfortable, but am I actually happy? And so that to me was the impetus for starting my own thing. I'd never dreamt of being a practice owner or an employer, but it's really was just the best scenario for me to be able to fulfill the type of practice and care that I wanted to provide. Now, other people who say, look, I love skin, I really want to get into the industry. I want to be a care provider. How can I do that? Uh One of the professions that's more common in the US, but it's coming to Canada as a physician's assistant. So physicians assistant works alongside a dermatologist and they're able to provide care within a certain scope of practice. Whether that's seeing patients with particular conditions, they're able to um administer treatments, uh they can prescribe as well and that takes about two in depending on the setting, 2 to 3 years of school and uh beyond, you know, your, your um high school and your, your college or university. And then of course, nursing is huge. We definitely need nurses um um who are well versed in skin, they're often able to provide treatments and administer care that I can't, for example, with things like Prp or platelet rich plasma, they're able to draw the blood and provide the treatment from start to

finish. And so I definitely depend on nurses and oftentimes, they also have a great rapport with our patients. They feel really comfortable and a, a partner in their care when they're alongside a nurse and then uh aestheticians or SDs are super on top of things. They're on top of trends, they're on top of, you know, uh experimentation types of treatments. And so they're great at pinpointing what a patient might need both from a, off the shelf over the counter trendy aspect. But marrying that with the tried and true scientific evidence based medical aspect that the dermatologist would provide. So in any given setting, all of us are, are practicing or can be practicing together and depending on the patient's needs, they'll, they'll get what they, they'll get the result that they want.

JVN: Uh my client coordinator for my surgery that I had to get in December, like I loved her so much, like so important. Like I'm obsessed with her and then um the like on my follow up appointment, she'd fucking retired. So I never got to meet her in real life. So she called me all these times and I was so excited to meet her. So, Robin, if you're listening to this, I love you girl and you really made me feel so much better girl. OK. So uh oh and then how often do you facial? Like are you like a strong proponent of getting facials? Like or do you go to the aesthetician and get a little facial?

DR. RENÉE A. BEACH: So in our office, our nurses perform a five step facial. It takes an hour and I've only had it done once in the last four months. And part of it's honestly, Jonathan is time. I think in a perfect world, I would recommend um a nice facial every three months and I would stagger that between your neuromodulators. So, your Botox, Dysport, Xeomin. And then Hyaluronic acid treatments or filler, you know, maybe once a year.

JVN: What if you, ok, because like, I'm like, I really want a facial, but I also want to try Botox. So, couldn't you just get your facial first and then have them do your Botox or do you literally have to like, wait. Right. You just don't want to get the Botox and then rub it all over.

DR. RENÉE A. BEACH: Exactly. Yeah, I would recommend if you really, you know, you want to maximize your time and be efficient. Um then you can do the facial and then following that you can do your neuromodulation.

JVN: Because I don't get facials as much as I wish either. And I feel like one place where I really see it is like build up of pores, like I feel like I can just like see my pores because it's like just too much makeup and skincare and it's like if you ever go to bed with your makeup on, I just feel like there's like shit in there that needs to like come out.

DR. RENÉE A. BEACH: Um yeah, I mean the using retinoids, so the activated vitamin A acids, those definitely help to clear out the sebum, the dead skin cells, the surface debris that can accumulate in areas that are prominent, like, you know, the nose, the sides of the nose, even the chin and the forehead.

JVN: I do use um I use um Skin Rocks by Caroline Hirons. I use her retinoid one at night. So I need to, but there's like a two for like when the one, like when you get used to it. So maybe I just need a little more to like clear out my shit.

DR. RENÉE A. BEACH: Concentrations can vary. And it depends on a few things. It depends on how much oil your skin produces. Oftentimes the forehead and the nose can tolerate a higher concentration than the rest of the skin. It can depend on the season. So basically, when it's cold and crappy and wintry out, a lot of the time people need to dial down their retinoid and then it can depend on what other skin care you're using. So for example, if



you're using an AHA in the morning and alpha hydroxy acid or maybe you have another prescription medication, you don't need to be knocked, get out of the park with the highest concentration retinoid. You just need what's going to work for your skin.

JVN: What about like for me because I do feel like I have like some like just porridge because obviously like you can't like, you can't like because like when your pores look really porey, like sometimes it's just they're like congested so they like seem bigger. So you can't really like make your naturally occurring pores correct me if I'm wrong, you can't make them smaller, but you can remove the congestion, but you can remove the congestion that makes them appear bigger. Right?

DR. RENÉE A. BEACH: Yes. Yes. So there are some procedures which work on the sebaceous activity. There's um laser treatment known as laser genesis off the face. There's radio frequency micro needling that they can provide a refinement of the, of the sebaceous activity, so the oil gland activity, so that the pores are less prominent, but you're right, pores are fixed, we cannot remove them, we cannot blur them out like we would on a TikTok or IG filter. Now, certain makeups, you know, oftentimes ones that are rich with the iron oxides and the mattifying uh will have oil control control ingredients in them. So that again, we're not getting that shiny glistening look and the pores don't look as prominent.

JVN: What about like when you're at the airport or something or like after a trip like like it like do you like, do you like, are you like, are you like, do you fucking like decontaminate your phone and stuff? Like what do you do to keep like?

DR. RENÉE A. BEACH: No, I don't decontaminate my phone but here's two things I wouldn't do. I don't use makeup wipes.

JVN: I don't use that shit either.

DR. RENÉE A. BEACH: Go to your sink and wash your face. I don't use makeup wipes and I do act as so I'm going to sleep on the plane. So it doesn't matter to me what time the plane's taking off as long as it's an evening flight, I do my skincare routine. Like I'll get up, I'll go into the bathroom. I'm one of those annoying people who's leaving the light on, it's occupied for a good 10 minutes because I'm doing my evening routine. I actually don't really sleep well in the back of my mind is the neurosis about knowing somewhere in my mind knows if I haven't like washed my face and done my, done some downtime, some, some night care routine. Uh So those are definitely one thing I don't do the makeup wipes and I do do is the skincare routine.

JVN: Ok. Are you ready for our rapid fire last segment?

DR. RENÉE A. BEACH: Sure. Bring it.

JVN: I had so much fun. I can't even stand it. This like been so much fun. Ok. What's your go to budget beauty recommendation?

DR. RENÉE A. BEACH: Sunscreen

JVN: Any particular brand or like affordable one?

DR. RENÉE A. BEACH: Yeah, there are a few. So uh La Roche Posay has some affordable ones. Um uh La Spa which is a Canadian brand, they have some awesome tinted ones. Elta MD, if you can boost your budget a little bit, they have a really nice uh silky one that's really

great for acne prone skin. And then even Color Science has come out with a few including one that's an unseen one that melts into the skin really nicely and and um doesn't have a white cast.

JVN: Okay, and then what about like uh well could or what about like a splurge bougie like money is not an issue. You want to be that girl recommendation.

DR. RENÉE A. BEACH: A night serum. Yeah. Or, or morning vitamin C. So morning vitamin C it's like, it's just, it's just a kiss on the face in the morning and it's beautiful because it protects against the elements. It's a skin brightener. It plays nicely under other products. So I love a good vitamin C serum. My go to personally is Floratin CF. And then another simple budget beauty product I forgot to say is the, um, uh eyebrow mascara. I love a quick and because you know what, you could just bop it on when you're in the car, you don't have to worry about getting the precision strokes of a pencil, the eyebrow mascara. I love that.

JVN: Ok, I love that. Ok. What about, what's that product that you never leave home without?

DR. RENÉE A. BEACH: Probably a lip gloss? I like that you know, it's just a quick tweak again. I don't have to be worried about precisely applying it.

JVN: What's like, uh, spit it out, Jonathan. It's a look. What's your favorite vintage beauty look? But it could be vintage, like early or like 200 years ago or like 100 years ago or it could be like the '80s, '70s, '60s like, which is like a vintage beauty muse that you're like, ah, like that person's style and fashion moves me.

DR. RENÉE A. BEACH: I'd say big lashes like dough eyes and a bold matte lip.

JVN: Is there like a person like? Ok, so like an example would be like for me, like Renee Russo in Thomas Crown Affair, the hair, the style, the fashion, everything or like Tina Turner, like just hair, makeup fashion for days, like a fashion or like beauty muse.

DR. RENÉE A. BEACH: It's not, it's not, um it's not from far away though. Like, I think, you know, Tika Sumpter for me is like, yes, gorgeous. You know, I think about people who are current. Um I, I think oftentimes Taraji P Henson, she looks stunning often. Um Even, um I think Issa Rae, you know, radiate as well. So, yeah, I wouldn't say that I don't reach as much back into, to yesteryear. Not for any reason just to, I tend to say, oh, yeah, they look fresh and clean and, and, and elevated.

JVN: Yes, you're, you're a current, you present, present woman, honey. Ok. Ok. What about, what are like, what's a Roman Empire movie for you? Like a movie that you just, like, think about frequently, but it's like random and you don't know why you think about it. Like mine are like Dante's Peak. Like, like I think about Dante's Peak a lot. I don't know why. Super weird.

DR. RENÉE A. BEACH: I'd probably say Goodfellas, Good ellas. So I played varsity soccer in, in university and for whatever reason, the teams we travel with the men's team and they were obsessed with Goodfellas and I've seen that movie probably, you know, a couple dozen times and yeah, it still has some real estate in my head.

JVN: Bizarre. Ok. I'm obsessed with that answer. Um, ok. Meh or major. Hyaluronic acid injections.

DR. RENÉE A. BEACH: Major. When done well.

JVN: Lip fillers

DR. RENÉE A. BEACH: Meh on average. There's, there's too many that are done poorly.

JVN: I love it. Cosmetic procedures for people in their twenties.

DR. RENÉE A. BEACH: Major. Again, when done in moderation, responsibly.

JVN: Lip plumping topicals.

DR. RENÉE A. BEACH: Major major. I think that's where Rhode shines.

JVN: Yes. Collagen supplements.

DR. RENÉE A. BEACH: That's a tough one. I'd probably say on average minor or meh.

JVN: Um Yeah. Uh Hair Botox.

DR. RENÉE A. BEACH: Meh.

JVN: Yeah. Uh Jawline contouring

DR. RENÉE A. BEACH: Major in moderation. Thank you so much for that. Doctor Beach. Where can people follow you? Where are you the most active? What's next for you? Like where can people because I know everyone's obsessed. So where can we follow along?

DR. RENÉE A. BEACH: Thank you. I am most active on Instagram. That is my guilty pleasure. My handle is Derma Beach and then my last name Beach and I think by the time this airs the next time you'll be seeing me is on The Social. Uh I believe I'll be talking about celebrity skin care hacks. That is our daytime version of The View.

JVN: I can't wait for you to be there. We can't wait to see it. Um Doctor Beach, thank you so much for coming on Pretty Curious and sharing your expertise with us. We so appreciate you and I just love getting in touch with you. Um Thank you so much, Doctor Renée A. Beach.

DR. RENÉE A. BEACH: Thank you JVN. And it was so nice to reconnect.

JVN: You too. You've been listening to Pretty Curious with me, Jonathan Van Ness. You can learn more about this week's guest in the episode description of whatever you're listening to the show on, and follow us on Instagram @CuriousWithJVN. Come on, Curious Universe! Still can't get enough? Subscribe to Extra Curious on Apple Podcasts for commercial free listening and our subscription only show, Ask JVN, where we're talking sex relationships and so much more. Our engineer is Nathanael McClure. Our theme music is also composed by Nathanael McClure. Pretty Curious is produced by me, Chris McClure, Julia Melfi and Allison Weiss with production support from Julie Carrillo, Anne Currie and Chad Hall.