



**ACNE AND ROSACEA GOT YOU SEEING RED?
PATIENTS WITH SKIN OF COLOR ADVISED TO SEEK PROPER
DIAGNOSIS, TREATMENT TO PREVENT COMMON SIDE EFFECTS**

CHICAGO (July 30, 2008) – By its very nature, skin of color is considered sensitive skin by dermatologists who regularly treat darker-skinned patients for a wide range of skin problems. Acne and rosacea can be especially problematic skin conditions for people with skin of color, as any skin irritation in these patients can cause pigmentation problems that can result in the lightening or darkening of the skin.

At the American Academy of Dermatology’s Summer Academy Meeting 2008 in Chicago, dermatologist Valerie D. Callender, MD, FAAD, clinical assistant professor of dermatology at Howard University College of Medicine in Washington, D.C., discussed the importance of early intervention in treating acne and rosacea in patients with skin of color.

“As we become a more diverse population with lots of different skin types and tones, we also are seeing an increase in skin concerns that, while not new, are affecting more and more people with darker skin,” said Dr. Callender. “Even skin conditions like acne and rosacea can create pigmentation problems in these patients, which can be very hard to treat. However, these problems can be improved by seeing a dermatologist who is trained to properly diagnose these conditions and to carefully consider a patient’s potential risk of skin irritation.”

Dr. Callender explained that people with skin of color have diverse ethnic backgrounds, which is why there is such a wide range of skin types. Those with pigmented skin include African-Americans, Asians, Hispanics/Latinos, Middle Easterners, and Native Indians.

Acne: Early and Aggressive Management is Key

While acne is considered the most common skin condition in the United States, there is no cure for this bothersome condition and problems can remain long after the pimples and pustules have cleared – particularly in darker-skinned

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patients. Post-inflammatory hyperpigmentation (commonly referred to as dark spots or blemishes) is a concern for these acne patients, as the irritation the skin experiences from acne lesions can leave their mark in the form of long-lasting skin discoloration.

Topical retinoids, which Dr. Callender considers the mainstay of treatment in acne patients of color, have been shown effective in clearing acne lesions while also reducing the occurrence of post-inflammatory hyperpigmentation. Tretinoin, tazarotene and adapalene are three commonly prescribed topical retinoids that Dr. Callender recommends for her patients. She explained that combining one of these topical retinoids with other effective acne medications – such as a benzoyl peroxide and oral antibiotic combinations – can enhance results.

“One combination topical retinoid containing tretinoin and clindamycin works great for darker-skinned acne patients because clindamycin reduces the inflammation of acne lesions,” said Dr. Callender. “Your dermatologist can determine the best treatment regimen based on your skin type and severity of acne.”

In addition, chemical peels and microdermabrasion can be used for acne and resulting pigmentation problems. For example, Dr. Callender noted that chemical peels containing salicylic acid penetrate into the follicle where acne starts and unclogs the follicle – leading to an improvement in acne. Dr. Callender cautioned that these procedures should only be performed by a dermatologist or another qualified physician since these procedures could actually harm the skin if performed improperly.

Fractional laser resurfacing also has been found to be safe for treating acne scars in patients of color. However, Dr. Callender recommended that microdermabrasion and chemical peels should be tried before fractional laser resurfacing for treating superficial acne scars.

Rosacea: Proper Diagnosis is Important First Step

Rosacea, the chronic skin disease characterized by redness, flushing and prominent blood vessels of the face, is thought to be more common in people of European descent, particularly those of Celtic origin. However, Dr. Callender pointed out that rosacea can occur in people of all skin types.

“Traditionally, rosacea has been overlooked and underreported in patients of color,” said Dr. Callender. “In fact, while there are 14 million Americans affected by rosacea, the incidence of the condition in skin of color has not been reported. To address this lack of epidemiological data, a multi-center study looking at the incidence of rosacea in this population is being initiated. We think the data will show that rosacea is clearly an equal-opportunity condition that should not be overlooked in skin of color.”

One problem associated with rosacea in patients of color is post-inflammatory hypopigmentation, or lightening of the skin, that can occur simultaneously with redness. In some cases, these patients also may experience post-inflammatory hyperpigmentation, or darkening of the skin. Dr. Callender also noted that rosacea is often misdiagnosed in patients of color, as clinicians may mistake the signs and symptoms of the condition for lupus – a systemic, autoimmune condition that commonly occurs as a “butterfly rash” involving the face.

“Dermatologists can recognize the nuances that distinguish rosacea from lupus in skin of color, which is why it is very important for patients to see a dermatologist for the proper diagnosis and treatment,” explained Dr. Callender. “Some medications prescribed for lupus, such as prednisone, can make rosacea worse, so a misdiagnosis can really delay the road to recovery.”

Rosacea triggers, such as sunlight, heat or high temperatures, certain beverages, stress, and spicy foods, are the same for patients of all skin types. Since the skin is so sensitive in rosacea patients, Dr. Callender advised patients – including those with skin of color – to practice proper sun protection year-round, including applying broad-spectrum (UVA and UVB) sunscreen with a Sun Protection Factor (SPF) of 30 or higher.

“Sun protection is very important for everyone, and patients of color with acne or rosacea need to properly protect themselves from the sun because these conditions make their skin so sensitive,” said Dr. Callender. “I recommend that my patients look for sunscreens that contain micronized zinc oxide and titanium dioxide, as they are physical filters and less irritating to the skin.”

For more information on acne and rosacea, visit www.skincarephysicians.com, a Web site developed by dermatologists that provides patients with up-to-date information on the treatment and management of conditions of the skin, hair and nails.

Headquartered in Schaumburg, Ill., the American Academy of Dermatology (Academy), founded in 1938, is the largest, most influential, and most representative of all dermatologic associations. With a membership of more than 15,000 physicians worldwide, the Academy is committed to: advancing the diagnosis and medical, surgical and cosmetic treatment of the skin, hair and nails; advocating high standards in clinical practice, education, and research in dermatology; and supporting and enhancing patient care for a lifetime of healthier skin, hair and nails. For more information, contact the Academy at 1-888-462-DERM (3376) or www.aad.org.

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