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# Prescribing Patterns for Acne in Transgender Compared to Cisgender Patients

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## Background

- Transgender individuals face important health issues relevant to dermatologists, such as acne, and face a heightened risk of healthcare discrimination.<sup>1</sup>
- Isotretinoin is commonly prescribed for severe acne or when first-line treatments for acne are unsuccessful.
- Due to its teratogenic nature, patients with reproductive potential are carefully monitored on isotretinoin. This can be distressing for transgender men undergoing isotretinoin treatment.<sup>3,4</sup>

## Methods

- An online Qualtrics survey including demographic questions and clinical scenarios was emailed to 10,525 dermatologists in the United States (December 2021).
- The survey included a clinical scenario describing a patient with severe acne, for whom isotretinoin would be clinically indicated. The survey randomized gender (transgender or cisgender man or woman). Dermatologists were asked what treatment they would recommend in a free text response.
- The free text was coded in SPSS and the results were analyzed using chi-square, Mann-Whitney U, and independent T-tests.

## Objective

- To identify differences in dermatologists prescribing patterns for acne treatment depending on patient gender identity

**Figure 1A. Percentage of dermatologists who recommended isotretinoin as a first-line treatment**

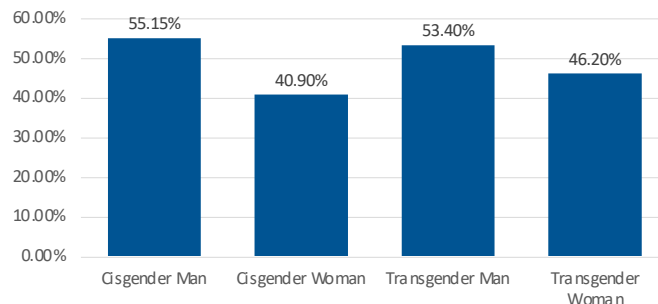


Figure 1A. shows that dermatologists were significantly more likely to prescribe isotretinoin as a primary treatment to cisgender men than cisgender woman ( $p=0.012$ ). They were also significantly more likely to prescribe isotretinoin to transgender men than cisgender woman ( $p=0.031$ ).

**Figure 1B. Percentage of dermatologists who recommended isotretinoin as a possible treatment**

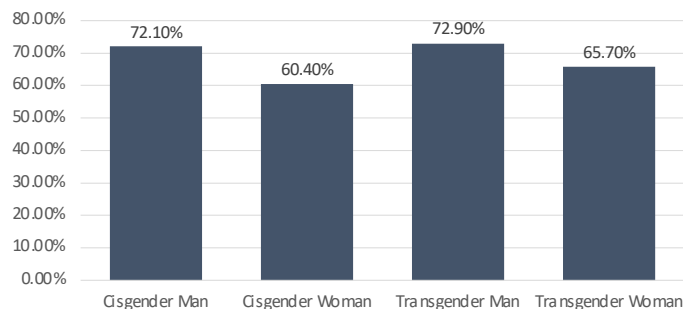
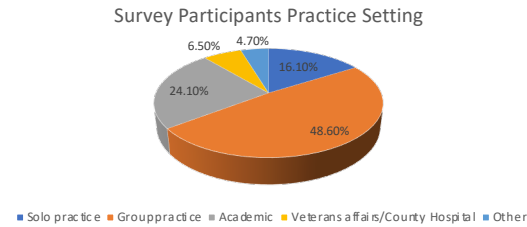


Figure 1B. shows that dermatologists were significantly less likely to prescribe isotretinoin at any stage to cisgender women versus cisgender men ( $p=0.029$ ). They were also significantly less likely to prescribe isotretinoin at any stage to cisgender women than transgender men ( $p=0.023$ ).

## Disclosures

- Dr. Howa Yeung (Department of Veterans Affairs, The National Institutes of Health and the American Acne and Rosacea Society)
- No other authors have any conflicts of interests

**Figure 2. Distribution of practice setting of dermatologists**



**Table 1. Treatment recommendations and survey completion metrics**

	Cisgender Man (n=190)	Cisgender Woman (n=279)	Transgender Man (n=191)	Transgender Woman (n=193)
<b>1<sup>st</sup> Step Treatment Recommendations</b>				
Isotretinoin	42.6%	24.0%	37.2%	34.2%
Oral antibiotic	38.4%	31.9%	35.6%	34.7%
Adjust topical regimen	14.7%	15.1%	13.6%	14.5%
Spironolactone	0.0%	19.0%	2.1%	11.9%
Oral contraceptive	0.0%	7.2%	0.5%	0.5%
Discuss role testosterone	0.0%	0.0%	4.2%	0.5%
Adjust testosterone dosage	0.0%	0.0%	3.7%	0.0%
Other	4.2%	3.0%	3.0%	3.6%
<b>Survey completion metrics</b>				
Time to submit (seconds)	32.2	51.0	49.9	47.9
Number of characters typed	59.7	66.4	61.2	51.7
Number of click aways	128	152	119	129

\* Includes "patient education, ILS, psychological evaluation, bacterial culture, check lab, PDT, consult other specialist, Ivermectin, Zinc Gluconate, Pantothenic acid, Ketoconazole shampoo, oral Finasteride"

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## Conclusion

- These results indicate gender differences in prescribing patterns for the treatment of acne with isotretinoin, with dermatologists less likely to choose isotretinoin as the treatment option for acne in cisgender women than for cisgender or transgender men.
- These findings cannot solely be attributable to teratogenicity concerns, and deserve further study.

## Discussion

- These results suggest that patients who may need treatment with isotretinoin may be under-prescribed the drug due to their gender.
- It is important to understand the risks and measures that need to be taken when prescribing isotretinoin to a person with reproductive potential without limiting their access to care.<sup>5</sup>
- An open-line of communication should be developed between the physician and patient to provide medically-appropriate care through a detailed gender-inclusive sexual history.<sup>2,5</sup>