

# An Analysis of Skin of Color Publications in the *Journal of Drugs in Dermatology* from 2018 to 2020

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## INTRODUCTION

As the United States population becomes increasingly diverse, it is exceedingly important for dermatologists to be knowledgeable about treating patients with skin of color (SOC). The published literature is an especially valuable resource for treating SOC. Many prevalent dermatological conditions, such as acne vulgaris, atopic dermatitis, and psoriasis, differ histologically and/or clinically in SOC, which may cause variation in pharmacological response.<sup>1</sup> The *Journal of Drugs in Dermatology* (JDD) has published a variety of literature detailing therapeutic considerations in SOC, such as utilization of fractional radiofrequency in SOC.<sup>2</sup> Here, we aimed to evaluate the representation of published articles related to SOC in the JDD.

The archives of JDD were analyzed from January 2018 to October 2020, along with 51 other highly ranked academic dermatology journals.<sup>3</sup> Journals were categorized as “international” or not, “SOC” or not, and as either “scientific” or “clinical,” and were assessed for SOC content using novel prespecified criteria (Table 1).

In JDD, 7.1%, 13.1%, and 13.6% of published articles were relevant to SOC in 2018, 2019, and 2020, respectively. Of these, the majority were classified as Tier 1A, meaning they addressed SOC, skin type, or race and ethnicity. 42.9%, 65.5%, and 62.5% of SOC articles were classified as Tier 1A in 2018, 2019, and 2020, respectively (Figure 1). Collectively, from 2018 to 2020, 11.6% of articles were SOC, and of these, 59.7% were Tier 1A. SOC articles published increased from 7.6% in 2018 to 13.1% in 2020, reflecting an increase of 5.5% within two years. Finally, of SOC articles between 2018 and 2020, the majority studied North American populations (91.5%), followed by Asian populations (6.4%), and Middle Eastern populations (2.1%; Figure 2). The races of North American populations studied are represented in Figure 3.

In the broader analysis of 52 journals, a mean of 16.8% of published articles were SOC,<sup>3</sup> compared to 11.3% of articles in JDD. Additionally, in the broader analysis, the majority (61.88%)

FIGURE 1. JDD SOC-related articles.

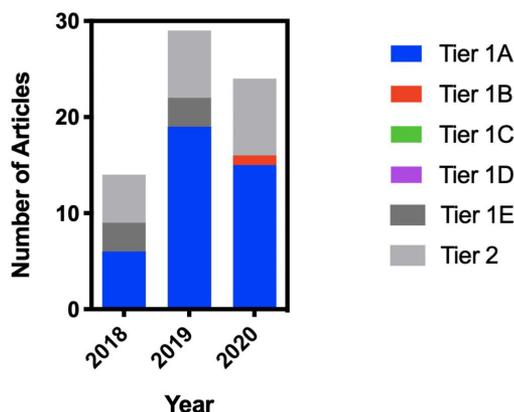
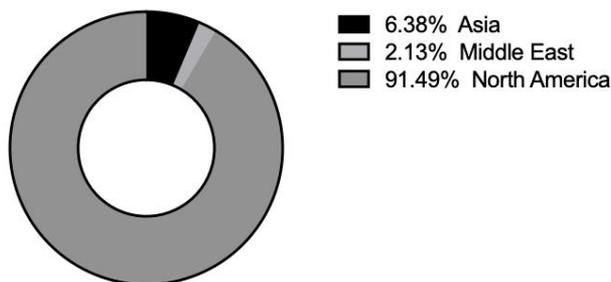


TABLE 1.

Classification System for Journal Articles	
SOCTier	Criteria
Tier 1A	Title addresses SOC, skin type, or race and ethnicity
Tier 1B	Title addresses a country where the majority of the population is Fitzpatrick skin type III–VI
Tier 1C	Title addresses socioeconomic/health disparities relevant to SOC populations
Tier 1D	Title addresses diversity and inclusion in dermatology
Tier 1E	Case reports with text or image in reference to a patient of color in a non-SOC country
Tier 2	Title addresses pigmentary skin and hair diseases relevant to patients of Fitzpatrick skin types III–VI and hair curl index 3–4

FIGURE 2. Populations studied in JDD SOC publications.



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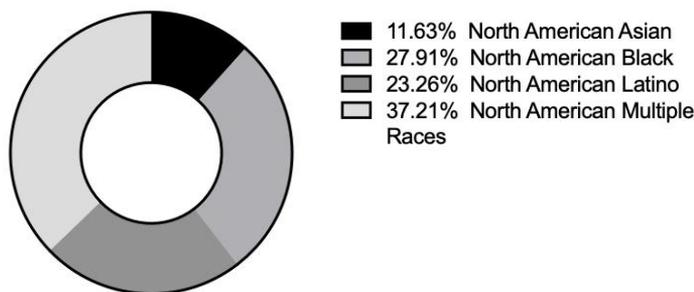
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FIGURE 3. Race of North American cohorts in JDD SOC publications.



of articles were Tier 1B, whereas the majority (59.7%) of articles were Tier 1A in the JDD. Given that the percentage of Tier 1A articles was lowest (5.44%) in SOC journals,<sup>3</sup> it is notable that the majority JDD SOC articles were at the intersections of SOC, skin type, and race or ethnicity. The JDD ranked 26 of the 52 journals analyzed for inclusion of SOC literature.

To improve representation of SOC, we recommend that journal editors utilize our criteria to evaluate SOC content and strive for at least 16% SOC content in each issue. In addition, we recommend that JDD continue to publish SOC special issues, similar to the July 2020 issue. We further encourage this publication to adopt a “skin of color” keyword, which would allow for SOC literature to be more accessible to practitioners. Given skin tone may play an important role in therapeutic efficacy, we believe the JDD has a critical role in providing practitioners with access to information to optimize care and clinical decision making for SOC patients.

DISCLOSURES

The authors have no conflicts of interest to declare.