Examining deeper skin tones:
- Good lighting is key
- If symptomatic ask patients to show you the symptomatic areas
- Identify areas of normal skin and then compare with the affected area(s)
  - Compare colour variations
  - Compare texture variation (by eye and with palpation as appropriate)
- Palpate temperature changes where relevant
- Pay attention to detail

Inflammation in skin of colour can present with changes in skin colour:
- 'Erythema' – the erythema spectrum in skin of colour can include bright reds/pinks, dusky reds/pinks, red-brown shades, purplish shades or general deepening of the skin tone as compared with the patient's unaffected skin
- Dyspigmentation such as hyper- and hypopigmentation can represent active inflammation or post-inflammatory change
- Language of dermatology: it is best to describe the colours/shades you actually see

There are a number of limitations of the Fitzpatrick scale, its iterations and the way it is used particularly in the context of skin of colour including:
- When used to describe too many variables at once (sun reactivity + skin tone + ethnicity) e.g. automatically equating Black African descent = skin type 6 skin tone = never burns
- Aligning skin types to specific ethnicities doesn't allow for appreciating within-ethnicity variation
- Some iterations of the scale can lead to assumptions that skin of colour does not sunburn (many with deeper skin tones have of course been sunburnt)

Limitations of dermatology teaching thus far:
- Lack of teaching of dermatology across a range of skin tones
- Studies have demonstrated the resultant lack of confidence of some clinicians in diagnosing skin conditions in skin of colour
- Pertinent due to the potential consequences for patients including: delayed diagnosis and misdiagnosis

What can be done:
- Solutions at an individual and organisational level including
  - Individuals seeking out teaching and resources on dermatology in skin of colour and investing time in learning as is done with other aspects of dermatology
  - Teaching and resources should include images and content explaining/demonstrating how dermatological conditions may differ in appearance across skin tones
  - Increased availability of resources
  - Initiatives to address the disparity

What is being done:
- UK based: Skin of Colour Training UK

- Resources such as the CEBD Skin of Colour resource and Skin Deep
- Image libraries such as Visual Dx and Atlas Dermatologico

Afro hair:

- Significant diversity in texture, lengths and colour
- Hair classification systems include: Loussouarn's (scientific), the Modified Andre Walker scale (layman) and others
- Variations in properties of curly hair textures include: (i) shape of follicle and the hair shaft, (ii) tightly curled hair textures tend to feel drier and are associated with increased knot formation, increased work of combing and a higher incidence of breakage
- Common hair care practices can include:
  - Wash process: pre-poo treatments, shampoo, conditioner, detangling, drying techniques, leave in moisturisers, use of oils/moisturisers on the hair and scalp
  - Styling: "protective styles" such as braids and wigs; low manipulation styles such as buns and wash and gos
  - Night time hair care practices might include use of silk/satin pillowcase/scarf to try and reduce hair breakage, wrapping straight hair styles, employing large braids at night
- Reasons for styling practices: individual choice, identity, history and culture, religious/spiritual, ease and practicality of day-to-day maintenance, effect of negative social factors including discrimination

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.

Written by: Precious Nemedia, Ezigbo Iyamah, Vaseharan Suntharan and Dr Yemi Bello.

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