COMMON DERMATOLOGY CONDITIONS:

SKIN OF COLOR (SOC) EDITION

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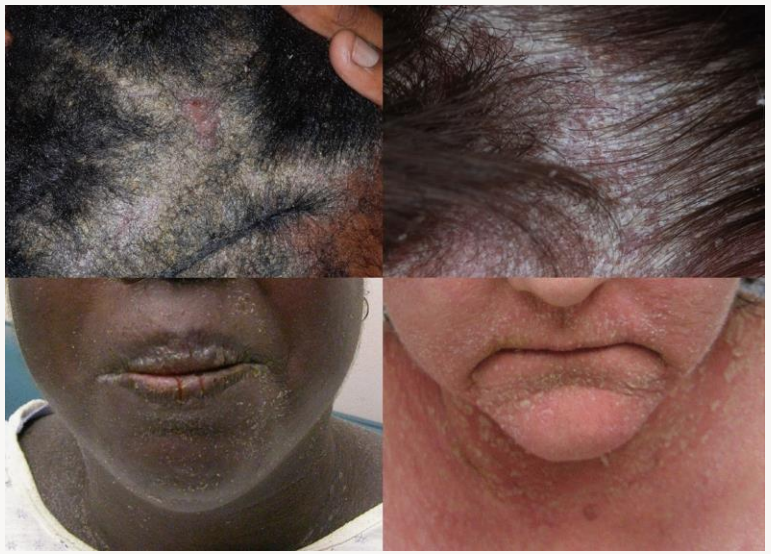
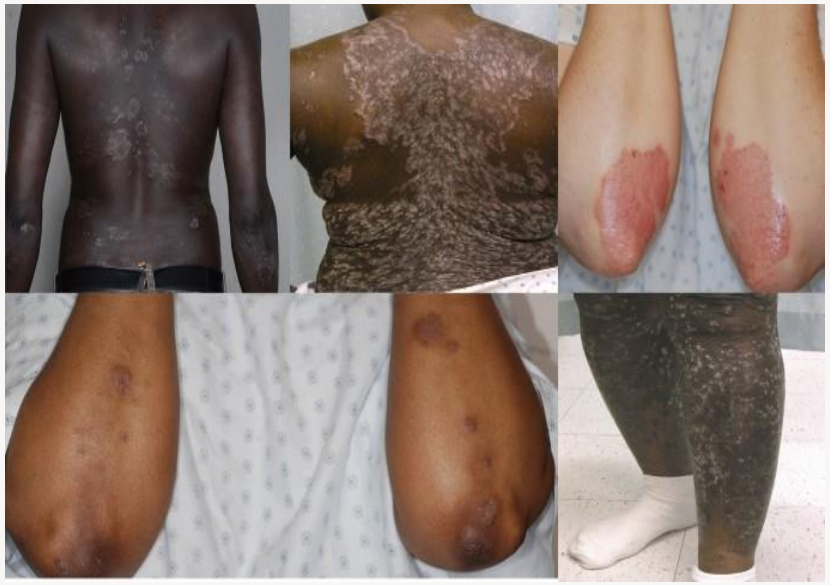
STORY TIME

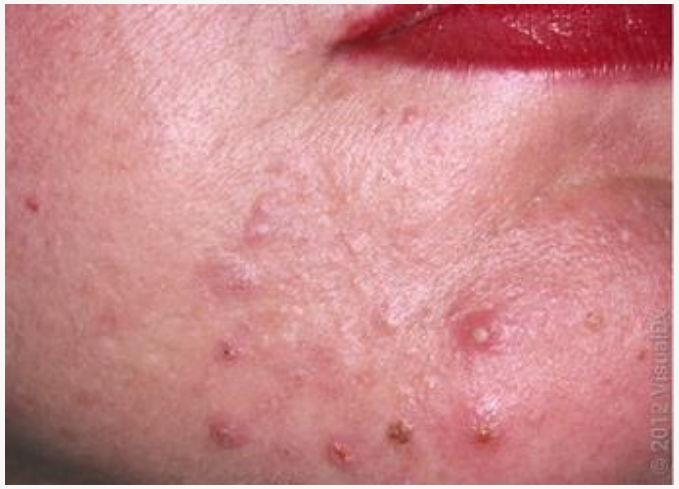
Health Disparities in Dermatology for Skin of Color

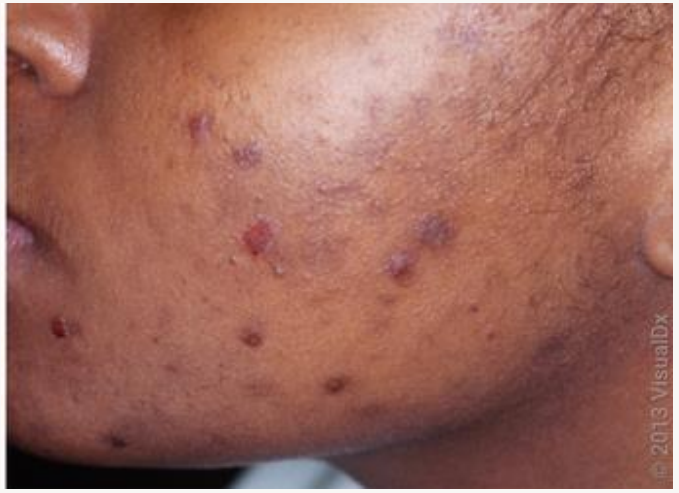
Influencing Factors Include:

- Misconceptions about skin diseases in people of color
- Misdiagnosis due to insufficient training
- Advanced disease presentation at diagnosis
- Lack of healthcare provider diversity in dermatology



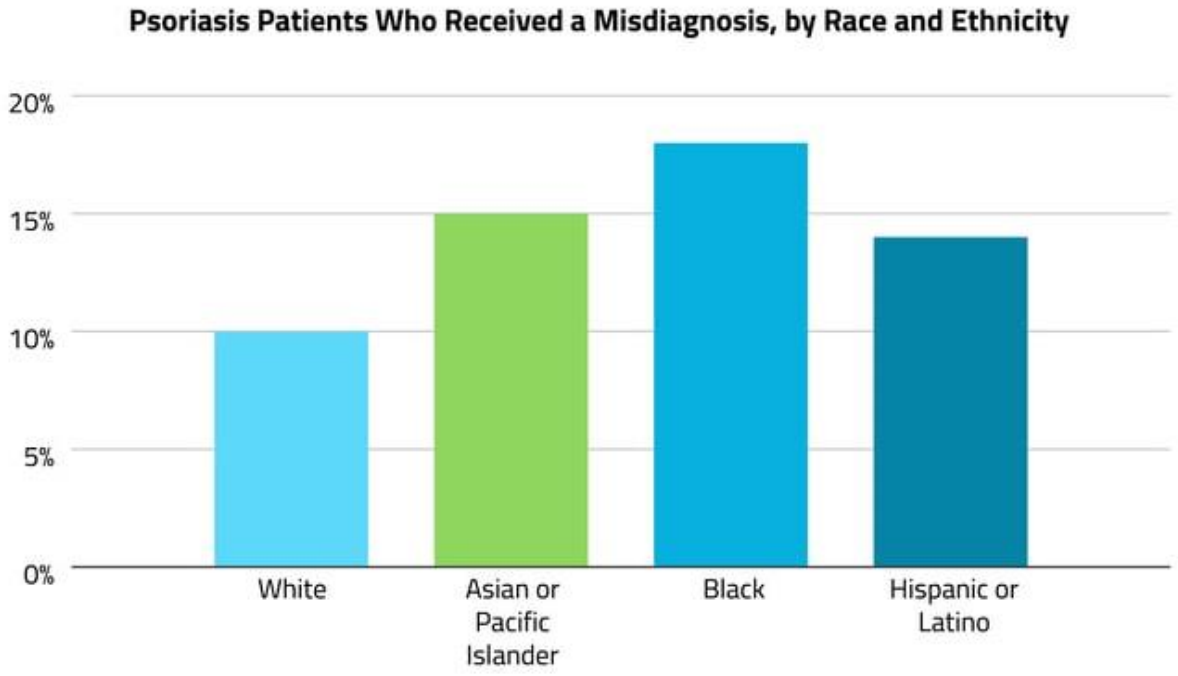






Mis-CONCEPTIONS in SOC

Misconceptions about skin diseases in SOC often lead to delayed diagnosis and inappropriate treatment.



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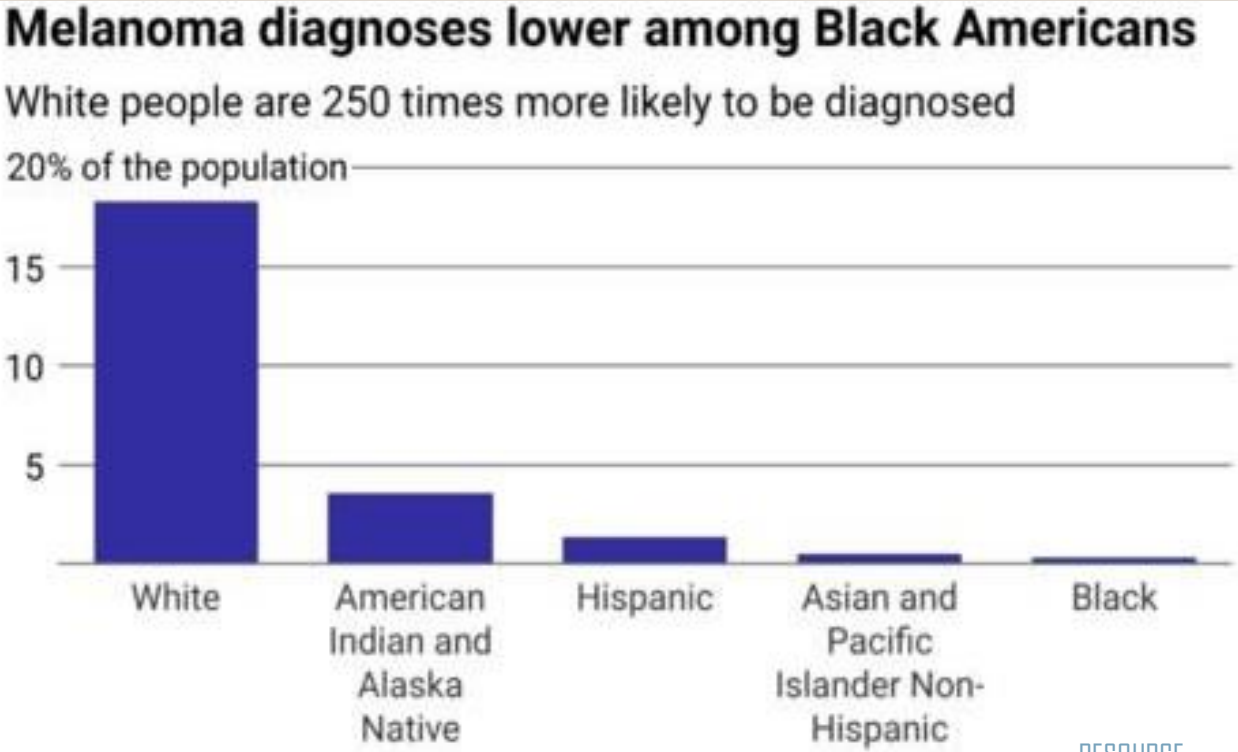


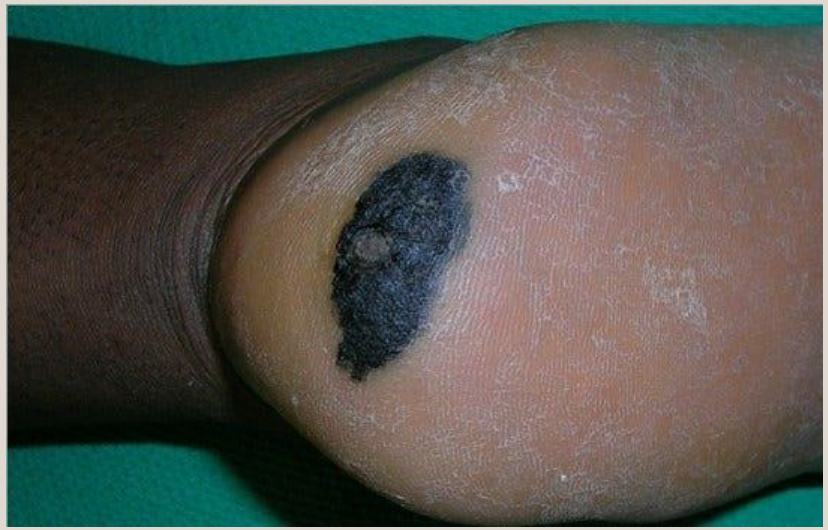
RESOURCE

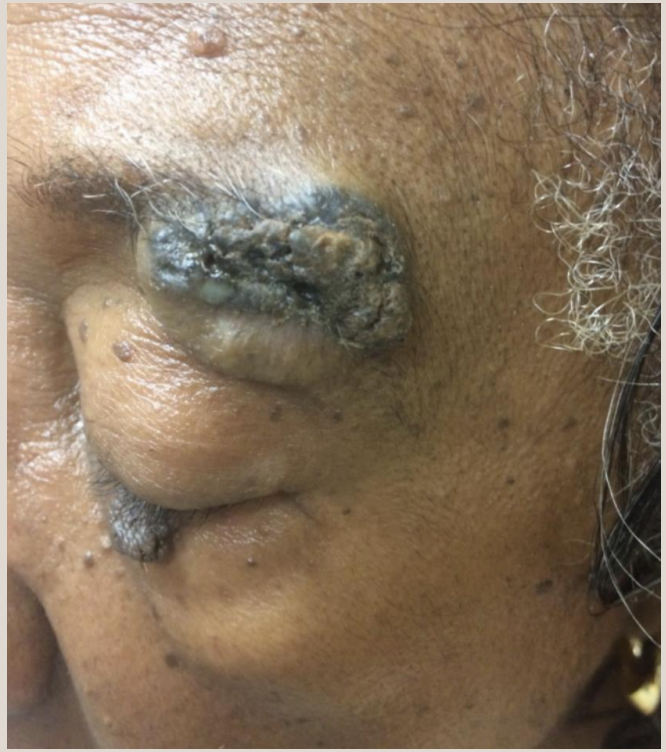
Mis-DIAGNOSIS in SOC

Lack of training in diagnosing skin diseases in people of color leads to high rates of misdiagnosis.

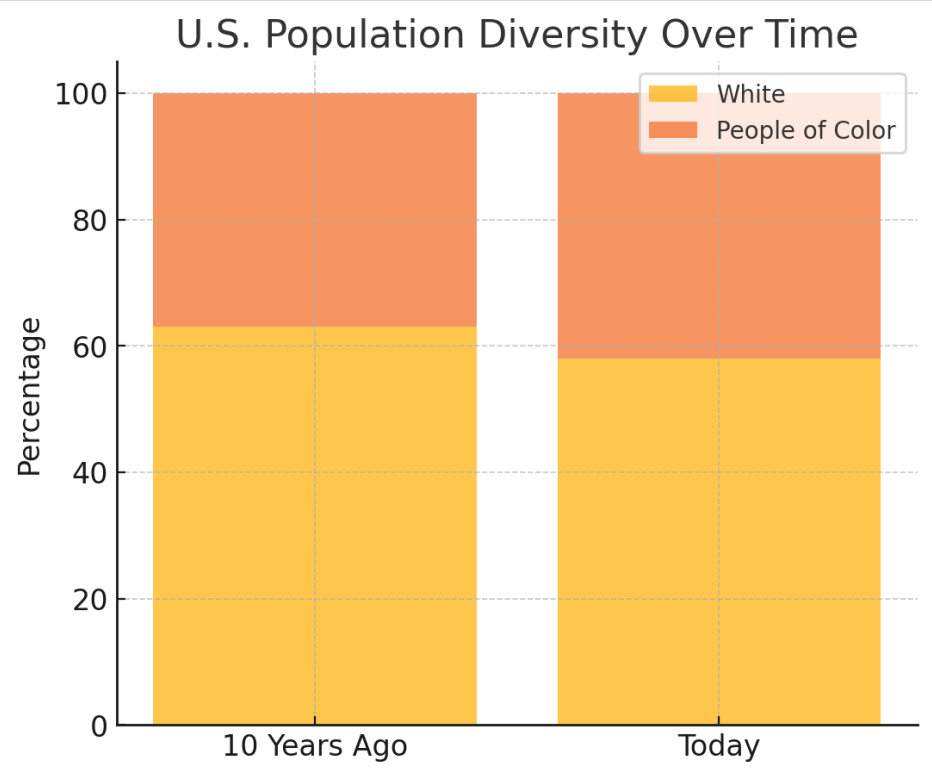
Advanced Disease Presentation in SOC

- Delayed diagnosis due to misdiagnosis and lack of awareness
  - **Example:** Late-stage melanoma in people of color

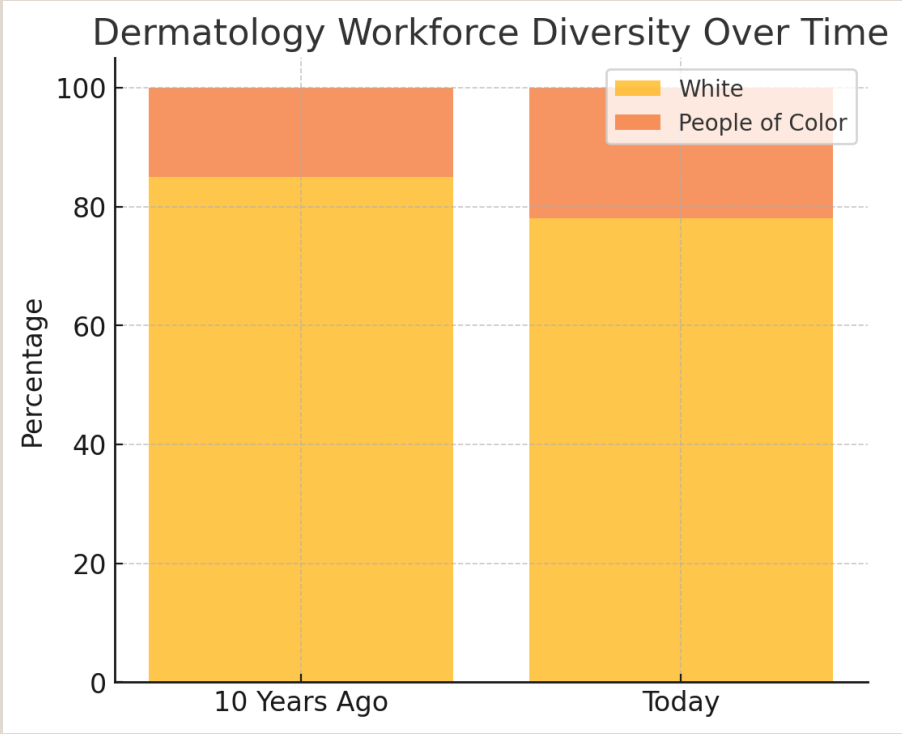




Lack of Diversity



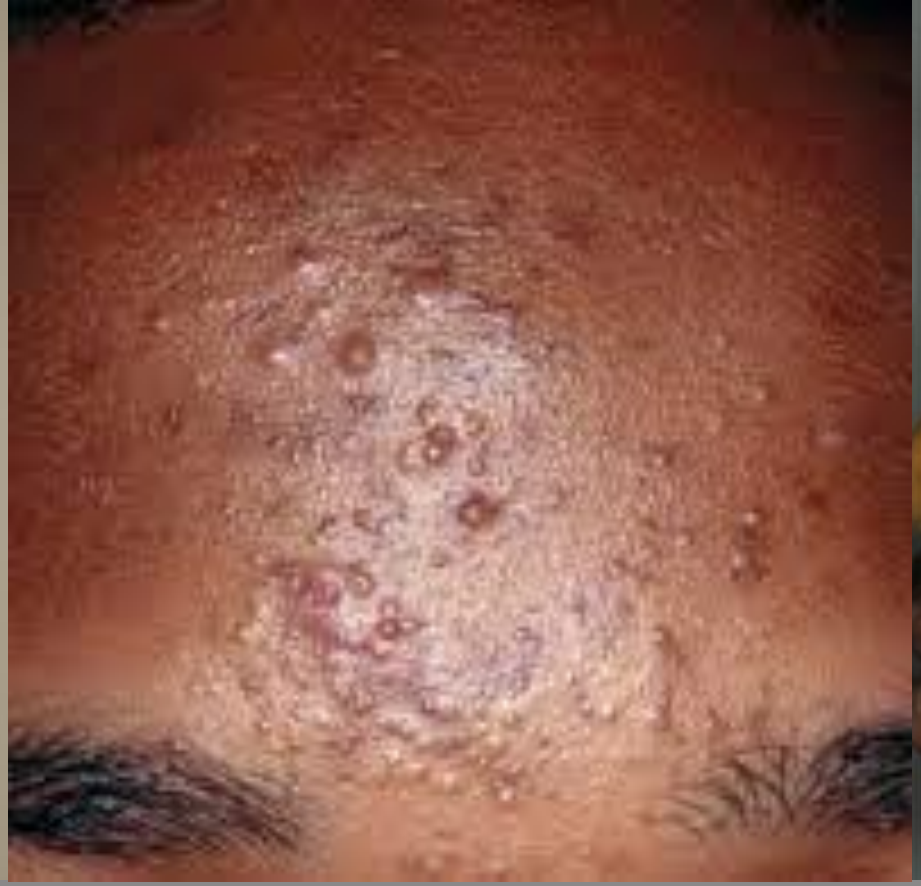
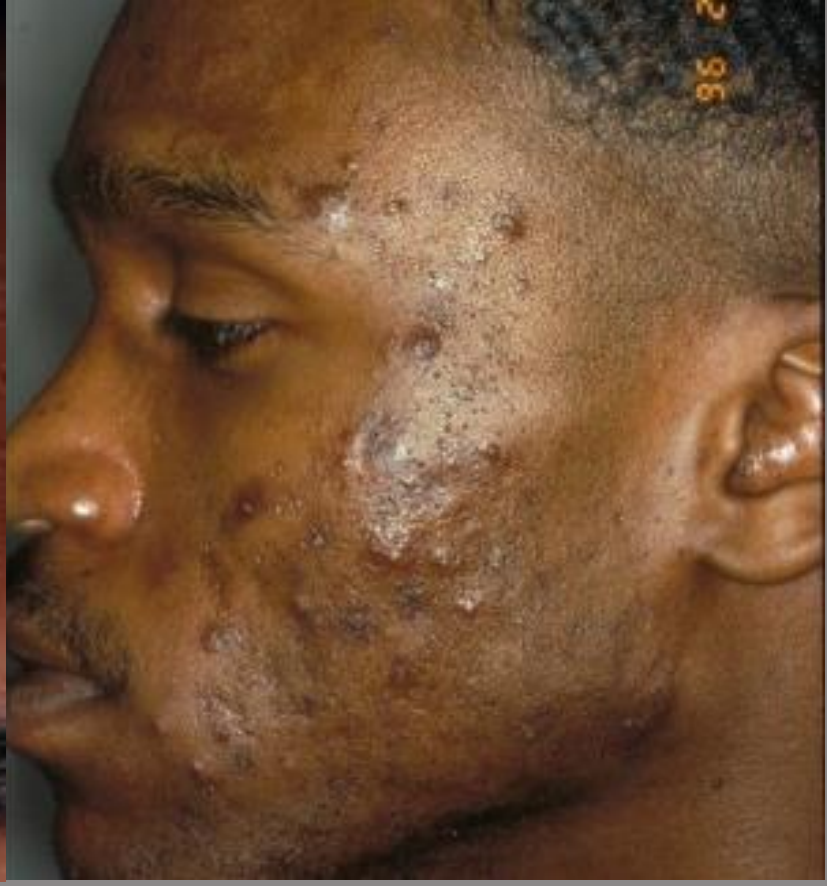
The U.S. population is **increasingly diverse**, yet the dermatology workforce remains predominantly White.



This **lack of diversity** can lead to **disparities** in diagnosis and treatment of skin conditions in people of color.

The Top 5 Derm Conditions in SOC Seen in a Dermatology Office

1. Acne
2. Eczema
3. Seborrheic Dermatitis
4. Keloids
5. Dyschromia

ACNE IN SKIN OF COLOR

#1 Case Study: Acne

30 yo black woman
CC: painful bumps on her cheeks and chin leaving behind dark marks
PMH: none
Medications: Yaz (recently d/c)
Allergies: Sulfa drugs
SH: non-smoker & alcohol consumption less than 5 times/month

She recently moved here for work after a break-up with her college sweetheart and discontinued her Yaz which she's been on since age 17, as a personal choice. She has always had clear skin and doesn't think she should be getting acne randomly at age 30. Most concerning to her are the duration of the bumps and the residual hyperpigmentation.

What are the likely contributing factors?

- Hormones secondary to d/c Yaz
- Emotional Stress

What do you think is the most pressing issue for the patient?

- Understanding of Adult-onset acne
- Hyperpigmentation

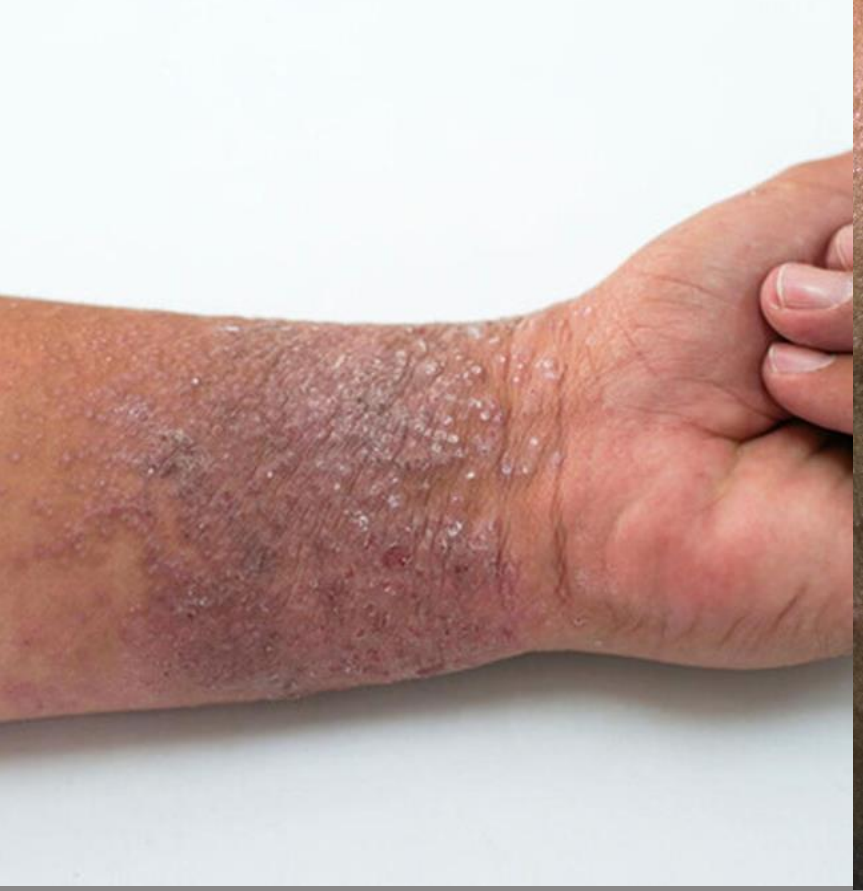
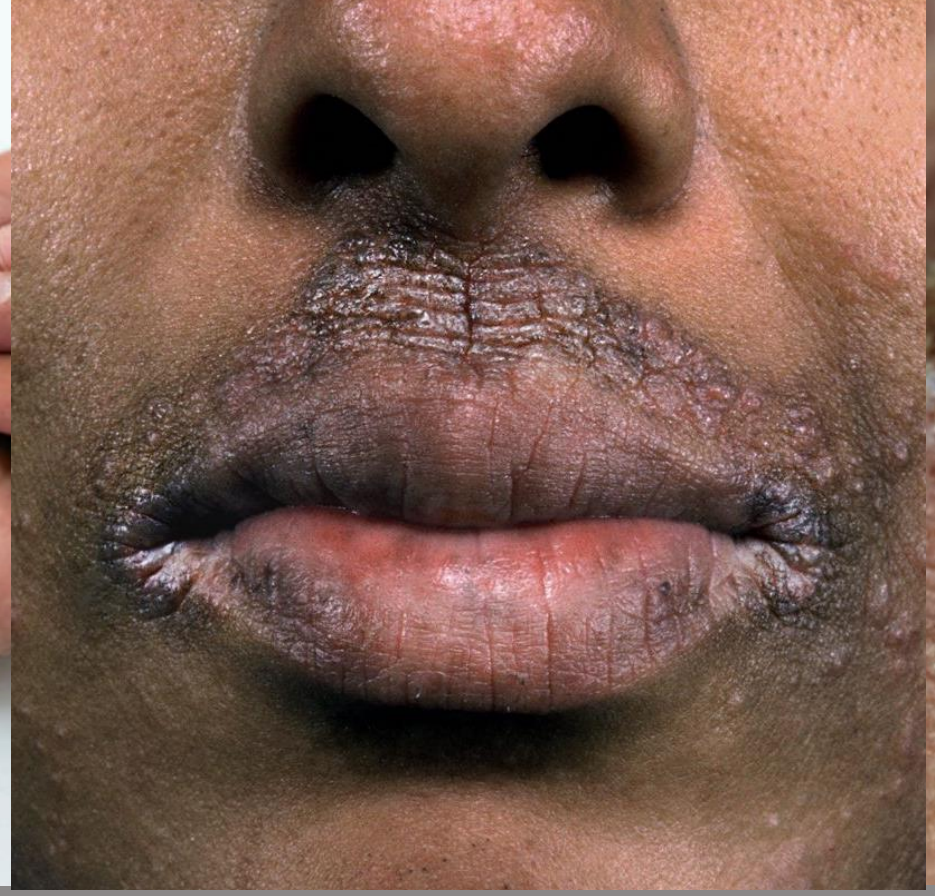
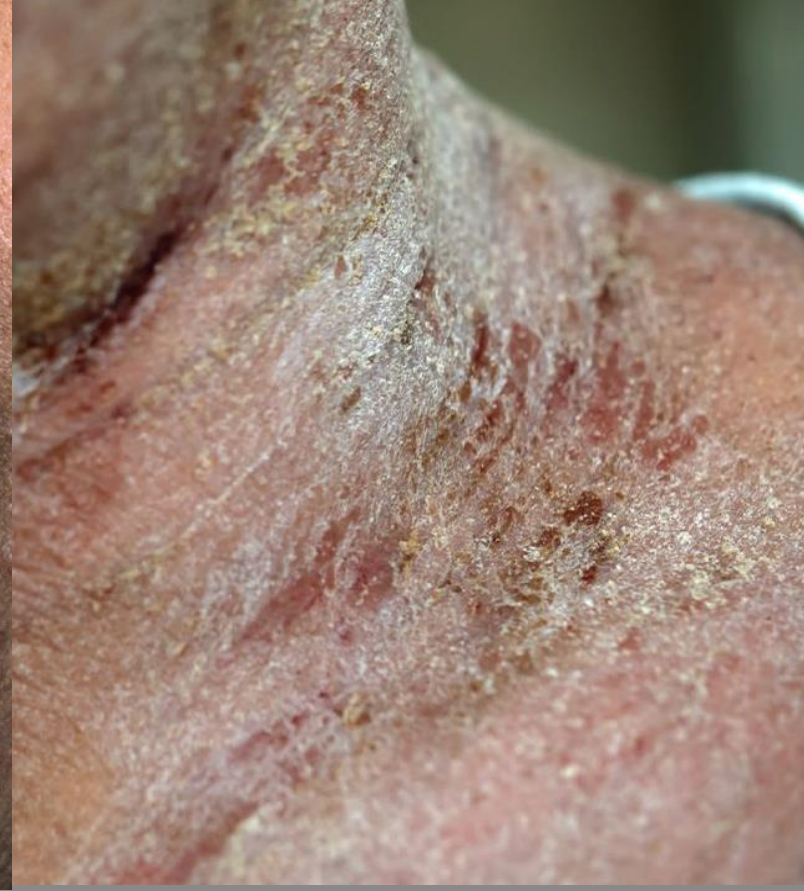
Acne in SOC: Barriers to Equitable Care

Studies have consistently demonstrated disparities in acne treatment for patients with skin of color (SOC) compared to White patients. Black patients, in particular, are less likely to receive optimal therapies like isotretinoin and spironolactone. Factors contributing to these disparities include:

- Perceived Disease Severity
- Focus on Hyperpigmentation
- Patient Factors
- Provider Bias

My Acne Management Approach

- **Identify Triggers:** Discuss recent hormonal changes and stress.
- **Treatment Options:** Consider hormonal therapy, spironolactone, Winlevi, and topical retinoids.
- **Patient Reassurance:** Address concerns and provide realistic expectations for treatment outcomes, including potential hyperpigmentation.

ECZEMA IN SKIN OF COLOR

#2 Case Study: Eczema

A 15 yo Hispanic male
CC: Itchy rash on arms and legs ongoing intermittently for the past 10 years
PMH: Atopic Dermatitis, Asthma
Medications: Singulair, Albuterol inhaler
Allergies: Dust, pollen
Social: Lives with both parents who are Spanish-speaking, has a German Shepard, and plays football

He states that within the past year, the rash and itch have become worse. Previously, OTC creams and lotions helped to soothe itch. He is excited about getting more playing time as a running back but admits that his rash and asthma seem to worsen during football season. The itching has impacted his sleep and ability to focus in the classroom.

What are the likely contributing factors?

- Environmental
- Stress, even good stress like more playing time
- Heat/sweat
- Lack of proper treatment

What do you think is/are the most pressing issue(s) for the patient?

- Uncontrolled itching
- Sleep disturbance

Eczema in SOC: Barriers to Equitable Care

Similar to acne, disparities exist in accessing optimal care for eczema in patients SOC. Studies have shown that Hispanic children with eczema are more likely to miss school due to the condition compared to white children. Factors contributing to these disparities include:

- Language barriers hindering communication and care coordination.
- Limited access to healthcare services.
- Potential for implicit bias in diagnosis and treatment approaches.

STUDY

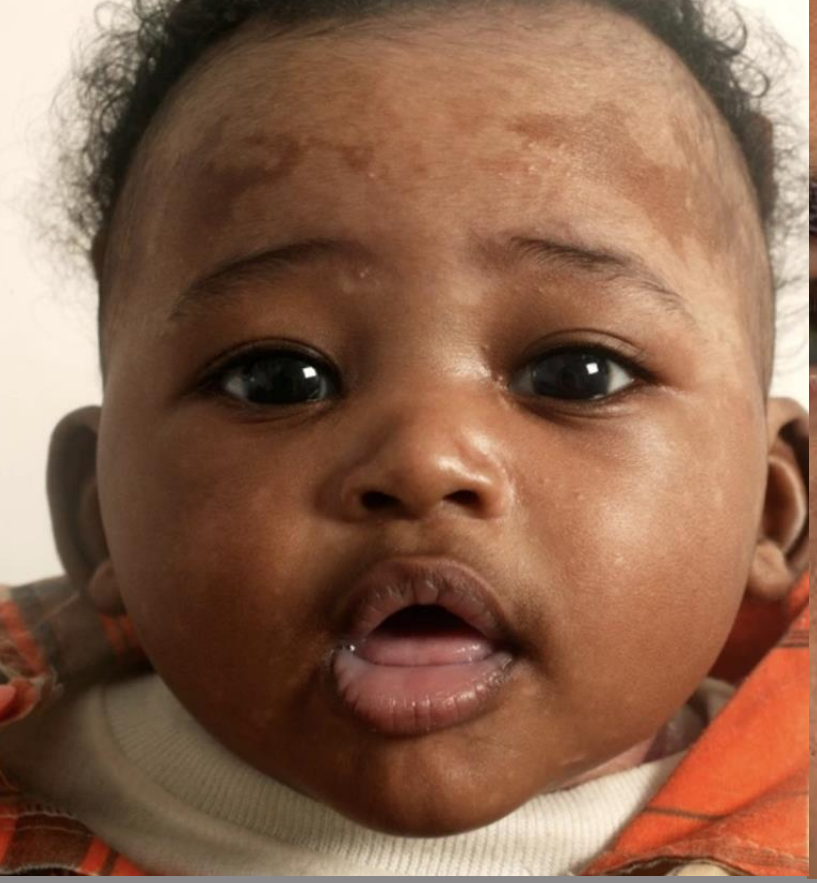
My Eczema Management Approach

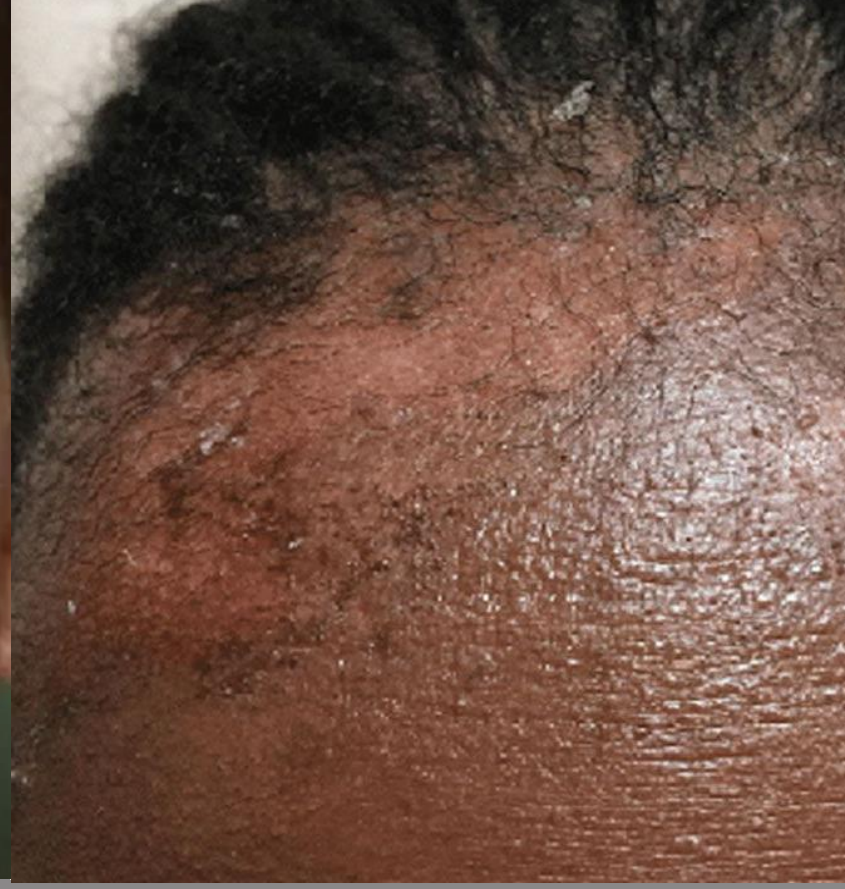
Language Accessibility: Ensure effective communication through translation services.

Treatment Plan: Develop a comprehensive treatment plan addressing both long-term management and acute flares.

- **Long-term Management:** Consider biologics, oral JAK inhibitors, and non-steroidal topicals.
- **Acute Flares:** Utilize topical corticosteroids and non-steroidal topicals.

Follow-up: Schedule a follow-up appointment in 2-3 weeks.





SEBORRHEIC DERMATITIS IN SKIN OF COLOR

#3 Case Study: Seborrheic Dermatitis

25 yo Asian Indian female
CC: thinning hair and itchy scalp and rash on face
PMH: none
Medications: none
Allergies: none
SH: non-smoker/ no alcohol

She moved to the US about one year ago and has noticed increased hair shedding, flaking, and itchy scalp. The hair shedding is constant and the flaking and itchy seems to be worse during the winter months. She describes the rash on her face as "white spots that feel dry" primarily affecting both cheeks and eyebrows. She's started using Amla oil to the affected areas but it seems to only help with dryness. Since moving to the U.S. she washes her hair every day to prevent flaking, but feels that this is drying her hair strands. She has tried Selsun Blue and a tea tree oil shampoo with little to no improvement. She reports significant stress related to her hair thinning and lightening of the skin on her face.

What are the likely contributing factors?

- Change in environment
- *Stress (situational and emotional)*

What do you think is the most pressing issue for the patient?

- Hair shedding/thinning
- *Discoloration on the face*

Seborrheic Dermatitis in SOC: Barriers to Equitable Care

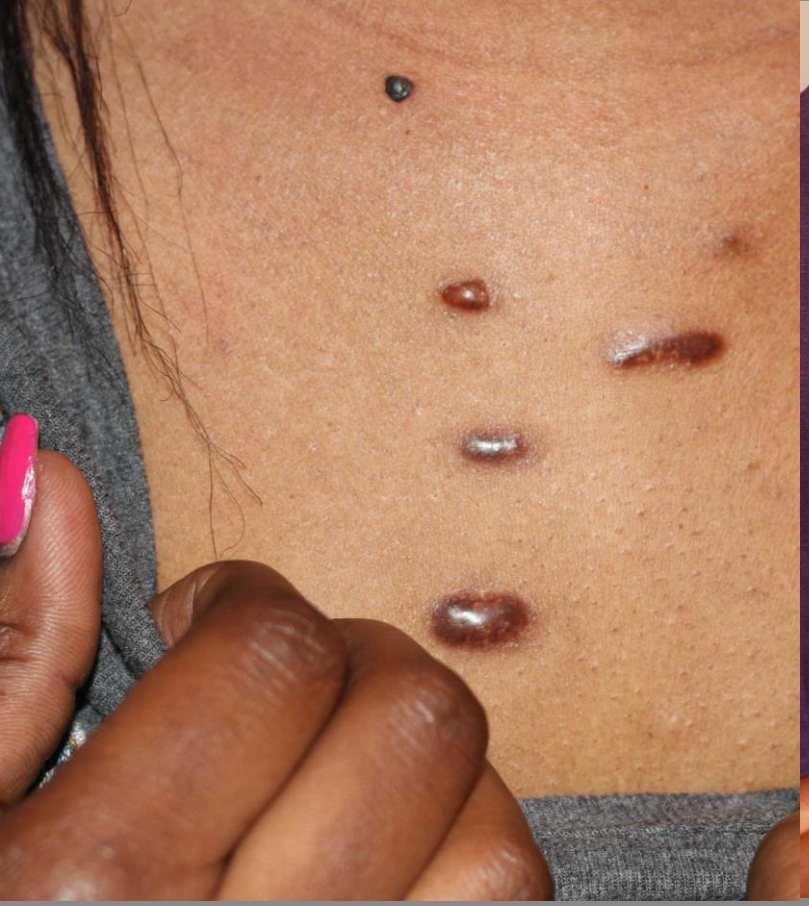
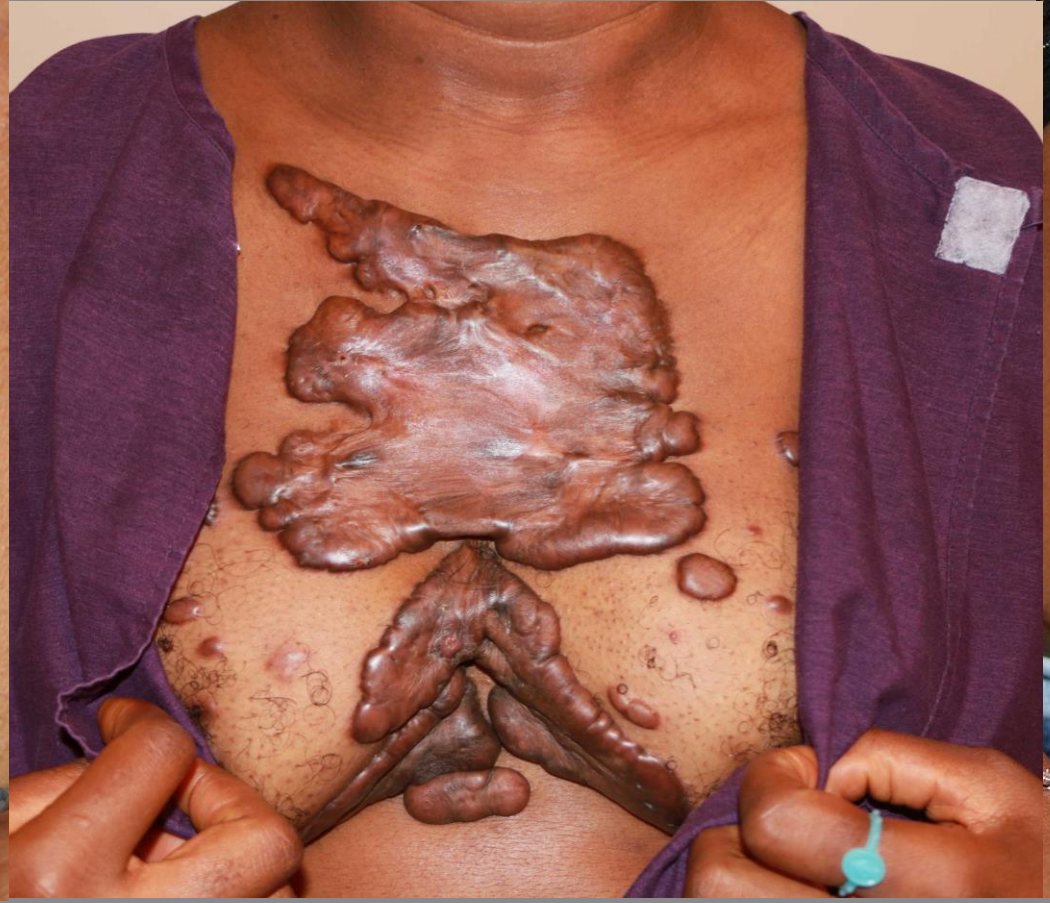
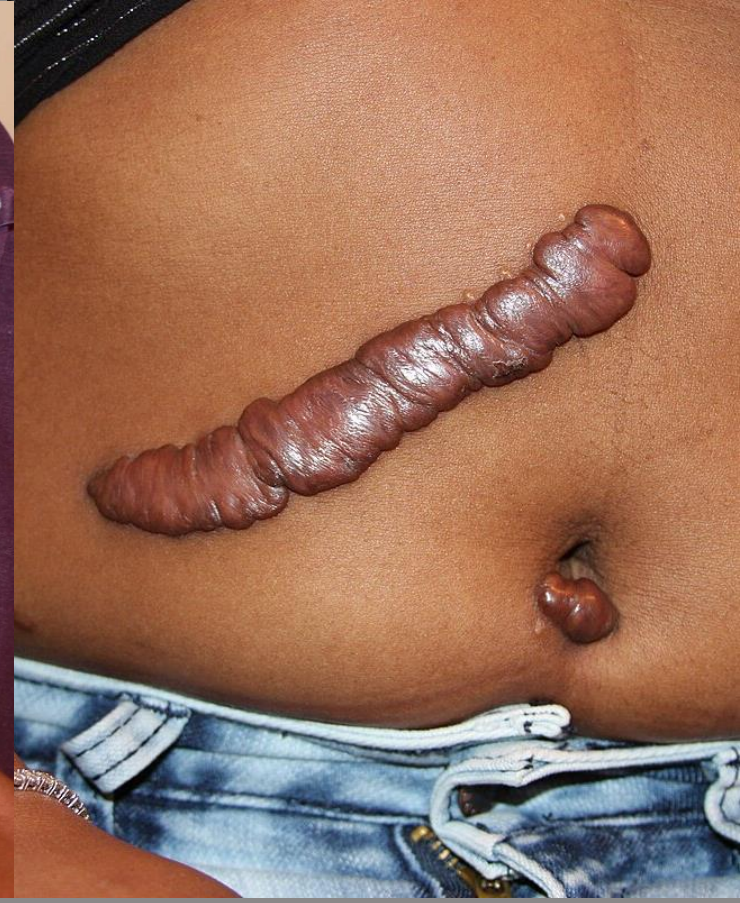
Seborrheic dermatitis (SD) can present differently in patients with skin of color. Darker skin tones may exhibit hypopigmented patches and scaling in typical SD areas. Additionally, petaloid seborrheic dermatitis, characterized by arcuate or petal-like patches, can be seen. Factors contributing to disparities in SD management for SOC include:

- Unique Presentation
- Hair Care Considerations
- Hypopigmentation Risk
- Limited Research

STUDY

My SD Management Approach

- **Treatment Algorithm:** Utilize guidelines tailored for Asian skin, while acknowledging potential limitations (e.g., Asian consensus paper - link).
- **Patient Education:** Empower patients through comprehensive education about SD and its management. Focus on controlling flares rather than a permanent cure.
- **Tailored Treatment Plan:** Develop a personalized plan addressing both acute flares and long-term maintenance. This may involve:
  - Flares: Utilizing appropriate options to manage flare-ups.
  - Maintenance: Implementing strategies to minimize recurrence.

KELOIDS IN SKIN OF COLOR

#4 Case Study: Keloids

Age 35 yo Black male
CC: Keloids on the chest for several months
PMH: Acne
Medications: Tretinoin 0.025% cream
Allergies: None
SH: None

He states that keloids appeared spontaneously on his chest about six months ago. There is associated itching and tenderness. He reports shaving the hair on his chest with a disposable razor weekly during the summer months. Cortisone and tea tree oil have not helped much with itching, and keloids have increased in size since they first appeared. He enjoys working out and going to the beach and feels self-conscious about his keloids.

What are the likely contributing factors?

- Ethnicity
- Hair grooming

What do you think is the most pressing issue for the patient?

- Discomfort and progression of keloids
- Physical appearance of keloids
- He desires both symptom relief and removal options

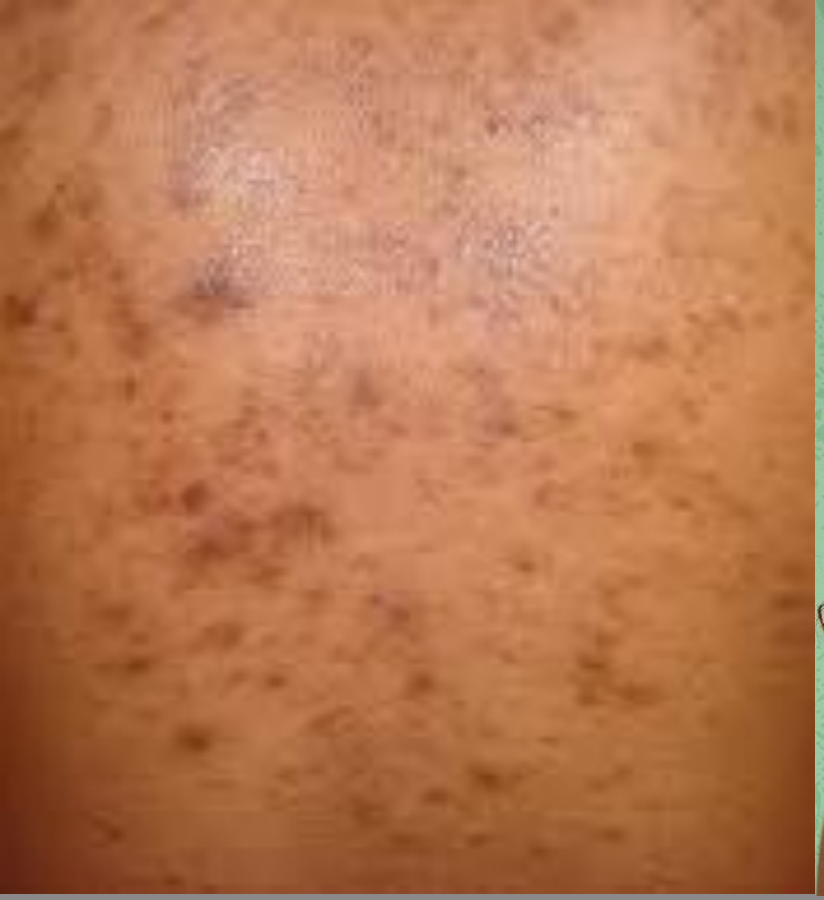
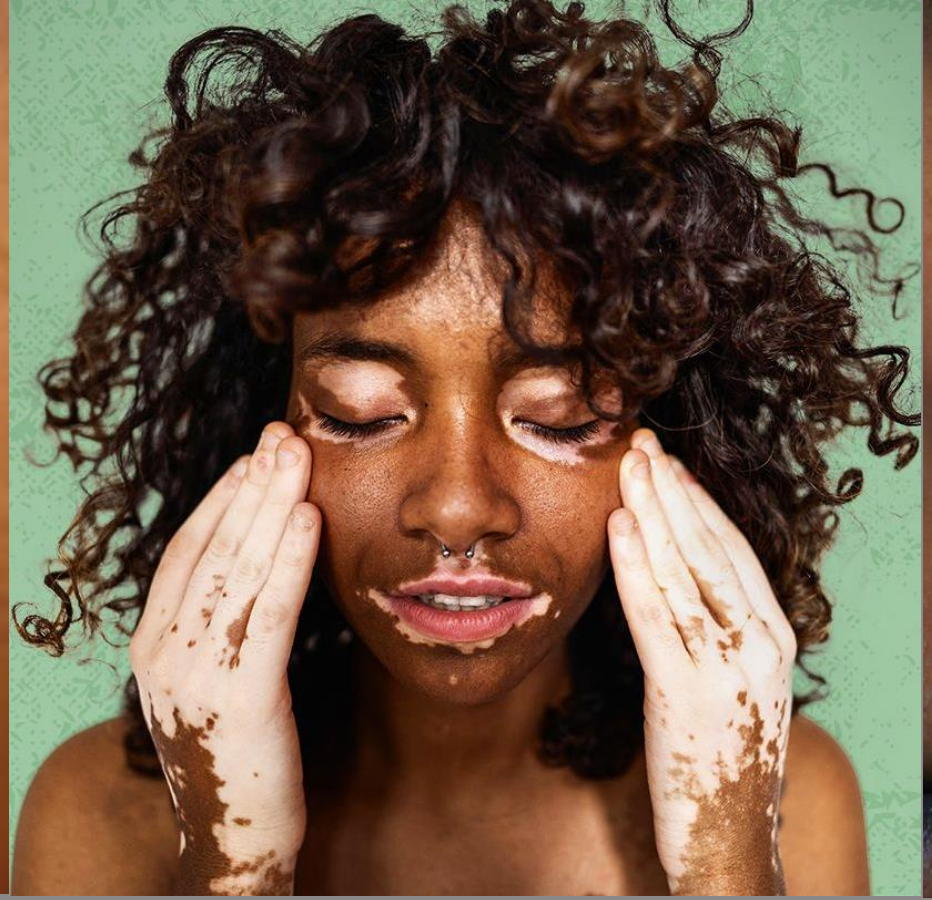
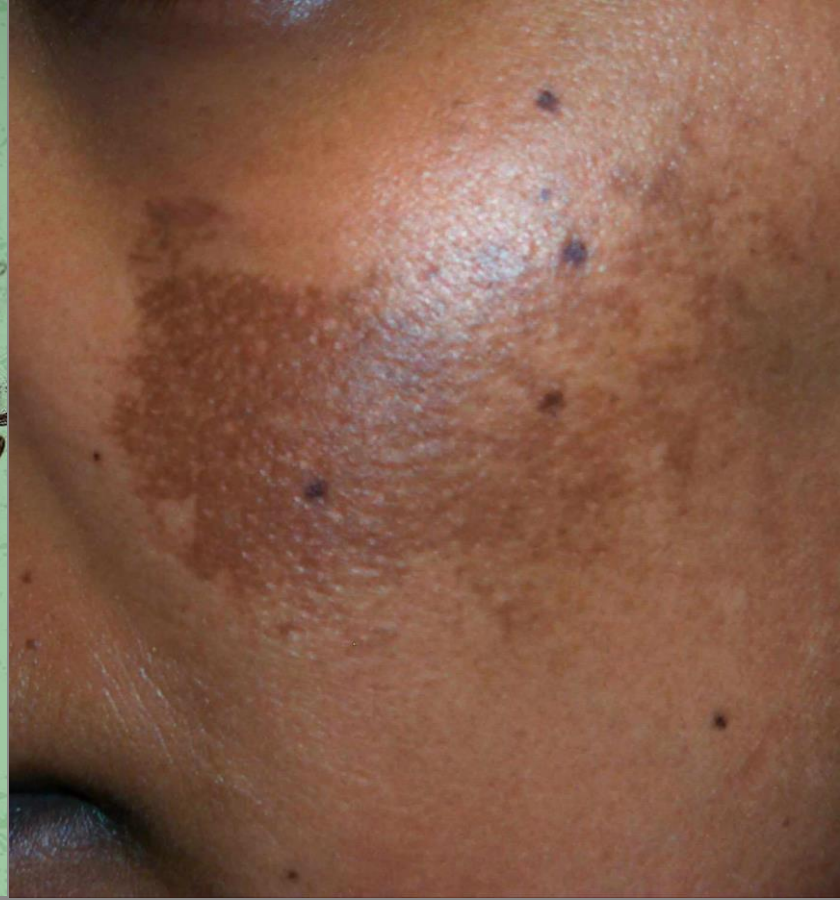
Keloids in SOC: Barriers to Equitable Care

Keloids are common in people of color, often arising at sites of injury. Factors influencing keloid formation include genetic predisposition and wound healing response. Factors contributing to disparities in keloid management for skin of color include:

- Misdiagnosis and delayed treatment
- Limited treatment options
- Negative psychological impact
- Lack of culturally competent care

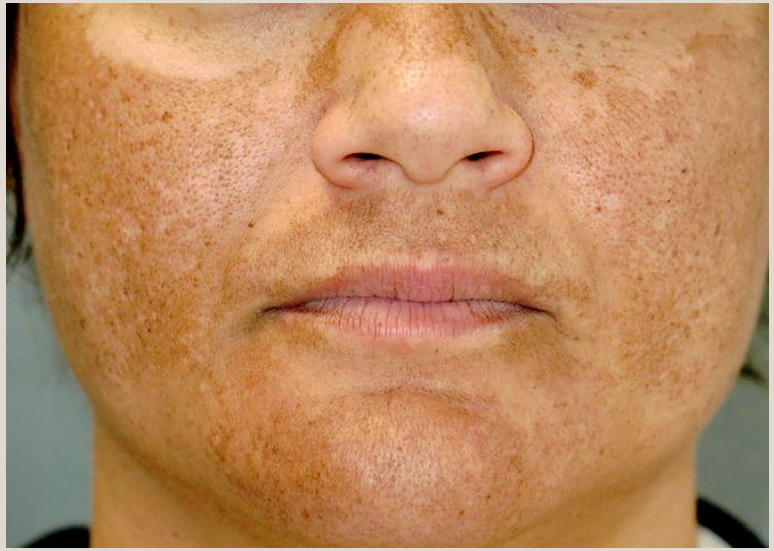
My Keloid Management Approach

- **Early Intervention:** Prompt treatment to prevent progression.
- **Tailored Treatment Plan:** Combine therapies (corticosteroids, silicone, pressure).
- **Patient Education:** Inform patients about triggers, prevention, and expectations.
- **Minimally Invasive Options:** Prioritize non-surgical methods to reduce recurrence.
- **Surgical Intervention:** Consider for resistant keloids, paired with adjunctive therapies.
- **Ongoing Monitoring:** Regular assessment and adjustment of treatment.

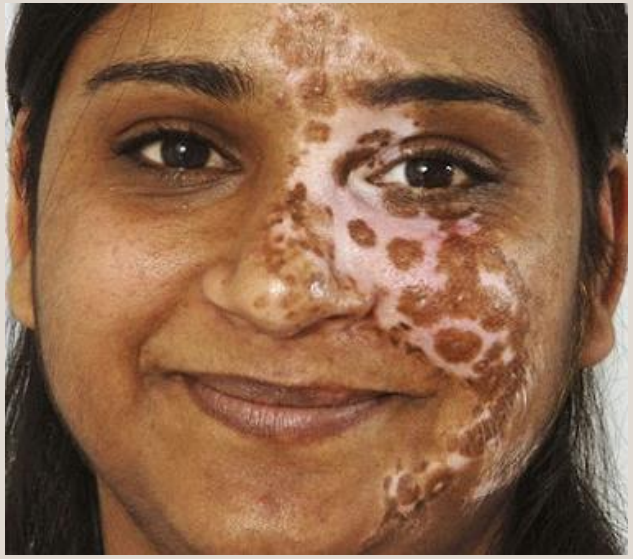




DYSCHROMIA IN SKIN OF COLOR

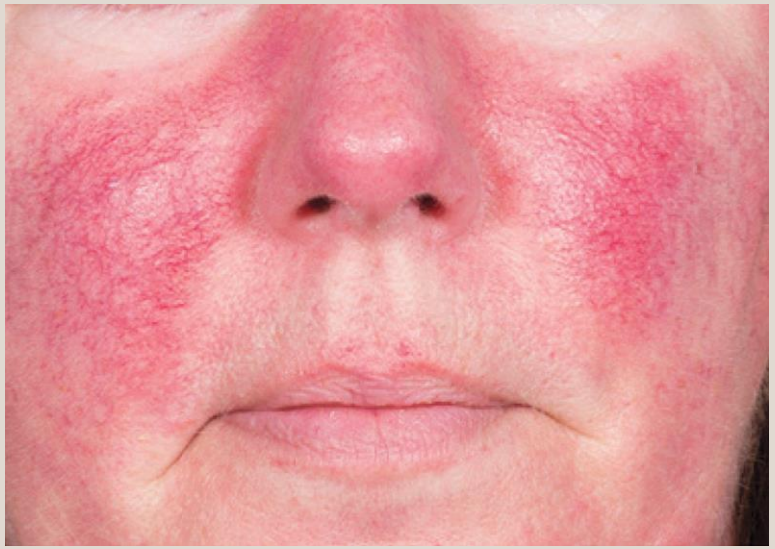
Types of Dyschromia



Hyperpigmentation:
Increased melanin production (e.g. melasma, PIH, solar lentigines)

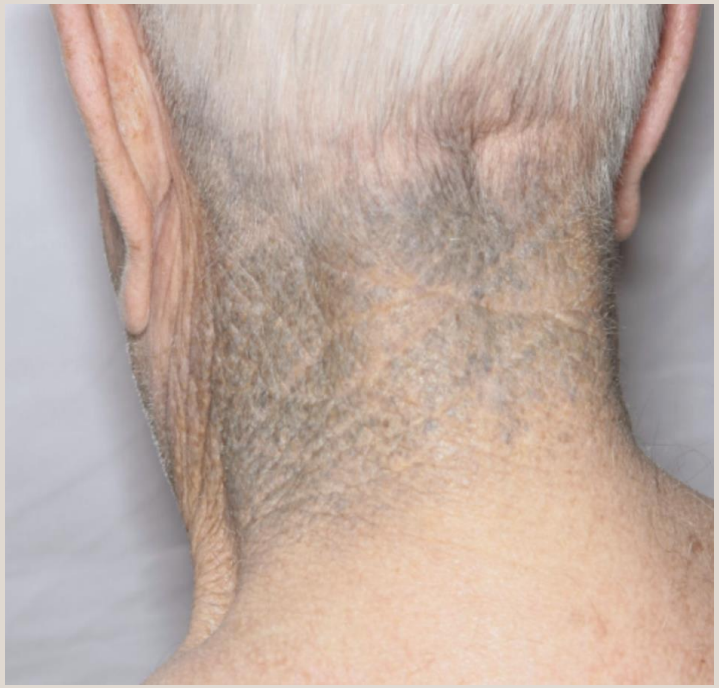


Hypopigmentation:
Decreased melanin production (e.g. vitiligo, PIH, albinism)

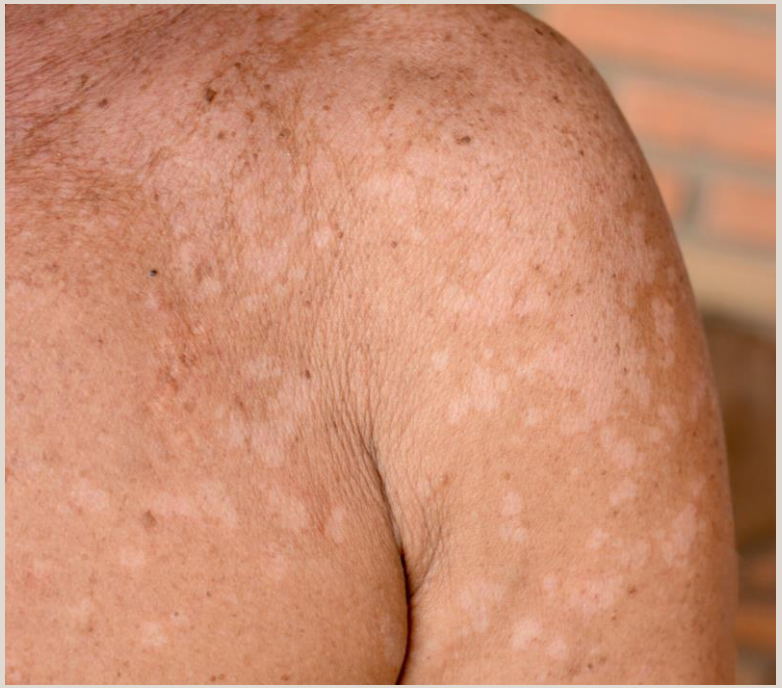


Erythema:
Redness due to increased blood flow (e.g. rosacea, post-acne erythema)

Types of Dyschromia (cont.)



Ashen/Grayish Discoloration:
Caused by substance deposition (e.g. drug-induced pigmentation, dermal melasma)



Mixed Dyschromia:
Combination of hyperpigmentation and hypopigmentation (e.g. pityriasis versicolor, inflammatory conditions)

#5 Case Study: Dyschromia

Demographics: 30-year-old female, Fitzpatrick skin type IV.
Chief Complaint: Symmetric, patchy facial hyperpigmentation on cheeks and forehead for 2 years.
History: Onset during pregnancy, worsened with sun exposure; irregular sunscreen use reported.

Contributing Factors:
•Hormonal changes (pregnancy-related).
•Chronic UV exposure without consistent protection.

Most Pressing Issues:
•Persistent discoloration affecting self-esteem and quality of life.
•Desire for a safe, effective treatment regimen.

Dyschromia in SOC: Barriers to Equitable Care

Dyschromia, a common skin condition characterized by abnormal pigmentation, disproportionately affects people of color. Factors influencing the development and persistence of dyschromia include genetic predisposition, sun exposure, and underlying medical conditions. Factors contributing to disparities in dyschromia management for skin of color include:

- Lack of awareness and understanding of dyschromia in diverse populations
- Limited treatment options and lack of data on efficacy in diverse populations

My Dyschromia Management Approach

- **Topical Therapy:** Hydroquinone, tretinoin, azelaic acid
- **Sun Protection:** Broad-spectrum sunscreen (SPF 50+), physical blockers
- **Adjunctive Therapies:** Chemical peels, laser therapy
- **Lifestyle Modifications:** Minimize sun exposure, protective clothing, avoid triggers
- **Monitoring and Follow-up:** Regular assessments and treatment adjustments

Improving healthcare access and delivery for SOC patients

Solution 1: Increasing Awareness

Bring awareness to disparities in diagnosing/treating SOC.

Solution 2: Improving Training

Enhanced training for HCPs in diagnosing and managing SOC.

Together, we can reduce health disparities and improve dermatologic care for all.