



## Diagnosis and assessment

Atopic dermatitis (AD) is the most common chronic inflammatory skin disease<sup>1</sup>. It affects ~19% of Black Americans<sup>2</sup> and, in Asian countries, up to 10% of the adult population have the condition<sup>3</sup>. There is a growing appreciation that differences among various ethnic and racial groups present unique challenges when it comes to diagnosing this complex disease.

### Clinical pearls

#### Typical presentations of AD in patients with skin of color

##### PATIENTS OF ASIAN ANCESTRY

- AD in patients of Asian descent may have features that are reminiscent of both AD and psoriasis; compared with White patients, there may be more well-demarcated, scaly plaques with greater lichenification<sup>3-6</sup>

##### PATIENTS OF AFRICAN ANCESTRY

- Patients of African ancestry with AD, including African Americans, may manifest with lichenoid papules or profound xerosis<sup>5-7</sup>
- Erythema in AD may be masked by pigmentation or appear purple, light brown, or ashen gray<sup>6,8</sup>
- Lesions may appear more papular/follicular-based (perifollicular accentuation) and with a more scattered pattern and greater extensor involvement<sup>6,7</sup>
- There is a greater burden of post-inflammatory dyspigmentation following AD flares<sup>5-7</sup>

##### PATIENTS OF LATINX ETHNICITY

- Latinx patients are at higher risk of severe AD, which is more recalcitrant, and has greater trunk involvement<sup>7,9,10</sup>

Consider the presence of edema, skin warmth or scale when assessing the severity of AD, as darker skin tones may mask the defining characteristics of AD<sup>6</sup>.

PATIENT OF ASIAN DESCENT



PATIENT OF AFRICAN DESCENT



## Considerations for managing AD in patients with skin of color

The treatment goals for any patient with AD remain the same: prevention and management of flares, addressing symptoms of pruritus, restoring the function of the skin barrier, and improving quality of life. Discussing proper skin care is a fundamental step in the treatment of AD; however, there may be unique challenges for managing AD in patients with skin of color<sup>6,11,12</sup>.

### It is important not to undertreat patients with darker skin types



- Target the underlying inflammation and protect the skin barrier
- Moisturizers and emollients play an important role in AD management, in conjunction with therapies that target inflammation<sup>1,12</sup>



### The risk of pigmentary changes is an important consideration for patients with skin of color<sup>9</sup>



- Atopic dermatitis lesions, or associated excoriations from scratching, may resolve with post-inflammatory hypopigmentation and/or hyperpigmentation<sup>5</sup>
- The contrast between the patient's normal skin tone and dyspigmented skin can be disfiguring, resulting in a greater disease burden<sup>6,15</sup>
- Topical corticosteroids, particularly those of high potency, can cause peri-lesional hypopigmentation, as well as striae, particularly in intertriginous areas<sup>13,14</sup>
- Excoriations can lead to atrophic or hypertrophic scarring and increased risk of skin infection<sup>7,16</sup>



## Useful resources

### Skin of Color Society

Includes a wealth of information and educational materials for both clinicians and patients

Visit website ▶



Find out more about AD in skin of color in our video with Dr. Valerie Callender

[Click here to watch the video](#)  
or scan the code using the camera on your mobile device



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