

A woman with short, vibrant purple hair and a light purple, ribbed, one-shoulder top is the central focus. She is looking directly at the camera with a neutral expression. The background is a textured, gold-colored surface that resembles marbled paper or stone. The magazine title is overlaid on the top half of the image.

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Safely and Effectively TREAT ALL SKIN TYPES

understanding the Fitzpatrick scale

HARVARD DERMATOLOGIST THOMAS

Fitzpatrick, M.D., Ph.D. first developed his phototyping scale in 1975 as a tool to gauge how skin of different colors reacted to UV light exposure. Dr. Fitzpatrick's scale was embraced by the medical community and is still widely used today. Although skin color can serve as an indicator of a patient's heredity, it can also be misleading. Some light-skinned individuals have Asian, African-American or Hispanic parents, and many Fitzpatrick V's and VI's could have a Caucasian parent or grandparents. Identifying a client's unique combination of predispositions to different types of reactions based on a variety of factors is useful in predicting how they are likely to respond to chemical exfoliation procedures. The Global Heritage Model can help deepen your understanding of each client's skin and how it may respond to treatment.

The Global Heritage Model

The Global Heritage Model is used to evaluate a patient's propensity toward post-inflammatory hyperpigmentation (PIH). It divides the world into two regions: polar and equatorial. Those whose ancestors hail from countries close to the equator typically have darker skin, eyes and hair. This is due to hyper-responsive melanocytes producing abundant melanin, which is present as a defense mechanism against excessive sun

exposure. This melanin content should warn the clinician that any type of surface inflammation could trigger the melanogenesis process, resulting in hyperpigmentation post-treatment. Clients with polar region ancestry typically have light skin, hair and eyes, due to the fact that low sun exposure and cold temperatures in their countries of origin do not stimulate increased melanin levels for skin cancer protection. As a generalization, clients with both darker skin tones and equator region ancestry are the most sensitive to topical products and treatments.

GUIDELINES:

Polar region ancestry

- Typically tolerate more inflammation
- Less prone to hyperpigmentation
- Mild to moderate edema and erythema may be present

Equator region ancestry

- Cannot typically tolerate inflammation
- More prone to hyperpigmentation

For successful treatment outcomes across the entire range of Fitzpatrick skin types, several important steps must be followed. These include a thorough consultation, pre-treatment with clinical skin care, appropriate peel selection, customization of the treatment and post-procedure care.

continues

BY CHERYL STAUROWSKY





FOR LOWER FITZPATRICK TYPES, SURFACE STIMULATION IS TYPICALLY NOT THE ISSUE, UNLESS THEY ARE SUFFERING FROM ROSACEA OR ANOTHER BARRIER MALFUNCTION.

With care and consideration, you can provide all of your clients, regardless of their Fitzpatrick type, with dramatic, visible results.

The initial consultation

Thorough consultations are a critical piece of a safe and effective treatment plan. This first in-depth interaction between clinician and patient sets the tone for the relationship and builds trust. This trust fosters patient compliance, which is necessary for reaching their skin care goals.

After identifying the condition to be treated, products that must be avoided due to allergies or sensitivities, and the patient's potential for sensitivities (based on their skin color and ancestry), a treatment plan can be outlined.

The first step should be starting the patient on a customized daily regimen of home use products. This pre-treatment with clinical skin care products helps to prepare the skin for treatment and minimizes the chance of complications. If planning to peel a higher Fitzpatrick patient, it is beneficial to pre-treat their skin with a gentle topical product designed to inhibit melanogenesis to reduce the potential for PIH. All patients should be educated about the critical importance of daily broad spectrum sun protection. This is integral to your treatment plan's success. The first treatment appointment should be held two weeks after the consultation if planning on doing a chemical peel, but it can be scheduled sooner or on the same day as the consultation if a gentle mask-type treatment is being applied.

Treatment selection

In the days when highly aggressive phenol peels were the gold standard, patients treated were typically only Fitzpatrick I or II. These types of peels, along with high percentage TCA and other more aggressive treatments, simply cause too much surface stimulation for a higher Fitzpatrick patient to tolerate without potentially dramatic PIH. There are now many

FITZPATRICK SKIN TYPE AND CORRELATING SENSITIVITIES

| Fitzpatrick skin type | skin color | common hereditary backgrounds | visual reaction to sun | typical sensitivity to chemical peels | common adverse responses to UV rays |
|-----------------------|-----------------------------|--|--|---------------------------------------|--|
| I | pale white | Nordic, Scandinavian (Swedish, Danish) | always burns, never tans | very resilient | skin cancer and hypopigmentation |
| II | white | Irish, English, Welsh | usually burns | resilient | skin cancer and telangiectasias |
| III | light brown (naturally tan) | Asian, Mediterranean (Italian, Greek) | mildly burns, tans relatively well | moderately responsive | skin cancer, telangiectasias and hyperpigmentation |
| IV | moderate brown | Hispanic, Middle Eastern, African American, Native American | rarely burns, tans well | sensitive | hyperpigmentation |
| V | dark brown | Hispanic, Middle Eastern, African American, Native American, Southeast Asian | very rarely burns, tans easily | moderately sensitive | hyperpigmentation |
| VI | black | African American, Southeast Asian | least likely to burn, tans very darkly | very sensitive | hyperpigmentation |

peeling options available that broaden the base range of the patients on whom you can perform peels.

For lower Fitzpatrick types, surface stimulation is typically not the issue, unless they are suffering from rosacea or some other barrier malfunction. It is wise to choose solutions that limit alcohol content, as these vehicles typically trigger rosacea flares and inflammation in patients who are prone. Instead, choose solutions that blend multiple, lower percentage peeling agents with anti-inflammatory and skin strengthening agents.

More darkly pigmented skin needs to be treated with care when selecting a peel solution. The best choices are blends with several complementary peeling agents in lower percentages, but in this case look for formulations that deliver a variety of melanogenesis inhibiting agents. This combination further reduces the chances of patient complications and PIH.

After applying your selected peel solution, take the opportunity to further customize your treatment for your patient's unique combination of skin needs. Add topical antioxidant serums, antibacterial agents, L-ascorbic acid, retinoids or peptides to increase the visible benefits to the skin. Complete every treatment with the application of sunscreen, regardless of the time of day.

There certainly are many patients in between these two Fitzpatrick extremes. It is best to never assume how a patient's skin will react simply based on how it looks. Some patients may prove to be highly resilient, allowing you to treat them more aggressively without producing negative outcomes. However, you should not assume that aggressive treatment is a place to start. Being cautious does not equate to not delivering the results—in fact it means the opposite. Because inflammation is a contributing factor or cause of many of the very conditions we are trying to treat, limiting excessive inflammation and irritation during treatment will typically speed results, not slow them.

Post-procedure care and considerations

Proper product use in the days following treatment is critical to avoiding complications. Provide each patient with a set of trial-sized products to use in the four to seven days after the treatment.



This ensures that they will not use aggressive products that could instigate a reaction, inflammation or potentially PIH.

By truly understanding the unique predispositions of a variety of ethnicities and Fitzpatrick types, you can successfully treat all of your clients, regardless of what distinct combination of DNA they possess. As the world becomes an even deeper melting pot, having the skills to treat a wide variety of ethnicities will continue to be an important key to achieving success as a clinician. ■

MORE DARKLY
PIGMENTED SKIN
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TREATED WITH
CARE WHEN
SELECTING A
PEEL SOLUTION.



Cheryl Staurowsky is a PCA Advanced Educator. She began her career in medical esthetics in 1994. She has experience working with a variety of skin conditions and medical devices. Staurowsky is passionate about educating her patients on the benefits of skin care, and how a formula works within the skin. She has been a PCA SKIN educator since 2003.