

December 4, 2023 Skin Care for People of Color- Patient Education Webinar  
Transcript

**Becky Strong:** Hi, everybody! We'll get started here right on time, right at the top of the hour. We have a couple of minutes as everybody is entering the room, and at this time let us know in the Q&A where everybody is from. We are excited to have everybody here. Dr. Adotama is a phenomenal physician with a lot of knowledge and I can't wait to introduce him to all of you today. So we'll start right at the top of the hour in just 1 minute.

**Becky Strong:** Welcome, everybody. This webinar is now being recorded. I'm Becky Strong, IPPF Outreach Director, and I'll be your host for today's webinar. Thank you all for joining us. I'd like to thank the support provided by sanofi and Regeneron for making today's call possible. "Information is a key factor in treating and living with any condition. However, everyone's situation is unique. The IPPF reminds you that information found on the internet or during presentations like the webinar today, should be discussed with your own doctor or healthcare team to determine if it applies to your specific situation". Today, we're excited to have Dr. Adotama with us to discuss general skin care for people of color. So let me introduce you to our speaker for today. Dr. Prince Adotama is a board certified dermatologist. He is an Assistant Professor at the Ronald O. Perelman Department of Dermatology at New York University Grossman School of Medicine. His clinical interests include skin disorders that disproportionately impact patients of color, particularly scarring alopecia, and autoimmune blistering disorders. He is a co-founder of the Skin of Color Section at NYU, which offers personalized, evidence-based treatment for conditions affecting people with black and brown skin. Dr. Adotama has written multiple peer-reviewed medical publications, engaged in clinical trials, contributed to dermatologic textbooks, and has given presentations around the world. He sits on various advisory boards and actively participates in service committees. Dr. Adotama always aims to deliver high quality, patient-centered, culturally competent care to all of his patients.

**Becky Strong:** Before we begin. I'd like to review a few housekeeping items... (Reviews Housekeeping Slides). Now it is my pleasure to hand it over to Dr. Adotama.

**Dr. Prince Adotama:** Thank you for that warm welcome. I'm so happy to be here to discuss skincare in people of color. And although this is specifically for people of color, a lot of this can be applied to people of all skin types. And hopefully, you guys will learn a lot from this event. So let me share my screen. So skin care for people of color. Let's begin.

**Dr. Prince Adotama:** I have no relevant disclosures for this talk.

**Dr. Prince Adotama:** So skin pigmentation. Human skin can take on a variety of tones, and this is due to racial differences, skin can look different on different body parts based on sun exposure and different aspects. Our skin can come in a variety of different colors and pigments and hues. And a lot of this is due to melanin. Melanin are created from these melanosomes, these little brown melanosomes which are created from the melanocyte. These melanocytes are usually one for every ten or so that's on the basal cell layer. And these melanocytes release melanin through these melanosomes and these melanin goes up and up and through these cells. So this melanin is what adds to our pigment. So everyone has the same number of melanocytes, but people of color have more melanin, and that melanin adds to that pigment. Melanin protects us from UV damage, and also leads to the different skin tones that we have. The differences can arrive based on the number and size and composition and distribution of these melanosomes.

**Dr. Prince Adotama:** Skin of color, skin is skin, regardless of race or ethnicity. There are a few concepts to keep in mind when evaluating skin of color. Inflammatory dermatosis, such as psoriasis, atopic dermatitis or even bullous pemphigoid, may appear different in skin of color. The reason why is erythema, also called redness may not be as obvious in people of color. It may look more purple or brown or a brawny color. And for patients, once they've had a disease process such as eczema or psoriasis or bullous pemphigoid, once that disease process goes away, it may leave behind hyper, which is darker, or hypo, which is lighter, skin pigmentation. So even when a patient has had a disease process and that rash is gone, it may leave behind unsightly pigmentary issues, and that can be a very huge issue for people of color.

**Dr. Prince Adotama:** This is an example of a patient with psoriasis on the left, you can see what we call erythema, but these pink, scaly plaques on the elbows. Then here you can see that it's more purple, purplish to violaceous kind of pigment a little bit darker as well. So even though this is both psoriasis, it can look very different on someone of color.

**Dr. Prince Adotama:** So let's talk about the skin care regimen. This is a real goal of what we're here for, and break it up into different ways. Just FYI, before we get into it, I will not be discussing specific products or brands. So please refrain from asking particulars about specific products or brands, just because we usually don't want to do that in this forum. It's really just talking about ingredients and how to apply these products.

**Dr. Prince Adotama:** So I like to do a skincare regimen and divide it into 5 different ways. So there's cleansing your skin, nourishing your skin, moisturizing your skin, treating your skin and protecting your skin. That's how I like to break up a skincare regimen whenever someone is talking to me about this.

**Dr. Prince Adotama:** So first we're going to talk about cleansing your skin. When you cleanse your skin, everyone should cleanse their skin twice a day. Once in the morning, once at night. In the morning, after waking up you can wash off your face before you start the day and again at night before you go to sleep, because you've been out all day at work and around smoke and environmental pollutants. You just want to wash all that off of your face. If you have very oily skin, we usually recommend foaming cleansers. Foamy cleansers are a little stronger. They kind of strip a little bit more of those oils from your skin and they make your skin feel a little bit dryer, and that's really good for oily skin patients. If you have dry skin, you might want a hydrating cleanser because you don't wanna lose too many of those necessary oils. So you use a hydrating cleanser. Now some people need to double cleanse, meaning in the morning they cleanse twice. People who need to double cleanse are people who wear makeup or your skin is very dirty. Say you went out and worked construction, or something like that, and there's a lot of debris on your skin. Those are people who need to double cleanse their skin. So usually the first cleanser is usually like more of an oil-based cleanser and the second cleanser is more of a water based cleanser. If there is someone who just came back from work and they have on thick makeup or a lot of dirt or debris on their skin, you want to double cleanse after work. I recommend an oil-based cleanser or micellar water for the first cleanse, then afterwards use a gentle water based cleanser. This really gets up all the dirt and the grime off of your skin. Cleansing is an absolute necessity. Everyone should be cleansing their skin twice a day if you can.

**Dr. Prince Adotama:** In addition to cleansing your skin and removing any debris or pollutants or bacteria on your skin, you also want to exfoliate. So exfoliation is kind of removing that top layer of skin. It's actually debriding and removing that top layer of skin. You don't wanna do that too often. Oftentimes you may go to a store, and the store may tell you to exfoliate every day. Exfoliating every day can be a little harsh on the skin so I usually recommend exfoliating 2 or 3 times per week. These are some products that you can often find in your local drugstore. Lactic acid containing products, salicylic acid containing products, glycolic acid containing products. These are examples of AHAs and BHAs. Lactic acid and glycolic acid are AHAs and the salicylic acid is a BHA. These are really good exfoliants that you can use to remove that top layer of skin and really get a deep cleanse and exfoliation. Now, if you do it too frequently, like every day, it can be very irritating and very drying. So I recommend at most, 2 or 3 times per week. Oftentimes, when people are cleansing their face, there's a sense that you need to get it all off. So people are trying to use tools and scrubs and mechanical exfoliation. You don't need that. You don't need anything extensive and strong on your face. Now for your body sure, I'm all for sponges and scrubs and rough things like that, but for your face you wanna be very gentle. Our faces are everything right, we only get one shot with our face. We don't want to have a lot

of scratches or damage to our skin. Our skin is very gentle and very sensitive on the face, so there is no need for mechanical exfoliation. You can use topical products to remove it but no need to scrub or buy scrubs.

**Dr. Prince Adotama:** Next I want to talk about nourishment. Nourishment is really important. So you really wanna not just cleanse your skin, but also nourish your skin. One thing you can nourish your skin is by dealing with antioxidants. So you may have heard of antioxidants. What happens is whenever we have sun damage to our skin, and sun sheds on our skin it creates these free radicals. These free radicals are very damaging, and they attack all of our healthy cells. When these free radicals attack our healthy cells, our skin gets damaged and we start to lose elastin and our skin starts to look older and not as healthy. What antioxidants do is they neutralize these free radicals that way our skin can continue to look supple and young. Over time, all that UV damage from the sun can lead to more free radicals. Those free radicals damage our healthy cells in our skin, and our skin starts to look poor and look bad, and antioxidants help to neutralize those free radicals. What are antioxidants? Antioxidants are vitamins, mainly vitamin C and vitamin E. But vitamin C is the popular antioxidant so I am a big, big fan of antioxidants in the morning, because you wanna put that on before you go out into the sun and get exposed to that UV radiation and cause free radicals. So every morning, I recommend everyone wear a vitamin C containing product. These are antioxidants. These are great because they're anti-aging. Like I said, free radicals damage our healthy cells, damage our collagen, make our skin look more aged. Using antioxidants helps with anti-aging. Vitamin C also helps with hyperpigmentation, and we'll talk about that further in the future. This is where I always say, money matters a little bit. You want a high quality vitamin C product. Some vitamin C products are very cheap and they're just not that effective. This is the one place where I say, you want to kind of spend some time and really find the best product. You may need to spend a little extra money to get that best vitamin C product, because vitamin C is such an unstable product, and it may not last as long, and it can become inert very easily. Buying a high quality product is really good if you're getting a vitamin C product. In addition to wearing vitamin C in the morning I also like using retinols at night. So vitamin C is in the morning, retinols are at night. Retinols are also anti-aging. They also increase your collagen, so they thicken your collagen. So really good for patients whose skin is starting to become gaunt and starting to lose volume and their skin is starting to fall down, this helps to increase collagen and thicken up that skin and helps to combat aging. So I like vitamin C in the morning and retinols at night. I think this is something that everyone can do. Other things you can consider are hyaluronic acids. Hyaluronic acid are really great products that help to pull in water and make your skin feel more supple. Not a necessity, but still something you might want to consider. You may see hyaluronic acid-based products all over the market and see at your local drugstores. They're very

effective, but I think vitamin C and retinol are the most important when it comes to nourishment of your skin.

**Dr. Prince Adotama:** Next we want to discuss moisturization. So when you're moisturizing your skin, you always want to use a gentle moisturizer. If you're someone who has very dry eczema prone skin, you want to avoid products that have a lot of fragrances and dyes. Sometimes you want products that smell good, and they're very fragrant but when you apply that to your face, our face is very sensitive, it can be very irritating. It can damage your skin. It can make your skin feel very irritated and rough and red. So I always recommend for moisturizer, especially if you have sensitive skin or eczema prone skin, to avoid moisturizers that have fragrances and dyes. Just keep to the basics. You want to be cautious of oils, sometimes oil based products can kind of clog your pores and lead to acne, so I don't really recommend oils too often on the face. You can do that for the body, but for the face like I said, it's a very sensitive area, I don't like to use a lot of oils. I like to avoid fragrances and dyes. And here, unlike vitamin C, where I said you want to spend money on a quality product because vitamin C is very unstable and you wanna have a very viable vitamin C product, for moisturizers you don't have to spend a lot of money on this. Really, a lot of different products can be used to moisturize the skin and repair that skin barrier. Moisturizing is meant to repair that skin barrier. A lot of products that contain Ceramides, I don't like to use brand names but products like Cerave, products that contain Ceramides help to repair that skin barrier. So you want to use a good moisturizer that's gentle that has no fragrance or dyes that can repair that skin barrier.

**Dr. Prince Adotama:** Speaking of eczema, I mentioned that eczema also called it atopic dermatitis. 20% of all African American children in the United States have some form of eczema. In fact, black children are at 6 times greater risk for having severe eczema compared to their white counterparts. Eczema has a greater impact on quality of life in people of color. Eczema can be a huge burden, more so on people of color. In people of color it may show And in and as people color it may show like pyogenic nodularis, where you may have little nodules in the skin. You may have line striations called lichenification on the skin. It can be dispigmented, so darker than the rest of the skin. Because of the appearance and the itch, and all these different factors, eczema can be much more severe. It can have a much more negative impact on people of color. If you are going to treat eczema or someone who has eczema prone skin, it is really important that you're cautious of the products you're gonna use for that skin. Sometimes we use steroids and we also use steroids in bullous pemphigoid but sometimes steroids can also lead to dispigmentation. If you use steroids for a very long time, it might lead to lighter skin. For patients that already have pigmentary issues we have to be mindful of overusing steroids and speak with your doctor about possible alternatives. There are

a lot of steroid alternatives out there now that you can use that do not lead to discoloration or thinning. so Definitely speak with your doctor about if they're giving you a lot of steroids, are there any alternatives for it? Always moisturize your skin as I mentioned earlier. Patients with eczema have very dry skin. In fact, their skin barrier is abnormal, so they need a lot of moisturization. In fact, I'll recommend moisturizing at least twice a day, if not more if you have eczema prone skin. And you wanna tailor your skin regimen based on your cultural preferences. So keep in mind that some patients may wanna use certain products as a part of their culture. They may wanna use shea butter or things like that. Shea butter is actually fine, there's some evidence for shea butter working. So if you like shea butter, and you haven't had any irritations with it, then you can still use that. I hope that I put this point across, that even though I like fragrance free and dye free products, I still like to incorporate things that you use. So if there's something from home that you like using in your skin care regimen, as a doctor I'm always going to try to speak with you, and see what we can kind of bring together to get the best treatment for you.

**Dr. Prince Adotama:** Xerosis is another term for dry skin. As we get older and wiser, we lose something called natural moisturization factor. NMF is natural moisturization factor. Our natural moisturization factor decreases over time. Our skin actually gets drier as we age and it can get even worse in the wintertime. I'm in New York right now. It's very cold, we lack any humidity, the air is very dry, so our skin can look very dry. This is when you have this eczema crackle, where your skin almost looks like a dry river bed. This is a form of eczema more commonly in elderly patients and it's often on the legs and because your skin is so dry. It's like a xerotic type of eczema xerosis form of eczema. In this scenario you want to use emollients that are thicker. As opposed to light lotions that are really good for oily skin patients, as we go into the winter, or we're dealing with thicker, drier skin, we usually recommend thicker emollients like a cream or an ointment. Those are much thicker. They're able to occlude the skin better and retain moisture. So say, for someone who has very oily skin or doesn't really deal with dry skin, I'm all for lotions. But if your skin is very dry, if it's winter time, you want to consider thicker emollients like creams or ointments. And just a general FYI for patients that are eczema prone, I recommend showering using lukewarm water in a shower for 5 to 10 minutes max. Hot showers, while they feel good, can dry your skin out. Long showers while they feel good, can dry your skin out. So I always recommend lukewarm showers for 5 to 10 minutes max, especially if you have dry skin or eczema prone. You want to avoid detergents that have a lot of fragrances. I usually recommend free and clear detergents that are free of allergens and are hypoallergenic. Many brands make a free and clear. I recommend, if you can, when looking for detergent, look for a free and clear option. You want to consider avoiding fabric softeners. Fabric softeners often have a lot of allergens, and that can make people itchy. So I recommend

avoiding fabric softeners. When you get out of the shower, say when you get in your skin is very dry, when you are coming out, I recommend patting dry, not completely dry. Patting yourself dry with a towel and while your skin is a bit wet, that's when you want to apply the moisturizers. That way the moisturization plus a little bit of the wetness really absorbs into the skin. So immediately after showering pat dry, not completely dry, but pat dry, and apply those good moisturizers right then and there. And hopefully, if it's winter time, and if you have dry skin, using thick emollients, creams, or ointments. If it is really dry in the wintertime and the air is really dry, you could consider using a humidifier, so you can add back some moisture into the air. So these are just some good tips for patients who have dry skin or eczema prone skin. Thicker emollients, consider humidifiers, pat dry after showering, and that's when you want to apply the moisturizers to your skin. Somebody asked about petroleum jelly and vaseline is also called petroleum jelly and petroleum jelly is the ultimate moisturizer. So if you have very, very dry skin, I'm a big fan of petroleum jelly. I know petroleum jelly can be a little greasy, so I am fine if you are using maybe a cream in the morning time, but at night time definitely use petroleum jelly, especially if you have dry skin. It is really gonna seal in that moisture, and it's really moisturizing. So I recommend petroleum jelly for all patients who suffer from this type of eczema crackly skin. Especially on the legs and especially during the wintertime.

**Dr. Prince Adotama:** Next we'll talk about treatment. So for treatment there are a few different things to consider. Some patients deal with melasma. Melasma is an acquired hyperpigmentation of the skin that typically affects sun exposed areas of the face, so usually the cheeks, the forehead. It's usually common in women of childbearing age in the 30's and 40's. More commonly in Latin patients, but I can be really in any person but either Asian, White, anyone could be affected. A diagnosis is mostly clinical. Melasma is a condition where patients can have a lot of darkness on their skin. There are ways you can treat this over the counter, however you should see a dermatologist if this is an issue you're dealing with. We will talk about this further when we come to treatments. Also, a lot of people have acne. It is one of the most common dermatoses out there, and some people can have a lot of acne. However, with people of color when that acne resolves, it often resolves with post-inflammatory hyperpigmentation, with these dark spots. And for some people this hyperpigmentation, it can be as distressing or even more distressing than the pimples itself. So what I want to focus more on is treating your acne and your hyperpigmentation, such as melasma and things of this nature.

**Dr. Prince Adotama:** So you have a patient with acne. There are things you can always try. This is the treatment section. You can get over the counter products like antimicrobials especially if you are having a lot of pimples on your skin. Benzoyl peroxide is an over the

counter product that you can easily get over the counter, and you can use as a wash or as a cream if you're having a lot of acne on your skin. Some people use hydrocolloid patches, which are these little patches that you use kind of like you would do for a wound dressing. You put it right on top of a really big pimple, and over time that area will heal a lot faster. I want to go back to retinoids. I mentioned retinoids earlier as a nighttime routine. But I wanna talk about it really during this acne section. There are 2 different types of retinoids. There's retinol and retinoids. Retinol is for anti aging. Retinoids are for acne and anti-aging. So I always say, if you're a patient who is just fighting anti-aging, use a retinol at night. But if you're a patient who has acne and wants to fight anti-aging, retinoids are better. So if you're someone that's acne and you're trying to fight aging, retinoids are really a win-win because you're treating the aging you're treating the acne. It's very effective. And one of the reasons why we love retinoids so much is that they do many things. They treat acne, they prevent acne, they're anti-aging, they're anti-wrinkling. They help to even your skin tone. They fight off hyperpigmentation, which I mentioned earlier. They also even help with scarring because some people get scarring after acne, or they pick at their skin and that leads to scarring. So I love retinoids as a class of drugs at nighttime for patients of all ages. Whether you have acne or not, retinoids do a lot of good things. But for acne I recommend retinoids. If it's just aging, I would use retinol.

**Dr. Prince Adotama:** Going more into trip hyperpigmentation, this is a patient that has acne with some dark spots. This will be a great example of a retinoid patient. Retinoids can actually be found over the counter. Adapalene is a very common retinoid, over the counter that you can use. If you are a patient with this, use this at nighttime, they can use this if they have acne darkness. They can use a retinoid. But in addition, some patients have darkness and they also have melasma or just darkness in general. There are quite a few products that you can get over the counter that help to treat darkness and hyperpigmentation. These products are found at your local Sephora, CVS, Rite-Aid, Walgreens all these different pharmacies. They include, azelaic acid, kojic acid, and cysteamine. All these products are responsible for creating melanin, I mentioned melanin earlier. These products inhibit tyrosinase, which is the most important step for creating melanin. So if we're able to block melanin we're able to prevent dark spots and treat dark spots. So a lot of our treatments for dark spots target this tyrosinase enzyme. Azelaic acid can be found over the counter, kojic acid can be found over the counter and cysteamine acid can be found over the counter. Hydroquinone used to be found over the counter, but as of the past few years it is now only a prescription. But in general this is mainly how we treat darkness. You can find these products over the counter or speak to your dermatologists for additional products. Other things that you may find over the counter include niacinamide. This is just a gentle agent that has some brightening properties that you can try. Tretinoin is an example of a retinoid but you'll need a prescription for this. And tranexamic acid



is another example of a product that can get over the counter. So these are all great over the counter products that you can use to treat hyperpigmentation if you're noticing hyperpigmentation is an issue. And after using this product for a or two and, if you're not having results, this is when you should start seeing your dermatologists so they can help to treat your hyperpigmentation.

**Dr. Prince Adotama:** The last thing is to protect. So how are we going to protect our skin? Sunscreen is absolutely essential to protecting your skin. So let's talk about sunscreen. Sunscreen is important for a multitude of reasons. One is for skin cancer prevention. There's been multiple studies showing that if you wear sunscreen, you're going to decrease your chances of skin cancer. In fact, patients who already have skin cancer, if they start wearing sunscreen, that decreases their chances of subsequent skin cancer. So I'm a big proponent of sunscreen for skin cancer. Now, though skin cancer is not as common in people of color the risk is not zero. You can still get skin cancer even if you're someone of color. Do not think that you cannot. It still can happen. Sunscreen also has been shown to prevent the progression of hyperpigmentation. So if you're having a lot of dark spots, by blocking those sun rays you're able to prevent darkening. There's reasons why certain cultures use umbrellas when out in the sunlight, or to wear a lot of sunscreen, because it helps to maintain your natural pigment. Also, the sun, as I mentioned earlier, can lead to a lot of UV damage, which can lead to free radicals which can damage our skin, and that can cause aging. So sunscreen is another thing that helps fight aging. So sunscreen does 3 things, prevents skin cancer, it can help with hyperpigmentation and also helps with aging. So there is no reason why anyone should not be wearing sunscreen. There are a few different types of sunscreen. We always recommend an SPF of 30 or higher. That's the minimum that you need for your skin. Always recommend applying every 2 hours. So if you're outdoors on a Saturday and it's sunny outside, I recommend applying every 2 hours in order to protect yourself. And usually 2 finger lengths of sunscreen is enough to cover the entire face and neck. Make sure you get your ears as well. That's also a very sun prone area and a lot of patients get skin cancers in their ears because they're not putting sunscreen on their ears as well. There are 2 different types of sunscreens. There's chemical sunscreens and mineral sunscreens. Chemical sunscreens are probably the most common out there. They have chemicals in them and they typically are invisible. So when you apply chemical sunscreen, it looks very much invisible. Patients really like the way it looks, it's cosmetically pleasing. The issue is, some people can develop allergies or irritation to chemical sunscreens. Some people are sensitive to some of the ingredients. So in that case I would recommend if you have allergies or sensitivities to use a mineral based sunscreen. Mineral based sunscreens are what you think of when you think of lifeguards back when lifeguards used to put that white stuff on their nose, those are mineral based sunscreens. They

can give your face a bit of a white, pasty look which may not be cosmetically pleasing for people of color. So be mindful of that. If there is a person of color that wants sunscreen, they want chemical sunscreens but if they cannot tolerate it then they can use mineral sunscreens. In scenarios where you're not sure how to find the right one that matches your skin, this is a great time where you should go to a store like a Saphorra or Ulta cause you're able to at least go there and try on the product before you buy it. A lot of those places allow you to try the products first, to make sure it goes well with your skin. There's a third category of sunscreen that's been gaining popularity over the last few years, and that's tinted sunscreens. So tinted sunscreens kind of have this yellowish to brown hue to it and these tinted sunscreens are great in that these are better for pigmented skin. So they actually have an extra layer that blocks the sun rays that cause the darkening of our skin. So say you are someone that has acne and a lot of dark spots. You wanna get a tinted sunscreen, because not only would it help to prevent skin cancer and anti-aging, but it's better at blocking light rays that lead to darkness. So I tell all my patients who are dealing with pigmentation issues like melasma or darkness on their skin to wear a tinted sunscreen. And these are all over the market now, you can find tinted sunscreens at any pharmacy. Once again, I recommend going to a specialty kind of store to kind of make sure it fits your skin because oftentimes these tinted sunscreens only come in one tint, and that tint may not work for someone who's a darker skin patient like myself or someone else. You really want to go there and try out some of these products before actually buying them. So try before you buy when trying to find a perfect sunscreen. That way you're not wasting money and buying a product that's not very elegant, or it doesn't look good on your skin.

**Dr. Prince Adotama:** So this is my, so my sample regimen for patients. I like to divide it into two parts of the day, AM and PM. In the AM I recommend cleansing, as I mentioned, double cleansing is really important. Cleansing in the morning and then cleansing in the evening is really important. In the morning I recommend cleansing your skin with a gentle cleanser then applying that vitamin C. As I mentioned, vitamin C fights off those free radicals which can damage your skin and help your skin to look more young and youthful, and fight off signs of aging. This is a time when you want to spend a little extra money to find the right product, because vitamin C is very unstable. You want to find a quality vitamin C product. Then you wanna moisturize your skin. I usually recommend in the wintertime to use a thicker emollient like a cream or an ointment, while in the summer I recommend a lighter lotion. Then I always recommend sunscreen. I always recommend wearing sunscreen and it really just depends on you which sunscreen is best for you, at least an SPF 30 or higher. Then at night time you want to cleanse again. If you're someone who has oily skin, someone who has very dirty skin or say your job has a lot of pollution or you get a lot of dirt on your skin, or you say you wear heavy

makeup, this is when you should double cleanse after at night. So you can do two cleanses, one with an oil based cleanser and one with a water based cleanser to really remove all that debris and makeup off of your face. Then you want to use a retinal or retinol or a retinoid if you have acne prone skin. A retinol if you're just wanting to use anti-aging benefits. This is really imperative to keep your skin looking youthful and fighting off acne. So depending if you're acne prone or not, I recommend a retinoid or retinol at night. And of course moisturizing again. Moisturization will be a good idea after the retinol because these products can be a little drying. So I always recommend moisturizing at the end of the night. This is just a sample regimen for everyone. You have your vitamin C and sunscreen are the two staples in the morning. Retinol or retinoid is a staple at night. These are the three things that most people would say is absolutely imperative to keep your skin looking youthful and young as we age.

**Dr. Prince Adotama:** Everyone's skin is different. So there's going to be some intricacies that are different for you. Some people can have acne prone skin, but also eczema prone skin. Some people may have skin that's very sensitive. Some people may have skin that's very oily. So it really just depends on what skin type you have. And you want to speak with your dermatologist to determine the best products for your skin.

**Dr. Prince Adotama:** Now, this is the time for questions and answers. I have a lot of time now, because I understand that this is a huge topic. I wanted to open the floor to questions about skincare routines or things that we can answer. I'm going to leave the sample regimen up here so everyone can see. But let's open it up for questions.

**Becky Strong:** Great, thank you Dr. Adotama. That was really educational and very easy to understand. The question I have for you is, you talked about the AM and the PM regimens, How long should these regimens take? Do they need to take a long time, or are they fairly quick?

**Dr. Prince Adotama:** They can be fairly quick. So generally you cleanse your skin which takes a minute or so. You apply a vitamin C. Let us sit for a minute. Apply your moisturizer. Let us sit for a minute. Apply your sunscreen. Let us sit and go on through our day. I don't like mixing products. So sometimes patients when they see the AM routine they take the vitamin C, moisturizer, and sunscreen and they just put all three in her hand and start mixing together. Please don't do that. I'm a big fan of layering. So apply a product, wait a minute, apply the next product, wait a minute, then apply the following product. Layering the product that still gets you all the product that you need but there's no diluting the product by mixing it together.

**Becky Strong:** Great! Thank you. Melinda is asking, what about keloids? Is there a way to prevent keloids or to minimize them once we already have them?

**Dr. Prince Adotama:** There is no way to prevent keloids. African-Americans have a 16 times higher propensity of getting keloids, and that's something that's genetic. There is really no way to prevent it. If you're someone who's gotten keloids in the past, then you are someone who wants to be cautious when getting ear piercings or when getting any procedures done. So if you're someone who got an earring many years ago and you develop a keloid you're that same person that whenever you get a surgery, you let your dermatologists know I'm getting a surgery, such as a knee replacement. Can you see me a week or two afterwards? I might need injections to treat the area. What we do is we treat that patient with keloids very early after any type of procedure so we can get ahead of things. We can't prevent it, that is just the way your skin responds to trauma. A keloid is just a way of your skin responding to trauma but we can treat it very early and get in there early that way we can make sure that scar heals as nicely as possible and doesn't turn into an abnormal keloid. .

**Becky Strong:** Great, are silicone sheets effective for treating keloids too or no?

**Dr. Prince Adotama:** Silicon sheets can be used to treat keloids but I think the word, treatment of keloids is kind of difficult. So if you have a huge, bulbous, protruding keloid on your ear that keloid is going to laugh at that silicon sheet. But if you had a surgery and you just had a surgery yesterday for knee replacement, and you're someone who gets keloids, then you can apply that silicon sheet directly post surgery, and that might prevent the occurrence of a keloid. I think using it immediately after a procedure is a great option. But if you already have a developed keloid that's been there for years, a silicone sheet is not going to be very helpful. Most surgeons now are on board with this, or they know the patient has a history of keloids, they're more likely to use a silicone sheet or silicone gel immediately after surgery to prevent that progression of keloids. I also recommend those patients to see a dermatologist and actually time it just just well, so that we can get in there very early. You don't see us six months after surgery because then the keloid may have become too big at that point.

**Becky Strong:** Great, thank you. Someone is asking that some dermatologists say those with dry skin can just rinse their skin with water in the morning, and it's not necessary to use a cleanser. What do you think about that?

**Dr. Prince Adotama:** Repeat the question one more time. I'm sorry.

**Becky Strong:** Oh, yeah. What about just rinsing your face with water in the morning and not necessarily using a cleanser?

**Dr. Prince Adotama:** This depends on the person. If you're someone who wears makeup, you need to cleanse it. If you're someone who is out in a polluting place like New York, you need a cleanse skin. There's a lot of grime and things that happen. If you're someone who sweats a lot, and there's a lot of sweat on your skin, you want to cleanse your skin. So really it just depends on the person but I think in general, you want to be using a cleanser all the time. I don't think a dermatologist is going to tell you not to use a cleaner. A lot of these cleansers that we use, these hydrating cleansers don't really have any major active ingredients other than soap. So not using exfoliators or anything like that, we're not

recommending exfoliations for everyone. I do think just having a gentle soap to wash your face is recommended, especially depending on where you live, if you wear makeup, what you do for work, things of that nature. You want to cleanse all that stuff off. Think of it this way, if you don't cleanse that stuff off, and you're sleeping on your pillow every night. Now your pillow can be a harbinger for bacteria and disease that can damage your skin. I also recommend for people who wear a lot of makeup, or sweat a lot to change their pillow cases once a week. That way they're not getting issues there. There's patients who sleep on their left side and get a lot of acne on the left side, and we find out it's because their pillow cases haven't been changed in a while. So I definitely think cleansing is at minimum something everyone should be doing

**Becky Strong:** Thank you. I think you kind of touched on it in your presentation but if you could just reiterate. What can be done about fading?

**Dr. Prince Adotama:** What do you mean? Like you want to fade an area, like you have a dark area?

**Becky Strong:** No like if it's hypopigmented whether it's from a disease or from acne?

**Dr. Prince Adotama:** Okay. So hypopigmentation areas, it really depends on why it's hypopigmented. Sometimes patients do injections in an area. Say a physician does a steroid injection for your BP or something like that. Sometimes that area that they injected can turn white. Typically that will go back to normal within a year or two. Most of the time any lighter spots will eventually turn back to normal over time. It may take a long time. If something is darker, we have found a lot of ways to lighten an area. But if something's lighter for obvious reasons, we don't find we don't have many products to darken something. So oftentimes a little bit of sun exposure and a tincture of time is all you need for a lighter spot to eventually get dark again.

**Becky Strong:** Great, thank you. I know you had talked earlier about the regime, and you don't like everybody to put everything all in their hand at once and smear it around. But what do you think about facial moisturizers that contain sunscreen?

**Dr. Prince Adotama:** I typically like them separate. To be honest with you, I do. I think oftentimes more is more when it comes to moisturizing the skin. The average person doesn't moisturize their skin enough. I think a lot of these moisturizers are a little bit better when they're separated. Also these moisturizers may not have as many ingredients as the moisturizing products on their own. They're usually more ceramides, more hyaluronic acid, and other things in the moisturizers alone versus the ones with sunscreen. So I prefer separating them. But if it's between no sunscreen and some sunscreen, then do what's best for you. But I prefer separating them.

**Becky Strong:** Great, thank you. And what recommendations do you have for men with sensitive skin regarding shaving their faces?

**Dr. Prince Adotama:** So if you're going to shave your face with sensitive skin, it just depends. If you're someone who gets razor bumps very easily, then I recommend using alternatives to shaving. I don't like manual razors. Sometimes manual razors can be very rough on our skin. So just to back up a little bit, people of color have more curly hair naturally. Unlike straight hair, the hair is more curly. So when you shave very close to the skin with a manual razor, that curly hair now curls backwards and penetrates the skin. Your body doesn't recognize that it is your own hair that's penetrating the skin and it creates an inflammatory reaction leading to razor bumps. The idea is because of your curly hair texture you just can't tolerate razors. This is not something you can fix. This is just the way your skin is. If you have curly hair, manual razors are going to be too close to the skin and they're going to cause razor bumps, end of story. I have a lot of patients who are like, well, can I use this razor? No, if your skin doesn't like razors, your skin doesn't like razors, and it's a genetic condition because of the way your hair grows on your skin. So I recommend that for those patients it's using alternatives to shaving. Electric razors which are electric clippers tend to not be as close up in a shave. That's a benefit to you. So try to use electric clippers if you can. There are products that are similar to Nair. Nair is a chemical depilatory that you apply on your skin, and you wash off after 4 minutes. There are products like Nair for the beard that you can use. They're not called Nair but called something else, but they can be used on a beard to remove the hair from the skin. You basically apply it on the skin, let it sit for 4 minutes and then you wash it off. That's another way of removing the hair from the skin without using razors. Often, we also use laser hair removal. You can find a dermatologist or an esthetician that can use lasers to get rid of the hair. These are all alternative ways to get rid of hair on the beard without irritating your skin and causing razor bumps. But if you're getting razor bumps day in and day out with your razor, it's your razor, and you need to consider some alternative option for you.

**Becky Strong:** Great, thank you so much for that. That was a lot of great information. You had discussed the difference between lotions and creams and ointments. And when to use them on the skin. This person says that they've heard that skin care in jars can lose its potency more quicker than those in pumps or that those are squirted out of a tub. Is there any truth in that?

**Dr. Prince Adotama:** Nope. I don't know where that came from. There's no truth to that. There's lotions, creams, and ointments, and the difference between them is the amount of water in them. So lotions have the most water, ointments have the least water, and creams are somewhere in the middle. Lotions are very light on their skin so they're really good for people who have very oily skin who don't want too much moisturizer on their skin. People who have very oily skin or people who sweat a lot, a light lotion is fine. That works during the summertime. But if you have dry skin, really dry skin you're not even going to need a cream, you're going to need an ointment like a petroleum jelly or something like that. Now, the issue with that is petroleum jelly can make your skin look very greasy. So I'm okay with using a cream maybe in the daytime because you don't want to go to work with your skin looking so greasy but at nighttime, maybe using ointment, since that will help to seal in the moisture even better.

So lotions are more so for the summertime for patients who have more oily skin while ointment or a cream is better for dry skin patients, especially during the wintertime. That's why you'll notice dermatologists will say that you should have a summer regimen and a winter regimen because our skin's needs change based on humidity in the environment.

**Becky Strong:** Great, thank you. There was a follow-up question to the men shaving question, and do I apply sunscreen over my beard?

**Dr. Prince Adotama:** You can. So the beard is not 100% protective against skin cancer. So I recommend wearing sunscreen really everywhere if you can. Face, neck, ears, basically any area that is sun exposed.

**Becky:** Great! Thank you. Do we need to cleanse our skin in the morning separately, if we take a shower and wash our face in the shower already?

**Dr. Prince Adotama:** Not necessarily. I cleanse my face in the shower as well. So that's fine. But in your shower you should have your hydrating cleanser or your foaming cleanser depending on if you have oily skin, in your shower. So you can totally do that part in the shower.

**Becky Strong:** Great, thank you. You have your sample regimen up on the screen, is that the same regimen to apply for those wanting to combat sunspots or hyperpigmentation?

**Dr. Prince Adotama:** Sunspots are a little different from hyperpigmentation. Sunspots are more likely to be due to genetics and other aspects, and it's also due to sun but your genetics kind of predispose how many you'll get. Kind of like how some people get way more freckles than others, it just depends. Some genetics play a role in that. Sunscreen is extremely important in helping to minimize the development of future sunspots though. That's the one thing I would do. I think sunscreen is still very much useful, and this regimen can be useful for both hyperpigmentation and for sunspot prevention. But if you are someone who also has hyperpigmentation, then in addition to retinoids here, which can help with pigmentation and acne you can add an additional agent, such as azelaic acid. So you can add any of these agents at night. Maybe a azelaic acid, maybe a kojic acid, maybe a tranexamic acid. These are all products that are over the counter that you can easily add to your nighttime routine. Also, like I said, it is layering products so you apply one, wait a minute, apply the next. So you can add any of these products to your skin regimen to get things under better control if you have acne with dark spots or if you have melasma. These are all situations where you may need to add an additional agent to get the pigmentation under better control. Now, admittedly, a lot of these products work but they need help with other products sometimes so you have to combine two products or even three products. So if you're not seeing any improvement after a month or two with one product, I definitely recommend speaking to a dermatologist so they can kind of get you on the right pathway. Because you don't want to be applying too many products, because then you might develop irritation.

**Becky Strong:** Oh, great! Thank you. And I think you covered this in the beginning of the presentation but just to reiterate, because there's a couple of questions in the comments about the benefit of vitamin C.

**Dr. Prince Adotama:** Sure, let's just go back to the pictures, we have some time. So the sun basically damages our skin and the sun actually releases these free radicals. Free radicals actually attack our healthy skin cells leading to sun damage on our skin, and our skin starts to look older and weak, and then we start having damaged, atrophic, aged skin. Vitamin C is just a title for an antioxidant. So vitamin C is an antioxidant, vitamin E is an antioxidant. There are a lot of antioxidants out there. Vitamin C is the most popular but there are a lot of antioxidants out there. What they do is they neutralize this free radical so it doesn't damage our skin. Because sun is involved in this process, I like to use vitamin C in the morning, before you go out into the sun. It's almost like a layer of protection. Not only does it prevent some of these free radicals, but it helps to nourish your skin and make your skin look less aged and more youthful. So I love a good vitamin C in the morning. And like I said, vitamin C is not just good for anti-aging, actually don't think I mentioned it. Vitamin C is also good for hyperpigmentation. The reason why vitamin C is so good for hyperpigmentation is because it doesn't show it here but vitamin C actually works at tyrosinase as well. So vitamin C actually helps the tyrosinase as well. That's the reason why vitamin C works for pigmentation in addition to antioxidant effects. Vitamin C is really a game changer. It helps with aging because it helps to fight off these free radicals, and it helps pigmentation. This is where you want to spend a little money because sometimes the products don't last very long, or they're very unstable. There are many brands and you might have to go online to find the right product that works for you. But I do think vitamin C is really a really important product for everyone to add to their routine, especially in the morning.

**Becky Strong:** Great! Thank you so much. Doreen is asking, how effective are facial masks?

**Dr. Prince Adotama:** That's a hard question because facial masks mean nothing. So what's in the facial mask? Every facial mask is different. Some facial masks have exfoliants in it, some facial masks have vitamin C in it. Some facial masks have just moisturizing products. So it just depends. Oftentimes, when a product comes in a cool new way, like as an eye mask, or a face mask or a shield, what matters is what's in it? So if you look at the back and it says vitamin C, there's your answer. If you look on the back and it says it's just hydrating, or it's just moisturizing, there's your answer. You look on the back, and you see azelaic acid, which is for hyperpigmentation, there's your answer. So it really just depends on what it says on the back. Never be fooled based on a face mask. Look at the back, see what the ingredients are, and that will tell you if this product is what you need.

**Becky Strong:** Thank you. Melinda is asking, are people of color who have pemphigus vulgaris more prone to wrinkles?

**Dr. Prince Adotama:** We don't have an answer to that, unfortunately. There's no answer to that. I can't even say that white people are more prone to wrinkles. So I don't think there is enough information for white people, let alone people of color.



**Becky Strong:** Great. Thank you. Geer is asking about what lotions are best for patients with skin lesions.

**Dr. Prince Adotama:** Skin lesions?

**Becky Strong:** Yes, like pemphigoid or pemphigus. And if they can be applied over the skin lesions as well?

**Dr. Prince Adotama:** Well ideally, you want to apply a topical steroid, or whatever ingredient that you want over the lesions that's the best treatment for it. But then it just depends on your skin type. If you have more dry skin, I recommend I make them in a cream or an ointment. Specifically, a vaseline if your skin is very dry. But as far as treating the lesion, the best treatment is a treatment. So moisturizers won't replace a treatment for it.

**Becky Strong:** Great! Thank you. What about creams or lotions with collagen in them? Does your skin absorb that collagen? Or do you need to make that collagen in order to improve your skin.

**Dr. Prince Adotama:** There's not enough evidence that using peptides or anything like that, which is collagen, is beneficial. And there's not enough evidence that is not beneficial. So we're still on the fence about it. I think if you want to increase collagen, retinoids and retinol are still the best way to increase collagen. There's been decades of studies showing its improvements. So if you wanna thicken your skin and increase collagen by all means, retinoids work the best. Peptides are now peppered into every product. You might see a product that has a little peptides here, and little peptides there. I don't think there's enough evidence to suggest that it's better than a retinoid. But I'm not against it, there is just not enough evidence yet.

**Becky Strong:** And then what role does vitamin D play in our skin?

**Dr. Prince Adotama:** Vitamin D is great for many reasons. Vitamin D is good for your hair, it's good for healthy skin. There's been evidence that vitamin D can be low in conditions like vitiligo which is a pigmentary disorder. It can be low in conditions like alopecia or hair loss.

So vitamin D is really necessary. And people of color are more likely to have low vitamin D because we get vitamin D through sunlight, and black people have more melanin, for example, so they don't get as much sunlight. So vitamin D can play a big role in our skin. However, we're not really sure how vitamin D really correlates. So, for example, if someone has hair loss and I give them vitamin D it doesn't really correlate with improvement. Or if someone has vitiligo and I give them vitamin D it doesn't always correlate with improvement. So even though we see that vitamin D can be low in these medical conditions, the studies are still out there that even if we actually supplement the vitamin D if they actually show any signs of improvement. We're still learning. We're learning that vitamin D is associated with a lot of things. But vitamin D supplementation has not been shown in many conditions to help. So we're still on the fence about its role.

**Becky:** Great, thank you. In our community itchy skin is a big topic. Are there ingredients that should be included in creams or lotions to help relieve the itch?

**Dr. Prince Adotama:** Sure, you may find things that contain camphor or menthol. One common brand is Sarna. I try not to say product names. But Sarna is an anti itch lotion that you can get over the counter that is soothing that has menthol and camphor. You can apply that to your skin that could really help with itch. But of course, studies show that really using your topical steroids or controlling the disease process itself will control the itch. So controlling the itch without controlling the disease process is a losing battle. If you're having a lot of itch, oftentimes that's associated with your blistering disorder so you want to make sure you're treating that. But also, as I mentioned earlier, as we get older we lose the natural moisturization factor and our skin gets drier. Dry skin is itchy skin. So there may be a combination of dry, itchy skin. Our patients with bullous pemphigoid are a bit older so they're more likely to have dry skin so moisturization in general may help.

**Becky Strong:** Great, thank you. Greer's wife is asking, are there any products that help alopecia or ingredients that help alopecia after you've had it for years?

**Dr. Prince Adotama:** I can't really answer that question, because alopecia is like saying, a skin rash. There's so many different types of alopecia. There is alopecia areata, CCCA, FFA, LPP. So the term alopecia is not detailed enough. And I think that's one of the difficulties with alopecia because patience will say I have alopecia. Alopecia literally just means hair loss. So if you had some shedding last week after Covid, that's alopecia. So it really depends on what type of alopecia you have. It's good to really see a dermatologist to first diagnose what form of alopecia you have. There's over 15, sometimes 20 different types of alopecia, before you go down the treatment bandwagon. What happens is you Google things and you are like oh, this works for alopecia, or that works for alopecia, but what alopecia? Which one is it helpful with? So you may end up taking expensive products and supplements that don't even help your form of alopecia. This is something I'm really passionate about. First find out what type of alopecia you have, before you start any treatment because you could be spending a lot of money on unnecessary treatments that may have no impact on your hair loss.

**Becky Strong:** Okay. Greer's wife just wrote in and said that he has alopecia areata.

**Dr. Prince Adotama:** So that's an autoimmune condition. You're treating that the same way you're treating any autoimmune condition by using certain immunosuppressants to suppress the immune system. Some people use steroids, there are some new JAK inhibitors that have been approved for it, some people inject steroids. It really just depends on how severe your disease process is. Once again, a situation that dermatologists can treat. Alopecia areata is a dermatological condition. So if you're not seeing a dermatologist, you need to see a dermatologist. With some hair loss forms, you might be able to get away with seeing your primary care doctor but alopecia areata is not one of them. You have to see a dermatologist for that. Only dermatologists can treat those conditions to the degree that you need, in order to get your hair growth back

**Becky Strong:** Great, and is there a kind of soap that's better for your skin? Should patients with sensitive skin be looking for bar soap or liquid soaps or gels? Is there one that's better or more moisturizing to protect our skin?

**Dr. Prince Adotama:** No, I think that's the question that everyone asks. People come to my office and ask what's the best of this or that? And the answer is no, there is no best anything, because if you have dry skin or sensitive skin, or oily skin or combination skin, or acne prone skin, or your skin is sensitive right it is all different. There are some people who are sensitive to ingredients like Aquaphor. Aquaphor, for example, is a very common lotion. I recommend it to a lot of people but it contains Lanolin in it, and that was this year's allergen of the year. A small percent of the population is allergic to Lanolin, which is so ubiquitous. We never know what product you're going to be allergic to. The same way, I don't know if someone's going to be allergic to a product. There's really no real answer for that. If you've been using a soap, it works well for, you doesn't feel drying after you get out of the shower, then stick with that soap. Even though I poo pood on fragrance products and things like that, if your skin is not bothersome, your skin is not itchy, your skin is not sensitive. If you wanna use fragrances and perfume like lotions have at it. That advice I gave is really for people who have sensitive skin. If you don't have sensitive skin, by all means do it all. Try the fancy products. Go to Nordstrom, Neiman Marcus, try expensive products all you like. They have a lot of fragrance. That's fine for you. This talk is not for them. This talk is more for sensitive people. But if you don't have sensitive skin, you really can try any product you want and be fine with it. This is really only for sensitive skin people that you have to focus on fragrance-free dye-free, hypoallergenic products.

**Becky Strong:** Well, great. Dr. Adotoma that was a completely quick hour. I know I learned a lot during your talk and answering the questions. We just sincerely appreciate you being on the webinar with us and answering all of our questions. I'd also like to give a huge thank you to the support provided by sanofi and Regeneron for helping to make today's call possible as well. Before we go, I have a few announcements. First, thank you to all of those that joined the 2023 IPPF Patient Education Conference back in October. It was a very exciting event, and there were great presentations from leading experts and doctors along with stories and insights shared by patients. If you haven't filled out the feedback survey yet, please take a moment to let us know what you liked, and what you want to see for next year's conference. You can scan the QR code on the screen right now to access the conference survey.

**Becky Strong:** Next, Do you wish there was a better understanding of our diseases by doctors and researchers? Do you wish there were more FDA-approved treatments and better treatments available? Well here's your chance to get involved and make these goals a reality - Join the IPPF Natural History Study today! The Natural History Study is a patient registry sponsored by the National Organization for Rare Disorders (NORD) and the US Food and Drug Administration (FDA). Your information is private and the IPPF Natural History Study follows strict government

guidelines to assure patient information is protected. Your participation and the data will be used by the IPPF to help advance research, better understand the patient journey, find better treatments, and hopefully one day a cure. By sharing your journey and answering some questions, you directly have an effect on the future of all people affected by pemphigus and pemphigoid. So get involved today! You can scan the QR code on the screen or visit [www.pemphigus.iamrare.org](http://www.pemphigus.iamrare.org) and join today.

**Becky Strong:** As we look forward to 2024, we're reflecting on the ways the IPPF works to Empower the patient voice through our patient support, awareness, advocacy, and research programs. Donate to the IPPF year-end fundraiser now to ensure the IPPF support programs are available to all those who need them today, tomorrow, and for years to come. It's your chance to support all those affected by pemphigus and pemphigoid by empowering the patient voice before the new year. Scan the QR code on your screen or visit [www.pemphigus.org/donate](http://www.pemphigus.org/donate) to make a donation today.

**Becky Strong:** The IPPF has a number of upcoming virtual support groups across the country. If you are interested in attending a meeting, please check the IPPF's Event Page to register for a meeting. Also, we are always looking to expand our support network. If you are interested in starting a support group in your region please contact Becky Strong at [becky@pemphigus.org](mailto:becky@pemphigus.org). It's easier than it sounds to start a support group and you can help connect others in your area with other patients.

**Becky Strong:** Thank everyone for being part of our community and for supporting the IPPF. We look forward to seeing everyone for our next webinar in 2024. This call recording will be sent out with the survey following this call. Thank you all for joining us. Good night.

**Dr. Prince Adotama:** Bye, everyone. Thank you for having me.