

RESEARCH LETTERS

Use of Olive Oil for the Treatment of Seborrheic Dermatitis in Children

Seborrheic dermatitis is a common complaint brought to pediatricians. Also known as “cradle cap” in infants and “dandruff” in adolescents, the condition is believed to be triggered by *Malassezia* yeasts.¹ The natural course correlates androgen-driven excess sebum production: spontaneous improvement by age 1 year and reoccurrence with puberty. Treatment of this condition has supported a billion dollar market for over-the-counter treatments,² loosely regulated by a Food and Drug Administration monograph.

The Internet provides easy access to several websites that give directions for home treatments. A popular approach is application of oil (olive, vegetable, or mineral), left on for as short as 15 minutes or as long as overnight, followed by brushing to loosen scales, and finally shampooing.³⁻⁶

While oil application may be risk free, a potential concern arises when considering a possible *Malassezia* virulence factor regulated by its metabolic lipid pathways. In vivo, *Malassezia* digests sebum into saturated and unsaturated fatty acids.¹ Only the saturated molecules are essential while the unsaturated fatty acids are a by-product.¹ Organic oils (such as olive oil) contain both saturated and unsaturated lipids and may be counterproductive to treat a condition whose etiology is linked to *Malassezia*. In fact, olive oil is a standard in vitro culture media for *Malassezia*.⁷ Saturated fatty acids likely encourage *Malassezia* overgrowth and excess unsaturated fatty acids may induce inflammation and scaling. As non-digestible oil, mineral oil may provide a triglyceride-free alternative to organic oils.

Based on the evidence currently available, it may be prudent to avoid organic oils, especially olive oil, when treating seborrheic dermatitis or other inflammatory skin diseases triggered by colonizing microflora.

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Can Branding Improve School Lunches?

As school food services outsource more of their food preparation, the processed products they offer to schoolchildren are increasingly branded. There is legitimate concern that branding will make more indulgent foods even more attractive.¹⁻³ Conversely, a promising question is whether branding can be used to promote healthier eating.^{4,5} Could branding more dramatically improve the attractiveness of less exciting—but healthier—foods?

Methods. After obtaining institutional review board approval at Cornell University and parental consent, 208 children (99 female) ranging from 8 to 11 years old were recruited from 7 ethnically and economically diverse schools in suburban and rural upstate New York. The study occurred during lunchtime on 5 consecutive days at each location. After selecting their lunch, children were individually offered their usual opportunity to take 1 or both of the last items: an apple and/or cookie.

On the first day of the study, both the apple and the cookie were offered without a sticker, as a pretest control. This enabled us to calibrate a baseline preference for each child. On the last day of the study, both the apple and cookie were offered without a sticker as a posttest