

## Ethnic and Gender Considerations in the Use of Facial Injectables: Latino Patients

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**Background:** Globalization marks an important change in the world's perception of elective procedures: patients are becoming consumers and cosmetic procedures are being viewed as commodities. The quest to achieve and preserve a youthful appearance has no geographic boundaries or ethnic limitations. Cosmetic injectables have become an increasingly popular treatment option designed to improve and preserve facial appearance. Hispanic (Latino) patients are one of the rapidly increasing ethnic groups worldwide, seeking injectable treatments.

**Methods:** The author evaluated the trends in the use of injectables in his practice, mainly in Hispanic (Latino) patients, during one of the year's busiest seasons, specifically December 2014.

**Results:** The results reflect Latino patients' behavior toward injectables and how a high-volume injector addresses the needs of patients, taking into consideration ethnic characteristics and socioeconomic factors in balance with the provider plan for cosmetic improvement or facial restoration.

**Conclusions:** The author's Latino-Hispanic patients have embraced the concept of "less invasive" facial rejuvenation, and in his experience, he has found that their goal is to achieve precise results in a natural manner. Ethnicity does not play a role in patients' behavior toward cosmetic procedures. This "behavior" tends to be related more to the socioeconomic status and/or the level of education, rather than ethnicity, which move the patient toward specific procedures. (*Plast. Reconstr. Surg.* 136: 32S, 2015.)

The perception of beauty is influenced by many factors, such as lifestyle, socioeconomic status, ethnicity, and geographic location. Historically, people have been trying to achieve and preserve a youthful appearance; many procedures and techniques have been designed for rejuvenation. Cosmetic techniques have become more accessible to a larger number of patients, who consider undergoing procedures that will offer them a more youthful appearance, thereby improving their self-esteem. Dayan et al<sup>1</sup> identified improvement in patients' self-esteem within 2 weeks after they were treated with Botox.

Availability of injectables in our region is limited to those injectables approved by the Food and Drug Administration, as Puerto Rico is a US territory. There are 2 main groups of products among injectables: neurotoxins and injectable implants

(fillers). Botox (Allergan, Inc., Irvine, Calif.) is the most popular neurotoxin in our region, the first one available in our Puerto Rican market, which is a U.S. territory.<sup>2</sup> Dysport (Galderma USA, Ft. Worth, Tx.) and Xeomin (Merz USA, Raleigh, N.C.) are used in selected cases, mainly at the patient's request. Among injectable implants, I recommend those that are not permanent, such as hyaluronic acid and calcium hydroxylapatite. Poly-L-lactic acid (Sculptra; Galderma) is not considered by us as a filler but is considered as a biostimulant. For the purpose of this study, it is included among filler agents.

### GLOBALIZATION AND THE COSMETIC MARKET

Rapid globalization of the industry also marks a fundamental change in the world's perception

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of elective procedures: patients are becoming consumers and these medical services are being viewed as commodities.<sup>3</sup> To attract and retain patients in a global market, cosmetic practitioners must be vigilant of the changes in medical tourism and must understand different ethnicities and adapt treatment techniques accordingly.<sup>4</sup>

Data show that global health tourism generates \$35 billion in economic activity annually, which is growing at a rate faster than the growth rate of overall travel and tourism. Statistics show that 15,000 medical tourists come to Puerto Rico, spending an average of \$10,000 yearly.<sup>5</sup>

### TRENDS IN THE USE OF COSMETIC FACIAL INJECTABLES IN LATINOS

Latinos are a rapidly increasing ethnic group seeking Botox and/or filler treatments. In 2011, the American Society of Plastic Surgeons (ASPS) estimated that 22% of the total cosmetic procedures were performed in ethnic groups (nonwhite) and that 50% of this group comprised Latino women.<sup>6</sup> According to ASPS 2013 statistics, Hispanic patients represent the largest and fastest growing cosmetic group.<sup>7</sup>

This article describes the unique patient demographics and behavior toward injectables in a Caribbean country, US territory, in which the use of injectables is regulated by the Food and Drug Administration.

### DEMOGRAPHIC AND CLINICAL CHARACTERISTICS

Compared with the 2013 data of the ASPS,<sup>8</sup> according to which 8% of the patients undergoing minimally invasive procedures were men, men represented 11% of the patients in our Latino clinic. Forty-one percent of my male patients and 63% of my female patients reported being married (Fig. 1).

Skin type, as defined by the Fitzpatrick scale in a Hispanic population, has been previously described by Eilers et al<sup>9</sup> to be varying between types II and V skin phototype in similar proportions. This wide variation of skin color type is consistent with that found in my Latino patient group, in which the majority of patients are evenly distributed between types II, III, and IV (Fig. 2).

One third of patients interviewed (31%) reported not having any skincare routine, 20% reported using a commercial cosmetic brand, and 40% adopted skincare products recommended and provided by my office (Fig. 3). Neurotoxin (mostly Botox) injection is the most popular cosmetic procedure in my practice: 99% of my patients have

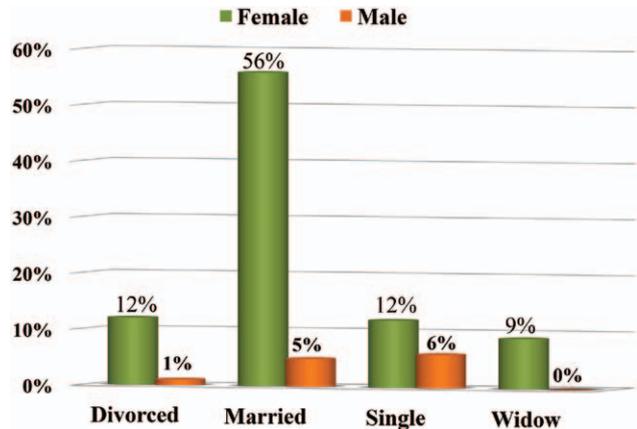


Fig. 1. Distribution of sex by marital status.

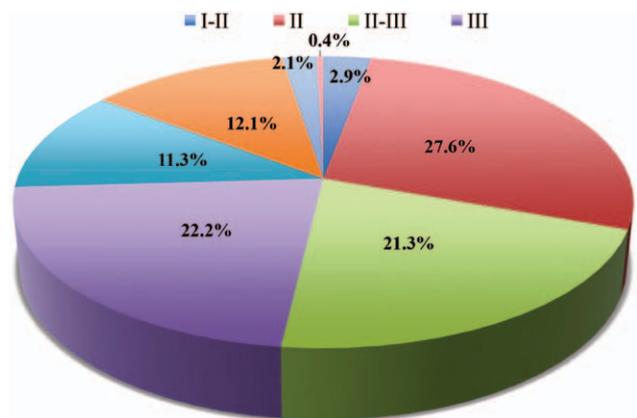


Fig. 2. Fitzpatrick assessment.

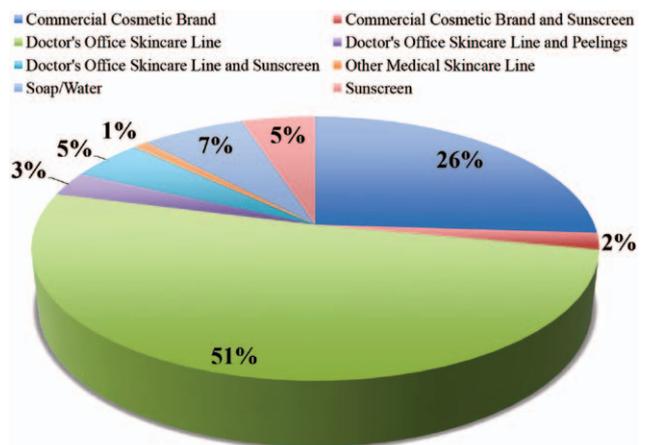


Fig. 3. Distribution of skin care.

been injected with Botox. Among this group, 55% were also injected with fillers (Fig. 4).

### TREATMENT EXPERIENCE

My data indicate that in single-treatment sessions, the majority of patients (64%) elected a full

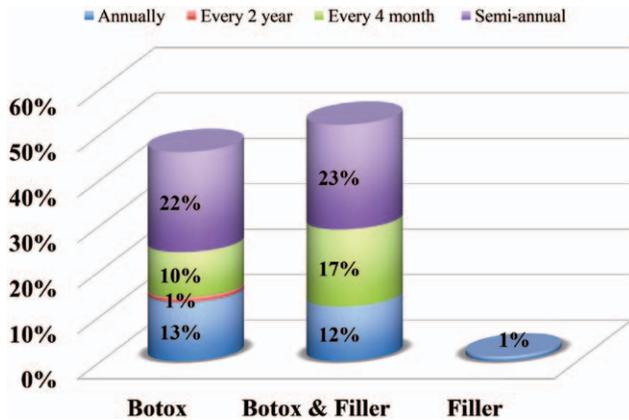


Fig. 4. Frequency of injectable experience.

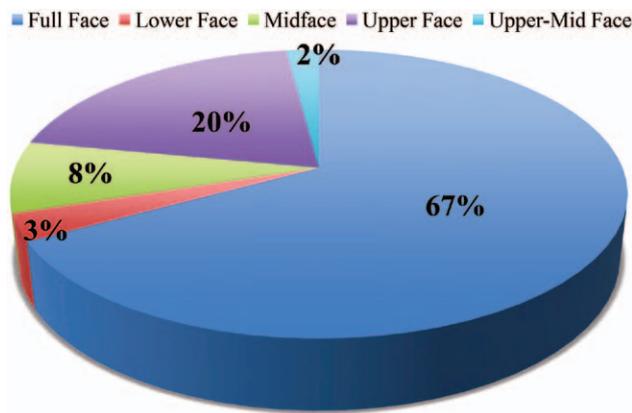


Fig. 5. Distribution of area injected.

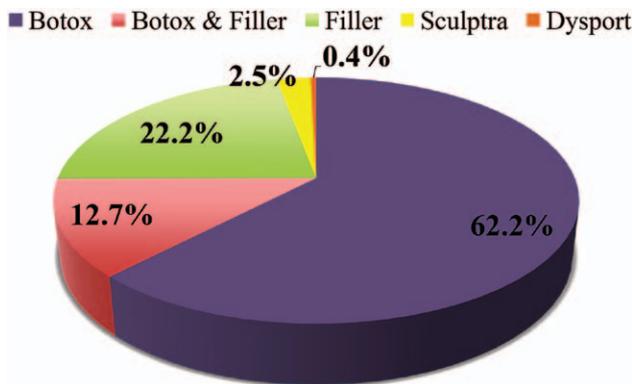


Fig. 6. Distribution of recommended treatment by provider.

multiple facial zone injection vs a single/isolated-area injection treatment (Fig. 5). The most common injectable areas for neurotoxins are glabella (22%), crow's feet (20%), forehead (18%), and depressor anguli oris (16%). Furthermore, Botox was the most popular treatment. Over 60% of patients treated in December 2014 had a Botox injection, 22% had only a filler injection, and 12% had a combination of Botox and filler injections (Fig. 6) in a same-visit session.

Table 1. Frequency of Areas Injected by Treatment and Distribution of Treatment Combination\*

Tx combination	Material																									
	Belotero Botox	Botox and Belotero	Dysport Botox	Botox and Dysport	Juvederm Botox	Botox and Juvederm	Radiesse Botox	Botox and Radiesse	Restylane Botox	Botox and Restylane	Sculptra Botox	Botox and Sculptra	Volume Botox	Botox and Volume	Dysport Botox	Botox and Dysport	Perlane Botox	Botox and Perlane	Restylane Botox	Botox and Restylane	Sculptra Botox	Botox and Sculptra	Volume Botox	Botox and Volume	Belotero Botox	Botox and Belotero
Total Area	2.3	43	84	83	85	82	25	15	7.7	84	15	12	33	39	0.90	50	20	37	3.7	15	9.1	6.8	38.1	27	7.7	7.7
Crow's feet	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
DAO	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15
Forehead	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
Glabella	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22
Lip	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Lower lid	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9
Malar	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3
Marionette lines	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4
Mentalis	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12
Mild face	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1
Nasolabial fold	2.9	2.9	2.9	2.9	2.9	2.9	2.9	2.9	2.9	2.9	2.9	2.9	2.9	2.9	2.9	2.9	2.9	2.9	2.9	2.9	2.9	2.9	2.9	2.9	2.9	2.9
Neck	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2
Perioral	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4
Tear trough	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3
Temporal	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6

Tx, treatment; DAO, depressor anguli oris. \*All data are presented in percent and rounded to the nearest tenth.

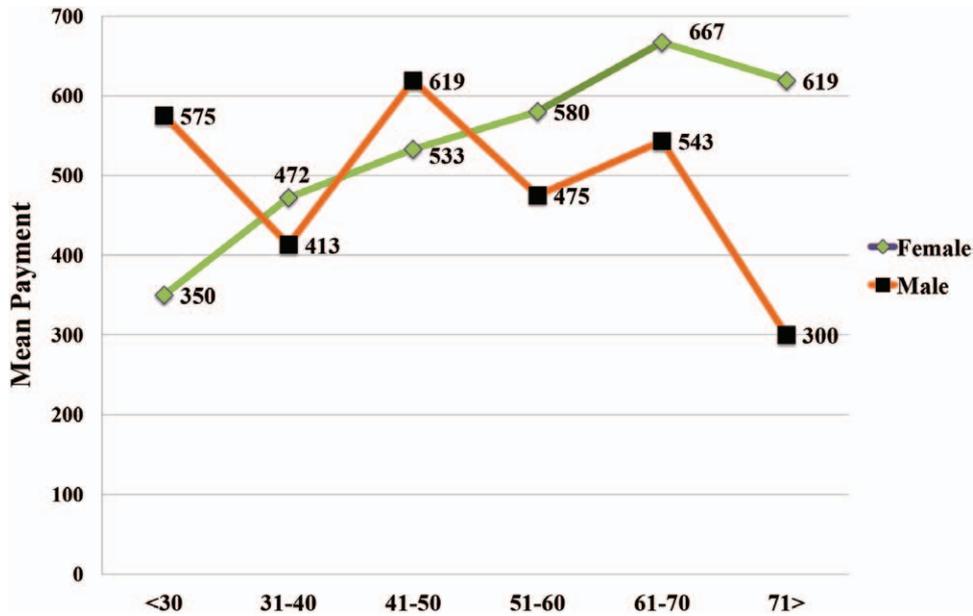


Fig. 7. Distribution of payment by sex.

Moreover, patients who elected a neurotoxin and filler combination in the same session had Botox and Juvederm Voluma XC (Allergan, Inc.) (52%). For filler-injection-only group, 56% of patients had Sculptra injected in multiple facial zones and 26% had Restylane for tear trough injection (Table 1).

**PAYMENT**

The average payment per single-treatment session was \$536 for women and \$488 for men. Women in their sixties to seventies represented the group with the highest average payment per session, whereas men in their forties to fifties spent more than other age groups (Fig. 7). In the United States, physician fees for minimally invasive procedures ranged from \$150 to \$2100.<sup>10</sup>

**MEDICAL CONDITIONS**

Around 49% of patients reported having a medical condition, most commonly arterial hypertension (13%) and thyroid disease (13%) (Fig. 8), whereas 7.9% of patients reported using an anti-coagulant medication and 3.8% using an antidepressant and/or neuropsychiatric medication.

**COMPLICATIONS**

The most commonly reported side effects were temporary injection-site redness, swelling, pain or tenderness, and bruising, usually in filler injections but rarely in neurotoxin treatments. During the follow-up appointments, usually at

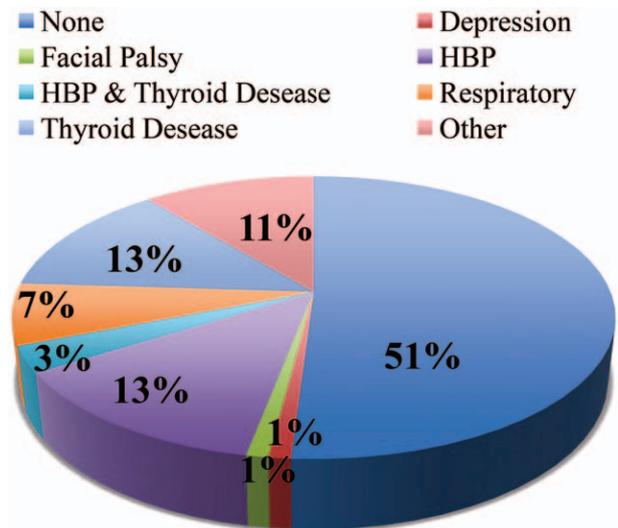


Fig. 8. Distribution of medical condition.

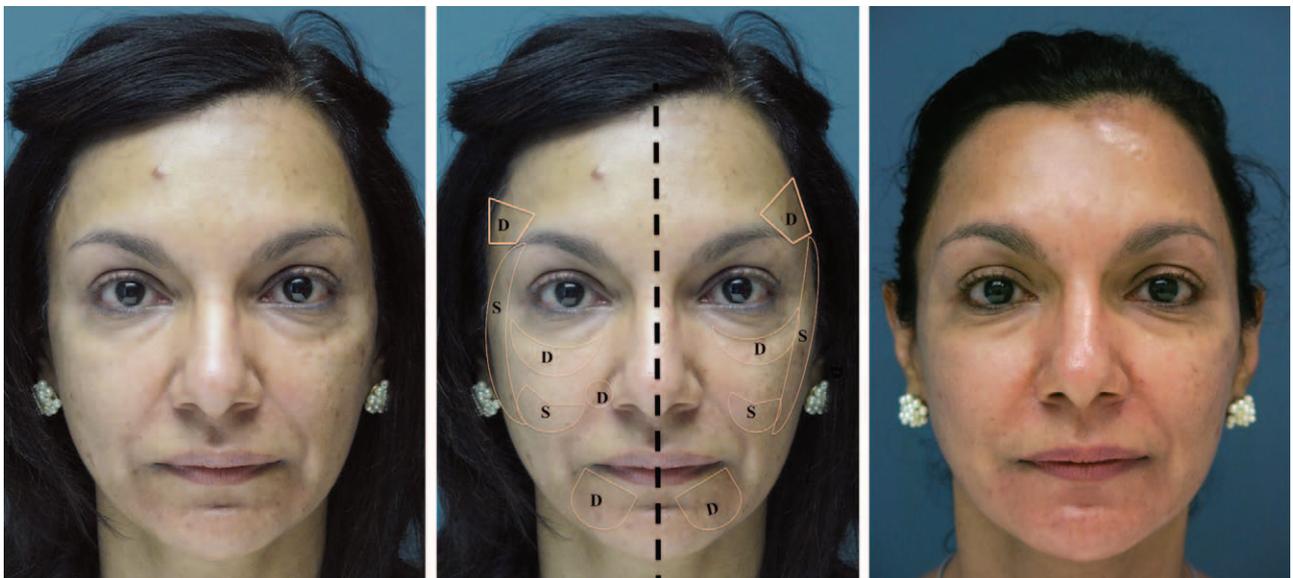
2–4 weeks after treatment, patients reported resolution of those minor adverse events. The most common complaint of the occasional “unhappy patient” is the impression that the treatment had no effect. As part of every procedure, patients have the opportunity to observe before-procedure and after-procedure photographic documentation 2–4 weeks after treatment. After seeing their post-procedure photograph, that “unhappy patient” turns into a loyal, returning one.

**CONCLUSIONS**

During the 3-week study period, 239 patients treated with a cosmetic injectable were evaluated.



**Fig. 9.** Full-face neurotoxin (Botox) injection approach to correct asymmetry and “shift” expression from sad-looking to happy-looking.



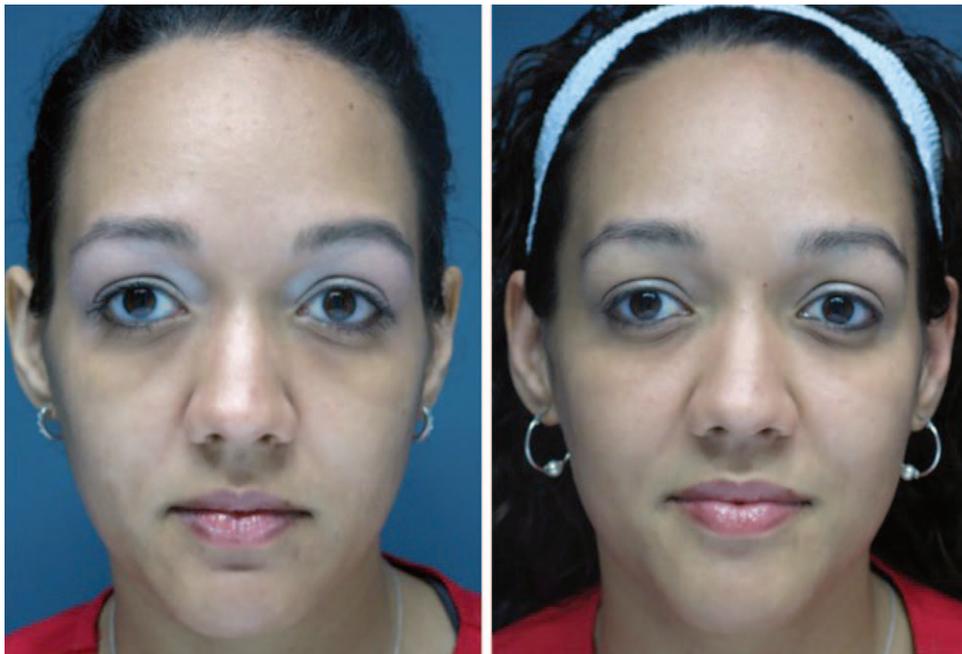
**Fig. 10.** Volume restoration after use of 6 vials (3 sessions) of poly-L-lactic acid (Sculptra).

Of those, 21% were new and 79% were returning patients. After data analysis, I concluded that my Hispanic (Latino) population is ethnically diverse in terms of skin types. Our geographic location with constant sun exposure predisposes my patients to skin pigmentation, dyschromia, and elastotic changes. Skincare products and treatments are a definite source of passive income in my practice. Considerations taken when treating my patients with injectables (who are, on average, of a Fitzpatrick skin type III) are the same as those taken when treating a “white patient population.”

My Hispanic patient population consists of a middle-aged professional woman who sees cosmetic procedures as a maintenance routine for health and beauty. The common primary request from these patients is to obtain a natural result. The patient usually leaves it up to the physician to decide on a treatment plan. They are loyal to the practice and tend to return 2 to 3 times per year for touch ups. Ethnicity does not play a role in patients’ behavior toward cosmetic procedures. This behavior tends to be related more to the socioeconomic status and/



**Fig. 11.** Juvederm Ultra supraperiosteal needle injection 0.5 cc on each tear trough on December 2011 (left); picture taken in August 2013 (right), correction remains without retouch.



**Fig. 12.** Voluma XC injection: 1.0 cc on each mid face at zygomaticomalar, submalar, and antero-malar regions, same amount at each zone, 29-G needle, deep supraperiosteal injections, pillar technique.

or the level of education, rather than ethnicity, which moves the patients toward specific procedures.

Among neurotoxins, Botox was the first approved neurotoxin, with which I have obtained consistent and precise results (Fig. 9). The

reason to incorporate a different neurotoxin is driven by a patient claiming that the treatment results are no longer as expected. An approach to facial volume restoration is undertaken, taking into consideration inherent characteristics of the patients, the ability or capability of the



**Fig. 13.** Voluma XC injection: 1.0 cc on each mid face at zygomaticomalar, submalar, and antero-malar regions, same amount at each zone, 29-G needle, deep supraperiosteal injections, pillar technique.

patient to understand the role of volume in the aging process, and costs. My preference is to create a panfacial deep framework addressing skeletal and soft-tissue loss with biostimulants, such as poly-L-lactic acid (Sculptra) (Fig. 10), and either refine or enhance facial contour with hyaluronic acid products having lifting capabilities, such as Juvederm (Fig. 11) and Voluma XC (Figs. 12 and 13).

In summary, generally my patients are Latino women in their fifties, are professionals, and are married, and male patients are single professionals in their fifties. The majority of the patients (44%) come for treatment semiannually, 27% every 4 months, and 25% on an annual basis. In general, women are treated with neurotoxin injections on their whole face as recommended by the provider, whereas men are treated with neurotoxin injection mainly on the upper face. For injectable implants, women mostly request treatment of midface/cheek and perioral region, whereas men demand periocular, under-eye depression correction.

Although patients usually have their specific concerns, they tend to embrace the provider's recommendations (70%). Therefore, I believe that treatment trends are driven mostly by the injector and not by the patient. The underrepresented male patient population (11%) is probably

a reflection of the Latino culture, where some procedures are viewed as a territory for women. Marketing efforts to attract this underrepresented sector should be tailored appropriate to a more masculine branding by companies and providers. I have a significant number of patients with regular Botox injections who have never experienced filler injections. There is still a niche for potential growth of the filler market after proper patient education. My Latino-Hispanic patients have embraced the concept of "less invasive" facial rejuvenation, and in my experience, I have found that their goal is to achieve precise results in a natural manner.

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#### PATIENT CONSENT

*Patients provided written consent for the use of their images.*

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