Studies have demonstrated patients of color have disproportionately higher incidences of several skin conditions that are less common in Caucasians. For instance, African American patients are more concerned about acne-induced postinflammatory hyperpigmentation. Biopsies of acne in African American women showed marked inflammation, including mild comedones. Epidemiological studies have shown Asian patients are prone to inflammatory acne, whereas Caucasian patients are predisposed to comedonal acne. Mild acne is more prevalent in Hispanic and Caucasian patient populations. Cultural practices involving treatment of the skin are also associated with an increased incidence of acne. Acne cosmetica refers to comedones raised from excessive use of cosmetic products and makeup. Dr. McMichael suggested considering prescribing isotretinoin at the early stages when treating patients of color with acne.

In psoriasis management, the odds of using biologics were 69% lower among African American patients than Caucasian patients. Psoriatic arthritis (PsA) is less commonly seen in African Americans than Caucasians, however, African Americans with PsA usually have more skin involvement and a more impaired quality of life. African American patients might also present differently than the typical silvery plaques seen in PsA. Lastly, Dr. McMichael named some other skin conditions that warrant studies to improve caring outcomes in patients of color, including prurigo nodularis, atopic dermatitis and hidradenitis suppurativa.