

AESTHETIC AND COSMETIC DERMATOLOGY (LASERS SEPARATE CATEGORY)

UNDERSTANDING THE AFRICAN AMERICAN FACIAL AESTHETIC PATIENT

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Introduction: Understanding the facial aging patterns, aesthetic concerns, and treatment priorities unique to African American women may enhance clinician-patient communication and optimize aesthetic outcomes in this patient population.

Objective: Two online studies were performed to gain insights into facial aging characteristics and treatment priorities among African Americans.

Material and Methods: In Study 1, 714 participants in the US, Canada, UK, and Australia (aged 18 - 75 years) self-assessed facial aging using a photonumeric scale of line/wrinkle severity for 10 facial areas. In Study 2, 401 US-based participants (aged 30 - 65 years) identified most bothersome facial areas as well as their relative treatment priorities using a 15-item diagram. Attitudes toward facial aging and motives/barriers for injectable treatment options were also evaluated.

Results: Compared with other racial/ethnic groups, African Americans reported "moderate-to-severe" signs of facial aging later, not until 50 - 79 years of age. And at ages 70 - 79, over 70% were still without moderate-to-severe perioral lines, lip fullness loss, or midface volume loss. African Americans were most bothered by their tear trough and submental areas, which were also among the most likely to be prioritized in a future treatment. Areas least likely to prioritize were perioral lines and lips. African Americans expressed the lowest consideration rate for injectable treatment options. A primary reason for considering injectables was wanting to "look good for their age"; although cost, safety, and possible side effects were cited as the greatest barriers.

Conclusions: African American women reported the slowest onset and least severe signs of facial aging. Common areas of concern were aligned with treatment priorities, highlighting the tear trough and submental areas. For clinicians, evaluation of these areas as well as addressing the safety/side effects of injectables during consultation may provide valuable guidance for patients and broaden their range of treatment considerations.





