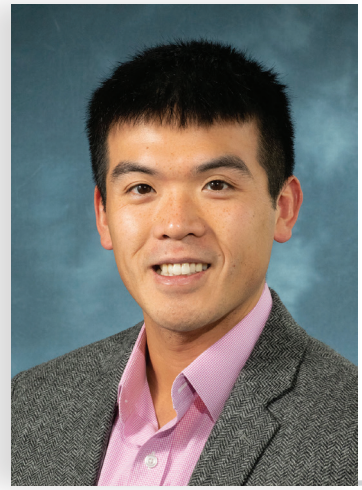




Consumer Trends Driving Contact Dermatitis: Insights from JiaDe Yu, MD, MS



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Skin care and personal care product trends are rapidly evolving under the influence of social media, influencer marketing, and “clean beauty” messaging. *Cutis* board member JiaDe Yu, MD, MS, discusses how these consumer-driven shifts influence patterns of allergic contact dermatitis in clinical practice. He also reviews key considerations in evaluating patients with suspected product-related reactions and highlights emerging challenges in identifying and managing contact allergens associated with modern consumer exposures.

How do social media trends and influencer-driven product fads affect the patterns of contact dermatitis you are seeing?

DR. YU: Social media and influencers are huge marketing opportunities for cosmetic and personal care companies and drive consumer demand. One example from a few years ago is slime as a toy for kids. For a period of time, every kid was making slime at home, resulting in high numbers of hand allergic contact dermatitis. Making slime requires a combination of borax (irritant), glue (irritant and allergen), laundry detergent or dish soap (irritant and allergen), and fragrances (irritant and allergen). This fad has been slowing since I cowrote an article on it (doi:10.1111/pde.13792). More recently, the rise of “Sephora kids” (pre-teens and adolescents influenced by social media trends promoting multistep skin care and anti-aging products) has raised concerns about contact dermatitis, as many of these products contain ingredients that can disrupt the skin barrier or trigger sensitization in younger patients.

How can products labeled free of fragrances or preservatives still trigger allergic contact dermatitis?

DR. YU: Fragrances are frequently in the top 10 ingredients that cause allergic contact dermatitis in adults and children. For people with sensitive skin, we almost unequivocally recommend fragrance-free products. Now, not all fragrance-free products are truly free of fragrance allergens. Some fragrance chemicals may be used for another purpose (benzyl alcohol as a preservative, for

example), so the product can still be fragrance free even though benzyl alcohol has a fragrance. Most products cannot truly be preservative free if they are expected to have a shelf life. One-time-use products do exist and can be preservative free, but they are very rare and very expensive to manufacture and maintain.

Have you seen spikes in reactions from trendy products like CBD-infused creams, botanical serums, or exfoliating acids?

DR. YU: Not yet, but I would not be surprised that this is rising in prevalence. The issue might not be CBD itself; it’s really the other additives in these CBD products that will cause problems. Looking at some CBD products for sale from major retailers, many contain fragrances such as lemongrass oil and botanical extracts such as calendula that have been noted to cause allergic contact dermatitis.

Do certain patient behaviors (eg, layering multiple natural products, frequent product switching, prolonged leave-on use) increase the risk for ACD?

DR. YU: Absolutely possible. The more products you use, the more likely you will develop allergic contact dermatitis due to increased exposure to potential allergens. We know that leave-on products are higher risk than rinse-offs in general. Furthermore, more products used also increase the risk for irritant dermatitis that might break the skin barrier, increasing the odds that someone will develop

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allergic contact dermatitis. We see this often with facial skin care products where some people might layer on glycolic acid with retinoid acid with vitamin C oil with kojic acid, etc, all leading to irritation on the face.

How do emerging consumer product trends influence your patch-testing approach?

DR. YU: We try to customize our patch-tested allergens to the patient’s rash and symptoms. If it’s a patient with facial dermatitis, for example, we would patch test the patient to a core allergen series (eg, American Contact Dermatitis Society 90, North American Comprehensive 80, North American Contact Dermatitis Group 80) and add on other supplemental panels including cosmetic series if applicable. It is also preferable to patch test for products that are used and/or suspected of causing the rash. For example, if a blush is a suspected cause of dermatitis, we would certainly patch test to that as well. We generally try to encourage the patient to bring in all their products so we can evaluate them for appropriateness for patch testing.

Which consumer-driven ingredients do you now consider high-yield targets for testing?

DR. YU: Fragrances, preservatives, and botanical extracts are all likely causes of allergic contact dermatitis. We are uncovering new allergens all the time, so testing directly to patient products is also important. Just because something has not been reported to be a contact allergen doesn’t mean it can’t become one.

Have you observed any demographic or cultural trends in patients with allergic contact dermatitis related to consumer products?

DR. YU: There are various papers that outline different allergens in adults vs children vs older adults. However, in general, the prevalence of contact dermatitis is very similar across all age groups and distributions. I do think there are definitely gender and cultural variations. Women are more likely to be allergic to nickel, for example, which is more often found in jewelry. However, there really aren’t studies that demonstrate one population is *more likely* to develop allergic contact dermatitis than others. It really comes down to exposure. For example, neomycin, which is contained in triple antibiotics in the United States and is sold over the counter, is a common allergen here. However, it’s not readily available in other countries, and therefore, neomycin is a rare allergen in those countries.

Looking forward, which emerging consumer trends do you anticipate will create the next wave of contact dermatitis cases?

DR. YU: We have seen an increase in allergic contact dermatitis in the wearables industry, especially in continuous glucose monitors. They are now being sold over the counter so people without diabetes and without a prescription will be able to purchase them from retailers like Amazon or CVS. The adhesives in these glucose monitors have been shown to cause allergic contact dermatitis in a sizeable number of kids and adults. I suspect this problem will continue to increase with increased exposure to the allergens in these adhesives.