CME Disclosure Acknowledgement Notification

All relevant financial relationships have been mitigated. All other planners/speakers have no financial relationships.

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2.00 of the 7.00 hours on pharmacotherapeutic education is pharmacotherapeutic/controlled substance prescriptive authority content. These 2.00 hours fulfill the South Carolina Board of Medical Examiners Opioid education mandate related to approved procedures of prescribing and monitoring controlled substances.

Financial Relationships:

<u>Name</u>	Name of Ineligible companies with which	Nature of Relationship
	relevant financial relationships	
Dr. Robert Oliverio	Pfizer	Leadership Advisory Panel
Dr. Toby Fugate	Gilead Sciences	Speaker
Dr. Richard Pierce	Sensus Healthcare	Employee, Medical Director, Stockholder

No Commercial Support was provided for this program.

No Learner contact information will be shared without learner approval.

Additional Resources have been provided in the enduring presentations.



7 Dermatology Cases Studies: Misunderstandings, Misdiagnosis and Alarming Trends

Richard Pierce, MD, FAAD

Conflict of Interest Disclosure

- Medical Director for Sensus Healthcare, a company that manufactures Superficial Radiation Therapy machines
- Presentation will avoid all related topics (skin cancer)

Objectives

- 1. Simple: non-comprehensive (best treatments, not every treatment)
- **2.** Conversational: a better way to learn

#1 most frequently misdiagnosed by primary care





Nummular Dermatitis:

Associations	Treatments	Editorial
Eczema (what is eczema?)Genetics	 Topical Steroids/non- steroidal 	 Simplify your topical steroid plan
• Environment	 Moisturize Bathing routine Biologic medications (dupilumab) 	Highly effective non- steroidal medications exist (start with tacrolimus)

What is this?





Tinea *Dermatophytosis*





Tinea vs Nummular Dermatitis: How to tell the difference





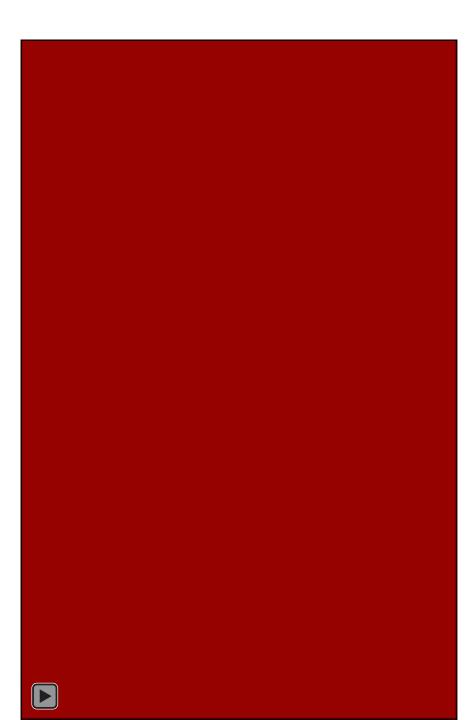
Simplicity: Just feel the skin, nummular dermatitis is rough textured, tinea is smooth **(most useful tip in this lecture)** KOH prep.

^{*}If it gets better with topical steroids, then worse, consider tinea

Tinea vs Nummular Dermatitis: How to tell the difference

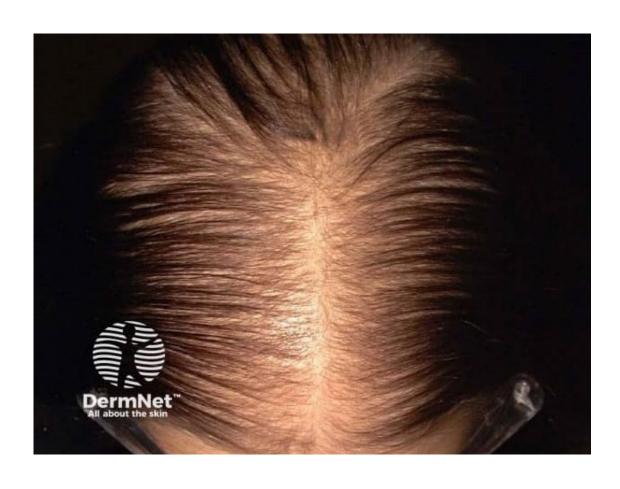






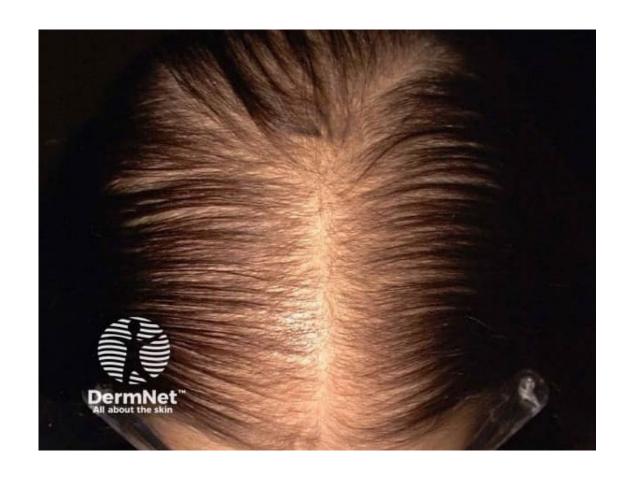
Diagnosis 2 (scabies)

Associations	Treatments	Editorial
 Transmission by close skin contact 	 Permethrin (head to toe), wash after 12 hours, 	 This can be hard to diagnose
 Hands/wrists/waist/ elbows/penis Itchy Crusted scabies is uncommon 	 treat again in 7-14 days Oral Ivermectin Permethrin and Oral Ivermectin for crusted Spinosad 	 If the penis is not involved, consider alternative diagnosis Permethrin and Oral Ivermectin for non-crusted
(immunosuppression)	 Treat close contacts (household members) Wash bedding in hot water 	Expect post treatment dermatitis, tell your patient





(non-scarring hair loss)





Non-scarring Alopecia





- -Sudden, diffuse shedding (anagen shift to telogen)
- -3 months after stress/illness
- -Self limited



Androgenetic Alopecia

- -Gradual, patterned
- -Genetic
- -DHT



Alopecia Areata

- -Sudden, patchy
- -Eyebrow, eyelashes, facial and body hair
- -Immune system attacks hair follicles

Non-scarring Alopecia



Telogen Effluvium

- -Sudden, diffuse shedding (anagen shift to telogen)
- -3 months after stress/illness
- -Self limited



Androgenetic Alopecia

- -Gradual, patterned
- -Genetic
- -DHT
- -Alarming trends



Alopecia Areata

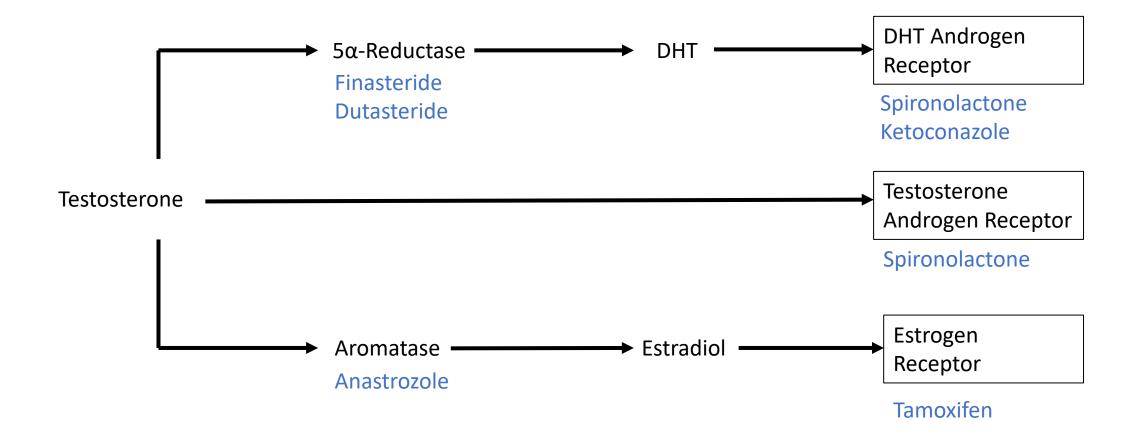
- -Sudden, patchy
- -Eyebrow, eyelashes, facial and body hair
- -Immune system attacks hair follicles

The Rise of Hormone Replacement Therapy for Vitality, Wellness, and Longevity

Misunderstandings and Alarming Trends

- PCM and patient attitudes
- What is alarming?
 - Dosing protocols
 - Lab monitoring
 - General understanding
 - Dermatologic side effects (androgenetic alopecia, acne, gynecomastia)

Androgenic pathway



Finasteride

FDA Package Insert

Clinical Studies for PROPECIA (finasteride 1 mg) in the Treatment of Male Pattern Hair Loss

In three controlled clinical trials for PROPECIA of 12-month duration, were discontinued due to adverse experiences that were considered to be possibly, probably or definitely drug-related (1.6% for placebo; n=934).

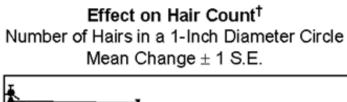
TABLE 1 Drug-Related Adverse Experiences for PROPECIA (finasteride 1 mg) in Year 1 (%) MALE PATTERN HAIR LOSS		
	PROPECIA N=945	Placebo N=934
Decreased Libido	1.8	1.3
Erectile Dysfunction	1,3	0.7
Ejaculation Disorder (Decreased Volume of Ejaculate)	1.2 (0.8)	0.7 (0.4)
Discontinuation due to drug- related sexual adverse experiences	1.2	0.9

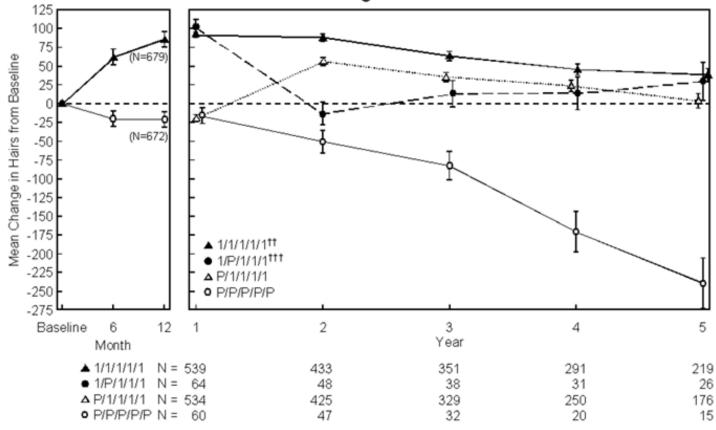
5.3 Increased Risk of High-Grade Prostate Cancer with 5α-Reductase Inhibitors

Men aged 55 and over with a normal digital rectal examination and PSA ≤3.0 ng/mL at baseline taking finasteride 5 mg/day (5 times the dose of PROPECIA) in the 7-year Prostate Cancer Prevention Trial (PCPT) had an increased risk of Gleason score 8-10 prostate cancer (finasteride 1.8% vs placebo 1.1%). [See Adverse Reactions (6.1).] Similar results were observed in a 4-year placebo-controlled clinical trial with another 5α-reductase inhibitor (dutasteride, AVODART) (1% dutasteride vs 0.5% placebo). 5α-reductase inhibitors may increase the risk of development of high-grade prostate cancer. Whether the effect of 5α-reductase inhibitors to reduce prostate volume, or study-related factors, impacted the results of these studies has not been established.

Finasteride

FDA Package Insert



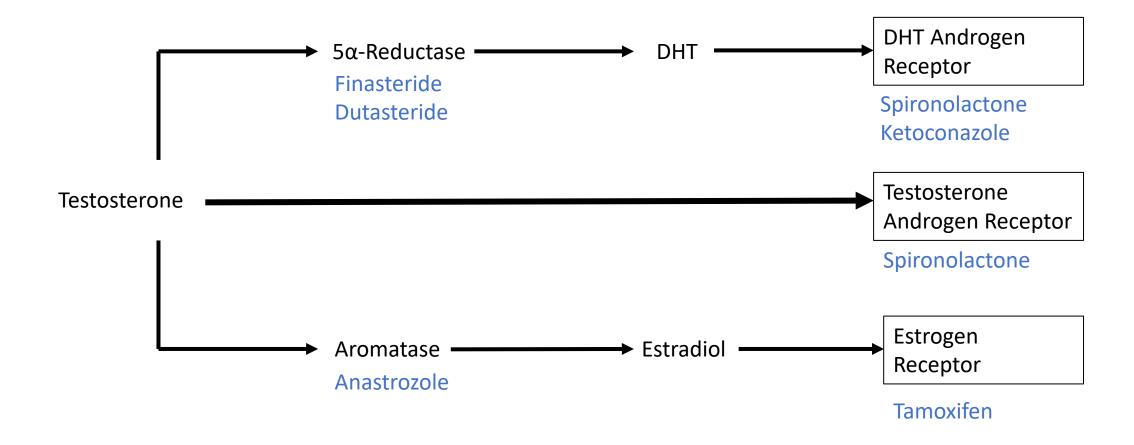


[†] Pooled data from vertex hair loss studies

^{†† 1 =} finasteride, 1 mg

^{##} P = placebo

Androgenic pathway



Non-scarring Alopecia



Telogen Effluvium

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Androgenetic Alopecia

- -Gradual, patterned
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- -DHT



Alopecia Areata

- -Sudden, patchy
- -Eyebrow, eyelashes, facial and body hair
- -Immune system attacks hair follicles

Non-scarring Alopecia Treatments



Telogen Effluvium

-Sudden, diffuse shedding

(anagen shift to telogen)

- -3 months after stress/illness
- -Self limited

Minoxidil



Androgenetic Alopecia

- -Gradual, patterned
- -Genetic
- -DHT

Minoxidil
Finasteride
Dutasteride (women)



Alopecia Areata

- -Sudden, patchy
- -Eyebrow, eyelashes, facial and body hair
- -Immune system attacks hair follicles

Minoxidil
Corticosteroids (ILK, topical, systemic)
JAK inhibitors

Lab Work for Alopecia

Screening (when diagnosis is unclear)	If clinically indicated	Editorial
 CBC TSH, T3, T4 Ferritin Vitamin D / B12 	 ANA DHEA /Testosterone (women) Zinc Prolactin 	 Hair loss is usually not the presenting symptom Correcting the abnormality may not improve the hair loss





Scarring Alopecia Central Centrifugal Cicatricial Alopecia (CCCA)





- -African decent
- -Scarring, crown->outward
- -Multifactorial-immune destruction of follicle, chemical treatments, traction

Clobetasol Doxycycline Hydroxychloroquine Minoxidil





Prurigo Nodularis

Associations	Treatments	Editorial
 Atopic dermatitis Anxiety/ depression Other causes of pruritis: diabetes chronic renal failure cardiovascular disease hepatitis C HIV infection polycythemia 	 High potency topical steroid Occlusion/Protection (Cordran vs band-aid+clobetasol) Dupilumab (IL-4) 	 First encounter: Build trust: do not blame, diagnose, treat a limited area, f/u 3 weeks Second encounter: Use the trust: refer to derm*, address anxiety/depression, expand treatment area, give encouragement, f/u 4 weeks Third encounter: Consider dupilumab

^{*}Dermatology: inject Kenalog, cryotherapy, dupilumab









Neurotic Excoriation/Compulsive Skin Picking

Associations	Treatments	Editorial
 Anxiety/ depression Bipolar disorder OCD BDD Substance abuse Acne 	 Treat underlying disorder (antidepressant/antipsychotic) Occlusion/protection Treat acne if present 	 Build trust: do not blame, diagnose, address anxiety/depression, refer to dermatology* Simplicity: excoriations are not primary Key to success: physician communication

^{*}Dermatology: patient will want an "expert" opinion to rule out primary skin disorder

BONUS: Diagnosis 7



Stasis Dermatitis





Sources

https://www.aafp.org/pubs/afp/topics/by-topic.skin-conditions.html

The Color Atlas of Family Medicine Second edition Richard Usatine

Imaging Licensing

Dermnet- https://dermnetnz.org/