

# SKINCARE AND ACNE IN DIVERSE SKIN TYPES - BY DR JUSTINE KLUK

## A Summary

### How common is acne?

- Affects 9.4% global population
- Ranked as the 8th most prevalent disease worldwide
- Prevalence increasing in adults – especially in females
- Most common reason to visit derm – 20-34 females
- 80-90% of adolescents experience acne

### Consequences of acne

- 2010 study – facial scarring in 87% cases
- Scarring can be permanent – so can have acne stigmata for years after the acne has cleared
- Pigment changes are the greater concern – can be long lasting
- Treating hard - >50% people with hyperpigmentation affected for up to 1 yr
- 22.3% affected 5yrs or longer
- Psychosocial effect – acne most likely to come on during teenage years
- Distress often does not correlate with disease severity – people can have mild acne with deep psychological distress

### Acne in Skin of Colour

- Acne is more prevalent in African American and Asian – 37%/30% compared to 24% caucasian
- Underlying pathology of acne
  - Excessive sebum production
  - Abnormal follicular keratinisation + plugging – sticky cells cause blockages
  - Proliferation of cutibacterium acnes
  - Activation of immune system + inflammation
- Unknown why acne is more common in skin of colour, however theories have been postured
  - Increased pore size
  - Sebum production
- Specific triggers of acne in skin of colour
  - Pomade acne – densely packed comedones (blocked pore) – along frontal hairline due to hair-care products
    - Eg. coconut oil south Asian origin, thick oil/wax Afro-Caribbean origin
  - Skin lightening cream – potent steroids
  - Conditions more prevalent in skin of colour such as PCOS make acne more likely
- There are also additional potential consequences of acne in skin of colour
  - Post-inflammatory hyperpigmentation (PIH), which, in addition to the acne itself, can also arise from acne treatment skin irritation
  - Keloid scarring
- Barriers to care for acne in skin of colour

- Severity and risk of complications are underestimated by doctors, and when treatment is given, they are not prescribed in the same way
- Acne is not always taken seriously culturally, and therefore care is not sought
- Lack of training in diverse skin types - lack of representation in textbooks

### Management of acne

- Education
  - Avoiding triggers - oily hair care products, skin lightening creams
    - Ensure hair is covered during sleep so products do not transfer to face
  - Initiating treatment early and escalating if 1st line therapy does not work - reduces post inflammatory hyperpigmentation and scarring
  - Don't give up on treatment! May take several months before a difference can be seen
  - Watch out for possible irritation from topical treatment - reduces post inflammatory hyperpigmentation and scarring
- Additional skincare advice
  - Find non comedogenic moisturisers, sunscreens and makeup
  - Sunscreen
    - Daily sunscreen application allows post inflammatory hyperpigmentation to fade over time
    - There are challenges in finding sunscreen that is invisible on dark skin - try and find a tinted sunscreen
    - Iron oxide in sunscreen helps to filter invisible light in addition to the UV light
    - A brightening formula in the sunscreen may also help optimise treatment for post inflammatory hyperpigmentation
    - Recommendations
      - Eucerin pigment control SPF50
      - Supergoop unseen sunscreen SPF30
      - Fenty hydra vizor SPF30
      - Glossier invisible shield sunscreen SPF30
      - Beauty Pie feather light sunscreen SPF50
      - Ultra Sun UV face and scalp mist SPF50
      - Ilia super serum skin tint SPF40
      - Murad city skin SPF50
    - Ensure you are using sunscreen especially when using active ingredients - can be photosensitising
  - Basic principles of a skincare routine - targeted and simple
    - Do's
      - Cleanse skin twice a day - use cream/ gel cleanser that avoid foaming as they are kinder to skin
      - Brightening toner/ serum if treating post inflammatory hyperpigmentation
      - Regular application of non comedogenic moisturiser for skin barrier control
      - Sunscreen every morning

- Use appropriate makeup remover - micellar water, rather than oils or creams
  - Do not's
    - Avoid scrubs and exfoliating devices - can make inflammation worse, therefore worsens acne and post inflammatory hyperpigmentation
- Medical management
  - Know your ingredients - best for fading post inflammatory hyperpigmentation, brightening and treating acne
    - Azelaic acid, AHAs, retinoid, vitamin C, niacinamide, kojic acid, arbutin, mulberry extract, licorice extract, thiamidol (Eucerin), tranexamic acid
    - Retinoid dermatitis is common in the first 4-6 weeks of use
      - Skin becomes more red, taut, dry, sensitive, itchy and scaly
  - Brightening serum recommendations
    - Eucerin Anti Pigment Dual serum
    - Midk8 Oxy-R-Peptides serum
    - Skinceuticals Discolouration Defense serum
  - How to optimise medical treatment
    - Introduce topical treatment gradually - one until skin is used it before proceeding to add another one
    - Choose less irritating formulations before using more intense formulations e.g. adapolene 0.1% gel more tolerable than tretinoin 0.025%
    - Deploying short contact therapy for certain products e.g. applying retinoid to skin then rinsing off after 1 minute, then slowly increasing the amount of time on skin to build up to leave on
    - Buffer and sandwich technique - applying moisturiser first before retinoid, then once acclimatised go back to applying before
  - Use topical prescriptions optimally first
    - Adding other actives increases risk of inflammation - ensure actives are safe to use with each other

### Additional hot topics

Is neodiamin laser helpful for acne?

- Laser is not used to treat acne itself - however FDA approved a new laser (AviClear) that targets sebaceous glands which may be useful
- Often used to treat hyperpigmentations - however not without risk
  - Lasers create heat which can cause post inflammatory hyperpigmentation

Should acne always be dealt with by a dermatologist?

- Acne has spectrum of severity - some people can manage with over the counter products alone
- However, what may appear as mild acne may histologically be severe inflammation

- Prolonged acne also increases the risk of post inflammatory hyperpigmentation and scarring
- Therefore, have a lower threshold for seeking medical help if OTC treatment ineffective

### Key Takeaways

- Acne is a very common condition regardless of skin colour, however there seems to be more prevalence in African American and Asian skin as opposed to Caucasian skin
- There are additional triggers in skin of colour that may contribute to the appearance of acne
- There are additional consequences of acne in skin of colour, which are often underestimated or not taught during training
- A wide range of social factors may contribute to the barrier of care for acne in skin of colour
- Management involves: educating patients about their acne and changes they can make at home, and initiating effective topical treatment early and optimally

DISCLAIMER: Please note that this is a resource to help students and health professionals. It is not intended and should not be used as a resource, guideline or reference for clinical practice or decision making. It is not designed for patients looking for medical information or advice.

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Based of the lecture: Skin care and Acne in Diverse Skin types - Dr Justine Kluk