

# 2022 American Academy of Dermatology Innovation Academy Conference

## Day 3 Highlights July 21-24, 2022

The American Academy of Dermatology Innovation Academy meeting brought top dermatologists together to learn from one another and share pearls.

Held at the Vancouver Convention Center in British Columbia, Canada, the meeting spanned four days and included a focus on treating dermatologic diseases in skin of color and trends in hair restoration, along with a focus on how to run a successful practice amid the "Great Resignation."

Below, we summarize some of the presentations that caught our attention at the conference on day 3, and we will follow this up with a postconference wrap-up report soon. Stay tuned.

### Select sessions/highlights at the 2022 AAD IA Conference

#### Understanding atopic dermatitis in skin of color

More than 50 percent of the U.S. population will have skin of color by 2042, according to the Skin of Color Society. Many dermatologic diseases, including atopic dermatitis (AD), manifest differently in darker skin tones, said Andrew Alexis, M.D., M.P.H., director of the Skin of Color Center in New York and an associate professor of dermatology at the Icahn School of Medicine at Mount Sinai in New York City.

"AD can have varied clinical presentations across the spectrum of patient populations with skin of color," Alexis said. For example, there can be variations in the color of active lesions in individuals of African ancestry. They may be red, red-brown, violaceous, or dark gray hues, said Alexis.

Moreover, the morphology of eczema lesions may display follicular accentuation or papulo-nodular features in this population, he said. "There is a greater tendency to develop postinflammatory pigment alterations, whether hyperpigmentation or hypopigmentation as sequelae or concomitant features of AD in patients with richly pigmented skin, especially individuals of African descent with Fitzpatrick skin types 5 and 6," said Alexis.

To best serve this growing patient population, dermatologists should broaden their definition of erythema to include more than just red hues. "Looking for hyperchromia may be a more suitable way to assess active inflammatory activity in AD in skin of color," said Alexis.

It is also important to look for shades of violet, dark red-brown, and gray-brown as well as red, he said. "Using side-lighting, palpation, and symptomatology is also helpful in accurately assessing the severity of AD in patients with skin of color," Alexis explained.

There are also nuances in how AD is treated among people with darker skin tones, he said.

Alexis pointed out that it is essential to recognize the dual impact of the primary lesions of AD and the long-lasting, disfiguring pigmentary sequelae. "Effective longitudinal and comprehensive management is paramount," said Alexis. "Undertreatment or sporadic treatment of flares will lead to more dyspigmentation."

Once the active eczematous lesions have completely resolved, therapies directed at hyperpigmentation can be considered with caution, given the risk for irritation with many therapies, Alexis said.

Discoloration is also an issue when treating psoriasis in skin of color, said Jennifer Soung, M.D., director of clinical research at Southern California Dermatology in Santa Ana, California, and a clinical professor at Harbor-UCLA. "We certainly have amazing treatments that clear psoriasis, but don't forget the prominent discoloration that remains in our patients with skin of color," she said.

More and better treatments are needed to help fade discoloration in psoriasis patients with darker skin tones, Soung said.

## Hair growth and hair loss today

Many patients experiencing hair loss will do just about anything to spur regrowth, and this includes taking advice from “skinfluencers” on social media, said Ronda S. Farah, M.D. She is an assistant professor of dermatology at the University of Minnesota in Minneapolis and the director of dermatology at M Health Maple Grove in Maple Grove, Minnesota.

“Social media can be a mixed bag,” said Farah. “Board-certified dermatologists should engage in social media so as to provide evidence-based information to our communities.”

Influencers are promoting lots of home remedies for hair growth including rosemary, aloe, rice water, onion juice, and other oils across social media channels, including TikTok.

“All dermatologists should be aware of hair social media trends,” said Farah. “Our patients are using them, and we need to be able to counsel them on the risks and benefits.”

Farah reviewed the research on these hair trends as part of her talk at the meeting. Rosemary is an option that has been studied and applied to the scalp and hair or used as a rinse. In one study, researchers compared rosemary oil lotion to minoxidil 2 percent in 50 males with androgenetic alopecia. After six months, both groups demonstrated statistically significant increases in hair counts, but there is still far more evidence supporting the efficacy of topical minoxidil, Farah said.

There is also a risk for side effects including scalp itching, irritation, erythema, and burning with rosemary oil, Farah explained to attendees.

In another study, researchers looked at the use of onion juice in 23 people with patchy alopecia areata and found that onion juice applied twice daily resulted in regrowth after two months when compared with a control. Onion juice may cause mild erythema, odor, and contact dermatitis when used to spur hair growth, Farah warned.

Many influencers tout the use of rice water for long, shiny hair. Although preliminary studies of phenols, present in rice, are promising, there is no scientific evidence that rice water leads to hair growth, said Farah. Importantly, heavy starch in rice water could damage hair.

Massaging castor oil into the scalp for hair growth reportedly increases angiogenesis and decreases inflammation, but there are no studies documenting any type of hair growth from this practice, Farah told the audience. In addition, castor oil could cause acute hair felting, she warned.

Aloe vera gel is another hair loss remedy promoted across social media, but there are no human studies on the use of aloe vera gel for this indication, said Farah. Side effects could include burning, pruritus, and allergic contact dermatitis.

Other promising hair loss treatments are in the pipeline, Farah said.

"Oral minoxidil is really trending as a non-U.S. Food and Drug Administration-approved treatment for androgenetic alopecia," said Farah.

Hydradermabrasion may also have a place in promoting scalp health, she said. Hydradermabrasion is a form of dermabrasion that utilizes a solution along with suction to abrade the skin. Farah and colleagues are currently studying the effect of standardized scalp care utilizing hydradermabrasion on the scalp microbiome.

Other trends in hair include a host of studies looking at how COVID-19 infection affects hair loss. "One study found that hair loss from COVID-19 appears to be more common in women and is most likely telogen effluvium," Farah said. In addition, COVID-19 has been reported inside hair follicles in early post-COVID-19 hair loss, she added.

As part of the session, Maria K. Hordinsky, M.D., professor and chair of dermatology at the University of Minnesota and the director of the department's Clinical Research Division in Minneapolis, reviewed the new landmark FDA approval of baricitinib, a Janus kinase (JAK) inhibitor, for patients with alopecia areata. JAK inhibitors block certain enzymes that may contribute to inflammatory activity in the body.

## Happy staff, happy patients

The ins and outs of running a dermatology practice are not taught in medical school, and most doctors do not have much training in leadership skills, including knowledge about how to motivate, incentivize, and retain employees.

The “Great Resignation” refers to the record number of people who have left their jobs since the beginning of the pandemic, and this trend shows no signs of decline, making employee retention a challenge for many dermatology practices and academic departments.

“Getting the diagnosis and treatment right is important, but there is more that goes into a patient visit,” said M. Shane Chapman, M.D. He is the professor and inaugural chair of dermatology at Dartmouth-Hitchcock Medical Center and the Geisel School of Medicine at Dartmouth in Hanover, New Hampshire. “Dermatologists don’t think of patients as customers, but in a way, they are consumers.”

From the receptionist to the medical assistant, staff plays a big part in making sure patients have a good experience and keep coming back.

“Motivating your staff starts with believing in yourself and your abilities as a leader, and creating an aura of positivity at your office or in your department,” Chapman said.

A lot of it is basic, he said. “Always say 'good morning,' 'please,' and 'thank you,' and make sure to show that you care about your staff so they feel valued,” said Chapman. “Your staff will give 110 percent if they feel like you are on their side,” he said.

Staff development and mentoring can also help practices and academic departments retain high-performing employees, Chapman said.

Remember that it is people over profits, he said. “Don’t blame the people; blame the systems,” Chapman said. “Systems that work well are efficient and reduce errors, and they can be tweaked based on feedback.”