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Unmasking the Epidemic of Misinformation: An Advocacy for Evidence-based Dermatologic Practice amid the Social Media-driven Misrepresentation of Prescription Therapies

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ABSTRACT

Introduction: The rise of social media has transformed how the public accesses dermatologic information, with platforms such as TikTok, Instagram, and YouTube enabling rapid dissemination of content by both experts and laypersons. While this increased access offers opportunities for patient engagement, it has also led to a proliferation of unregulated, often misleading, health information, particularly regarding prescription dermatologic therapies. Underrepresentation of board-certified dermatologists and skin of color communities further compounds these challenges, contributing to disparities in care and public trust.

Methods: We conducted a cross-sectional analysis of 53 TikTok posts related to topical steroids and isotretinoin, identified under the hashtags #topicalsteroids and #accutane. Posts were categorized by creator type (MD/Doctor vs. Nonmedical Professional), content accuracy (accurate, misleading, mixed, or other), and engagement metrics. Additional narrative review of the literature explored the impact of social media on dermatologic education, access, and misinformation, with a focus on underrepresented groups.

Results: Only 15% (n=8) of TikTok posts were created by physicians or dermatologists, while the vast majority (85%, n=45) originated from nonmedical professionals. Misleading information was widespread: all misleading posts (n=27, 51%)

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were authored by nonmedical professionals, and none by medical doctors. Accurate posts were predominantly produced by MDs/dermatologists. Despite accounting for just 8% of total content, posts from creators identified as skin of color were notably underrepresented. Misleading posts, particularly under #topicalsteroids, received high engagement (mean 719 comments, SD ± 2169). Literature review highlighted further barriers, including gaps in dermatologic training, lack of institutional support for professional engagement online, underrepresentation in research, and significant disparities in care and health literacy.

Conclusions: Social media dermatology content is dominated by nonmedical professionals, who are also responsible for all identified misleading posts, underscoring a critical gap in evidence-based education online. Underrepresentation of both board-certified dermatologists and skin of color voices exacerbates disparities and mistrust. Addressing misinformation and promoting equity will require a multifaceted strategy, including increasing professional engagement on digital platforms, improving representation and inclusivity in dermatologic education and research, and implementing institutional reforms to support digital health communication. Dermatologists and healthcare institutions must proactively lead efforts to verify content, engage diverse communities, and empower patients through accessible, accurate, and culturally competent information.

Keywords: Social Media, Dermatology Misinformation, Tiktok, Topical Corticosteroids, Isotretinoin, Health Equity

INTRODUCTION

The Rise of Social Media in Dermatologic Information Sharing

The Proliferation of Unregulated Health Content

Social media has emerged as a popular platform for laypeople to access dermatologic and treatment-related information. While regulations require the disclosure of sponsored content and the protection of identifiable patient information, there remains limited oversight regarding health-related posts shared on these platforms [1]. The interactive features offered by platforms such as Facebook, Twitter, Instagram, TikTok, YouTube, Snapchat, and other emerging social media channels have attracted both organizations and individuals interested in dermatology-related content and medical advice [2]. However, these platforms also carry a significant risk of spreading inaccurate or potentially harmful information.

Misalignment with Professional Guidelines

A cross-sectional survey examining the influence of social media on acne treatment revealed that most treatment decisions inspired by social media recommendations do not align with the American Academy of Dermatology (AAD) guidelines. The survey found that 48% of users adopted lifestyle changes not supported by published guidelines, such as dietary modifications and supplement use. Dietary changes were particularly common for acne management, reported by 40% of respondents. Additionally, 17% of users began taking oral supplements, including probiotics, vitamins, and oils, based on social media advice [3].

The Influence of Uncredentialed "Skinfluencers"

A 2020 study found that healthcare professionals represent only 38% of Instagram accounts featuring popular dermatology content, with board-certified dermatologists making up just 4%. Among these healthcare professionals, 27% did not disclose their credentials [1,4]. As a result, many self-identified social media "skin-care experts" or "skinfluencers" lack formal qualifications, and the majority of dermatologic advice shared on social media originates from individuals who are not dermatologists.

Gaps in Dermatologic Education and Care

Cultural Beliefs and Misinformation in Dermatologic Practices

For patients who seek dermatologic advice outside of trained professionals, it is easy to be swayed by misinformation or hold onto beliefs instilled during childhood. Many cultures have specific traditions, stereotypes, and practices surrounding beauty and skin care. These beliefs are often passed down through generations, making it difficult to correct misinformation. For example, the use of home remedies, such as oils to treat psoriasis, is inaccurate information being passed down from generation to generation [5]. Individuals who lack medical expertise can both be deceived by and contribute to the spreading of medical misinformation on social media.

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Limited Dermatologic Training in Medical Education

Several studies have shown that U.S. medical students receive minimal dermatologic education, averaging only 16 to 22 hours, representing less than 1% of their overall training. As a result, fewer than 40% of primary care residents feel adequately prepared to manage common skin conditions. A significant gap also exists in training related to skin of color, with 47% of dermatologists and residents reporting inadequate education in treating skin conditions in Black patients. Although they are part of the medical community, some individuals can still be misled by misinformation on social media because of their limited exposure to proper dermatological training. These findings highlight a pressing need for education and a diverse patient exposure.

The Complexity of Topical Corticosteroid Phobia

Prevalence and Origins of TCS Phobia

Topical corticosteroid (TCS) phobia is a complex, multidimensional issue that makes addressing patients' fears particularly challenging. Simply presenting data or increasing knowledge about TCS often fails to improve adherence or alleviate fear. A nationwide cross-sectional survey of 3000 participants aged 18–65 who had used topical steroids in the past year found that 31% had steroid phobia. Among them, 35% attributed their fear to media influence. Common concerns included weight gain, asthma, skin thinning, growth stunting, and skin aging [6].

Steroid phobia was more common in females and those who experienced side effects, while those informed by healthcare professionals were less likely to develop it. Individuals more susceptible to pseudo-profound information may be at a higher risk for developing TCS phobia. High volumes of alarming messages from family, friends, and the internet significantly impact patients' and parents' perceptions of TCS safety, often leading to treatment nonadherence. Major contributors to steroid phobia include misinformation, lack of education, fear of adverse effects, polypharmacy, negative experiences with steroids, and frequent clinic changes. Parents of children with atopic dermatitis often show significant concerns and poor understanding of TCS use, exacerbated by confusing packaging and conflicting advice from different healthcare providers [7]. Improving labeling, providing clearer education, and fostering better collaboration between dermatologists and pharmacists are critical steps to counter misinformation and restore confidence in TCS treatment.

Digital Influence and the Dermatology Divide

The Role of Influencers in Skincare Decisions

Influencers have become major sources of information and inspiration for consumers in the skincare industry. Research shows that 86% of adults aged 18 to 29 use social media, with most Facebook, Instagram, and Snapchat users logging in at least once daily. Recently, there has been growing interest in using social media for medical purposes, particularly in dermatology. Many dermatology-related videos created by non-professionals have gained popularity among patients seeking information. Nearly 90% of individuals aged 18 to 24 rely on social media for healthcare information, with 34% saying it influences their medication choices and 41% noting it affects their choice of doctor. However, finding trustworthy health information online remains a significant challenge. Many people mistakenly associate large followings with credible information, which can lead to mismanagement and unnecessary treatments [8]. Ultimately, relying on unreliable sources may result in poor outcomes for patients.

Underrepresentation of Skin of Color in Dermatologic Imagery and Social Media

Disparities in healthcare utilization are increasingly recognized as impacting patient outcomes. Black and Hispanic patients, in particular, are over 45% less likely than White patients to seek dermatologic care for skin conditions [9]. A 2020 study on the representation of skin of color (SOC) in Google Images for common skin conditions found that 90.5% of searches underrepresented SOC patients in relation to the racial demographics of the United States. The study highlighted the lack of melanin-rich skin representation in dermatology education and reference materials, which may contribute to inadequate care, treatment delays, and misdiagnosis for patients with darker skin tones.

Another study examining dermatologic content on social media found that SOC representation remains limited. Of 441 Instagram posts reviewed, only 10.4% featured individuals with Fitzpatrick skin types IV–VI [10]. While SOC posts had lower follower counts (87,440 vs. 167,660), they showed higher engagement rates (4.68% vs. 3.75%) compared to posts featuring lighter skin types. Despite these promising engagement rates, SOC individuals continue to be underrepresented [9]. However, limitations of the study include reliance on photos for skin type estimation, lack of demographic data for Instagram users, and the fact that Fitzpatrick skin type does not directly equate to race.

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Platform-Specific Content and Consumer Behavior

Social media is rife with misinformation, particularly regarding aesthetic procedures, which can expose patients to potential harm. It can negatively affect a patient's mental health and contribute to addictive behaviors. While social media offers substantial information on aesthetic treatments, much of it is misleading. Influencers are generally not credentialed, and patients can be swayed by trends [11]. Many individuals promote unregulated and untested products and treatments, often sensationalized, and anyone can become an influencer without any verification of their qualifications.

The Consequences of Misinformation on Treatment Adherence

Dermatology misinformation, driven by gaps in medical training and online content regulation, is an emerging public health concern. These blind spots affect practitioners' ability to tackle misinformation and its origins, leading to underserved communities being disproportionately affected. TCS is a safe and effective treatment used in multiple dermatological conditions. Nonadherence to prescribed TCS can be due to a phobia secondary to misinformation. TCS phobia is a complex, multifaceted phenomenon that affects patients with skin disease, creates cognitive dissonance, and can obstruct successful treatment.

Creator Type and Content Accuracy of Dermatology-Related TikTok Posts

To quantify the prevalence and sources of dermatology-related misinformation on social media. Data was collected April 1st through April 30th, 2025, using TikTok's native search function in "Top" results mode to reflect content most commonly encountered by users. A cross-sectional analysis included 53 publicly available TikTok posts identified under the hashtags #topicalsteroids and #accutane. Posts were included if they were publicly accessible, audio strictly in English, and focused on dermatologic treatment or education; promotional (i.e. posts with direct product marketing, brand endorsements), unrelated, duplicate, or non-English posts were excluded. Posts were sampled using TikTok's native search function to reflect content readily encountered by users.

Individual posts were categorized by creator type and accuracy. Posts were considered accurate, misleading, mixed, or other (unclear/insufficient information) based on established dermatologic guidelines (i.e. American Academy of Dermatology guidelines). All posts were independently reviewed by medically trained authors, with disagreements resolved by consensus. Engagement metrics were summarized using descriptive statistics.

The tables below summarize the breakdown of posts by creator type (medical professionals vs. non-medical professionals) and content accuracy. These findings highlight the disproportionate influence of non-medical creators and the complete absence of misinformation among posts authored by physicians or dermatologists (Table 1A and 1B)

Creator Category	# Topical Steroids	#Accutane	Total
MD/Doctor	3	5	8
Non-Medical Professional	23	22	45
Total	26	27	53

Table 1A: The breakdown of posts by creator type (medical professionals vs. non-medical professionals)

Creator Category	Misleading	Accurate	Mixed/Other	Total
MD/Doctor	0	8	0	8
Non-Medical Professional	27	2	16	45
Total	27	10	16	53

Table 1B: The breakdown of posts by content accuracy

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Our analysis of 53 TikTok posts under #topicalsteroids and #accutane found that only 15% of posts were created by physicians or dermatologists, while the vast majority (85%) were from nonmedical professionals. Notably, **100% of misleading content (n=27) originated from nonmedical professionals,** with no misleading posts from MDs or dermatologists. Misleading posts showed high engagement, especially under #topicalsteroids, averaging 719 comments per post (SD ± 2169), illustrating the disproportionate reach of non-evidence-based content. While our initial analysis sought to capture skin of color representation, ethnicity was not consistently or systematically reported by content creators and thus is not visualized in our primary tables or figures. Only 4 out of 53 posts (8%) were from Black/skin of color creators, a limitation which further underscores the need for increased inclusivity and diversity in online dermatologic discourse. This highlights both the urgent need for greater expert involvement in social media dermatology education and the major underrepresentation of diverse communities in these conversations (Figure 1A and 1B)

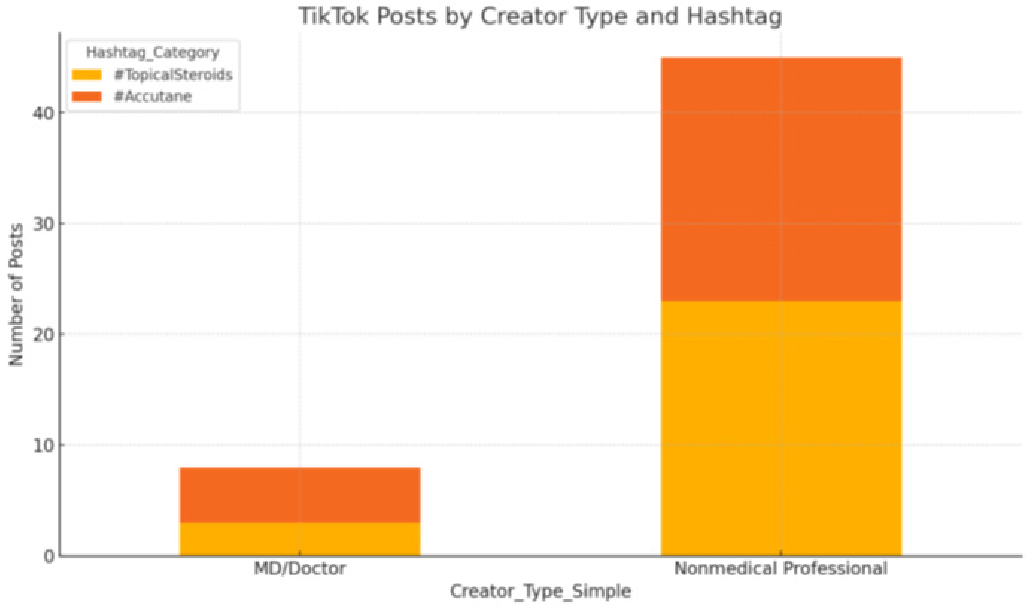

Figure 1A: Tiktok posts by creator type and hashtag

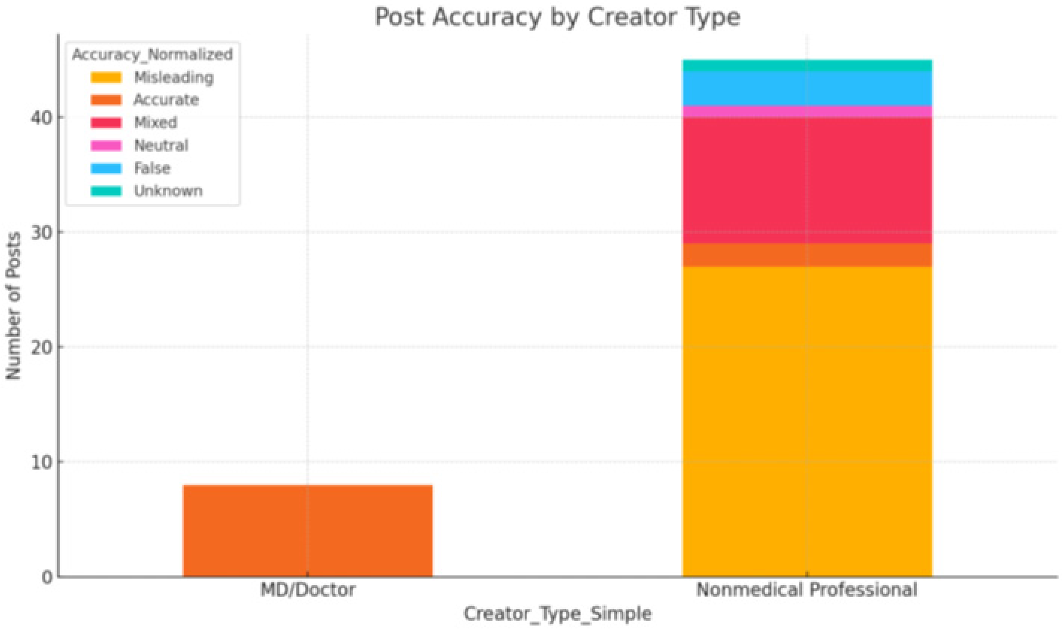

Figure 1B: Tiktok posts accuracy by creator type

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Barriers to Dermatologic Care: Workforce Shortages, Insurance Inequities, and the Consequences of Misinformation

Dermatologist Shortages and Geographic Maldistribution

Various obstacles inhibit patients from receiving dermatologic diagnoses and treatments, leading many to explore alternative methods to manage their skin conditions. An inadequate number of dermatologists contributes to long waiting periods; patients typically wait between 36 and 40 days for their first appointment [12]. Less populated regions face the greatest challenges due to a widespread shortage of dermatologic specialists. Although the number of dermatologists has increased over the years, this growth has not addressed the unequal geographic distribution. Some regions have an oversupply of specialists, while many rural or non-urban areas continue to suffer from persistent shortages.

Urban Preference Among Dermatologists and Its Impact on Access

The majority of dermatologists choose to practice in densely populated urban areas [13]. This trend is largely driven by the perception that urban centers offer better career opportunities, improved medical infrastructure, active social environments, and desirable family living conditions [14]. However, this urban-centric practice pattern leaves underserved communities, those most in need of dermatologic care, without adequate access to services.

Insurance Barriers and Financial Constraints

Accessing dermatologic care and obtaining prescribed treatments is further complicated by insurance coverage restrictions and rising global medication costs. Dermatology referrals from primary care physicians often depend on the type of insurance policy a patient holds [15,16]. For instance, patients with plans that require high co-payments or offer limited access to in-network dermatologists face significant hurdles. Both patients and their providers may be discouraged from pursuing referrals. Underinsured populations are particularly vulnerable, often experiencing delayed diagnoses and treatments that result in poorer health outcomes. Uninsured patients face even greater difficulties obtaining timely care for serious skin conditions at specialized clinics [17]. As a result, many individuals turn to easily accessible but potentially unsafe alternatives due to financial barriers and systemic healthcare limitations.

Reliance on Over-the-Counter Products and Online Misinformation

Limited access to dermatologic care often leads patients to rely on over-the-counter (OTC) products or seek advice and treatments online before consulting a physician. Young adults aged 18 to 25 and individuals from lower socioeconomic backgrounds are particularly likely to use social media platforms such as Instagram due to barriers in accessing professional dermatologic services [18]. Unfortunately, much of the dermatology-related content on social media is not produced by trained dermatologists [19]. With the vast availability of OTC products, from acne treatments to topical steroids, patients often perceive these options as sufficient, affordable, and more convenient than scheduling a dermatology visit [20]. This perception is reinforced by the ease and speed of access. However, when patients turn to unqualified sources for medical advice, it can lead to harmful self-medication and the spread of misinformation. This not only delays proper diagnosis but also worsens patient outcomes and increases healthcare costs due to more advanced disease at the time of treatment.

Lack of Content Verification on Social Media

Unlike some other health fields with verification badges or HONcode certifications, dermatology lacks formal systems to monitor or verify skincare content on platforms like Instagram or TikTok. A 2023 study by Campbell et al. [21] titled "DermTok: How TikTok Is Changing the Landscape of Dermatology Patient Education," found that only 16.8% of reviewed social media content related to common skin condition treatments was posted by board-certified dermatologists. The majority of the content originated from beauty influencers and patients, with the remaining posts from unlicensed individuals. Similarly, a 2024 study by Lin et al. [22], "DermTok: Who's Talking Sun?," reported that only 16.6% of TikTok videos providing sun protection education were created by board-certified dermatologists. These findings underscore the prevalence of non-professional content and the potential for patients to be misled by unverified advice. The absence of formal monitoring systems allows individuals to present themselves as skincare experts without proper credentials. In response to this, Liopyris et al. [23] have suggested that organizations like the American Academy of Dermatology (AAD) and the Skin of Color Society should consider developing a verification badge for social media and advocate for evidence-based education from board-certified dermatologists.

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Institutional Barriers to Professional Engagement

While many dermatologists are active in online education, they often encounter structural and institutional barriers that limit their engagement. A 2023 study by Schick et al. [24] revealed that while dermatologists were generally open to using social media, many reported a lack of formal training in digital communication and misinformation management. The study also indicated that dermatologists who create educational content often feel undervalued in terms of career advancement. Similarly, Kream and Jerdan [25] highlighted how dermatologists frequently feel unsupported or discouraged from utilizing social media. This lack of institutional support and guidance can make social media outreach seem unproductive and potentially risky for career progression. These studies suggest that while dermatologists are willing and able to address online misinformation, the current institutional framework often discourages their active participation.

Inclusion Gaps and Mistrust in Dermatology

Impact of Underrepresentation

When there are gaps in inclusion within dermatology, this, in turn, erodes trust, especially in underrepresented communities. Furthermore, such homogeneity contributes to the perpetuation of misinformation. Patients can often develop a sense of mistrust when they do not see themselves reflected in their healthcare providers or the online information they encounter, leading to the spread of misinformation.

Disparities in Dermatologist Demographics

Minority representation within the field of dermatology remains disproportionately low compared to the overall U.S. population. According to the physician workforce data report published by the Association of American Medical Colleges (AAMC), Black representation among dermatologists remains below 3% of all dermatologists, and Hispanic/Latinx physicians represent less than 4% [26,27]. This is a noteworthy discrepancy that can create barriers to care among patients from these communities. Most patients often feel more comfortable when their doctor understands their cultural experiences and specific health concerns.

Representation Inequalities on Social Media

This issue isn't limited to clinical settings, as social media reflects similar representation inequalities. The algorithms that govern whether the content is pushed often prioritize certain types of messaging and creators. Platforms like Instagram, YouTube, and TikTok promote specific content, overlooking the need to ensure that underrepresented creators are equally visible. Fritsche et al. [28] analyzed dermatology-related TikTok videos and noted that skin of color (Fitzpatrick types IV–VI) was featured in only 10.4% of the posts reviewed. This study also found that content creators who had focused on skin of color had a lower follower count. This points to the idea that whether a video gets pushed is not due to a lack of video quality or consumer interest; it stems from a deeper structural barrier built into the mechanisms that determine platform visibility for dermatologists. This barrier makes it more difficult for clinically sound and culturally relevant information to reach audiences who would benefit from it the most. When there is a cultural connection, patient outcomes can improve.

Advocates Addressing Disparities

On social media platforms, dermatologists are key advocates addressing this disparity. Dr. Adeline Kikam (@ brownskinderm), a board-certified dermatologist, has established a platform and built an audience by focusing on skin of color education. Dr. Muneeb Shah (@dermdoctor), who is of South Asian heritage, has made dermatology more approachable and engaging by creating entertaining videos that are easy to absorb, thus resonating with a large audience. Their platforms and success show that inclusivity leads to helping close knowledge gaps and building trust, ultimately contributing to better patient care. Addressing the lack of underrepresentation in dermatology, both clinically and on social media, is key to improving health equity and cultivating trust between the patient and physician.

Rebuilding Trust Through Cultural Sensitivity

Importance of Trust in Healthcare

Trust is a cornerstone of effective healthcare, yet many patients report distrust in dermatologic care. In a national cross-sectional study of over 1,000 patients, 16% reported that they avoided seeing a dermatologist due to physician distrust [29]. Moreover, medical mistrust among minority populations has been linked to treatment nonadherence and negative health outcomes [30]. These findings underscore the need for strategies to rebuild trust and improve adherence to dermatologic care, especially for underserved communities.

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Integrating Culturally Sensitive Care

One strategy for building trust is the integration of culturally sensitive care. While cultural humility is increasingly emphasized in healthcare, there is currently no standardized training model in medical education. A scoping review of existing cultural competency curricula for medical students revealed that 54% of interventions utilized lectures and 36% incorporated discussion-based formats [31]. However, there is a lack of randomized controlled trials comparing the effectiveness of these approaches, and standardized tools to assess their long-term outcomes are limited [31]. These findings expose inconsistencies in cultural humility training and emphasize the need for evidence-based, standardized training frameworks and validated assessment tools to ensure that educational efforts result in more culturally sensitive care.

Improving Communication Through Multilingual and Multimodal Education

Effective communication is essential for building trust in dermatologic care. For many patients in the United States, English may not be their preferred or primary language. Even for native English speakers, medical jargon can be a significant barrier. One study evaluating online Spanish-language dermatology resources found that most materials were written at a reading level that exceeded national recommendations [32]. Therefore, rebuilding trust requires the development of multilingual and easy-to-understand educational tools. A potential solution is to use a multimodal approach to patient education and communication. In addition to written materials, educational content can be delivered through videos, infographics, and culturally relevant analogies to enhance accessibility. Social media platforms can also be leveraged to distribute these materials widely. Empowering patients with information presented in clear and relatable formats increases the likelihood that they will trust healthcare providers and adhere to medical recommendations.

Community Partnerships and Cultural Engagement to Build Trust

Engaging with communities is another effective way to build trust in dermatologic care. Outreach campaigns that collaborate with faith-based organizations, local community centers, peer educators, and cultural leaders can help overcome skepticism and foster a sense of partnership. For example, barbershops are considered trusted spaces for Black men and offer a promising venue for health education due to their frequent and routine use [33]. Real-world programs have begun to apply these principles. For instance, Froedtert Hospital in Milwaukee, Wisconsin partnered with Gee's Clippers, well-known barbershop, along with other local organizations such as Casa Guadalupe, a multicultural center, to host free skin screening events for conditions more common in African American and Latinx communities [34]. These initiatives help build trust and contribute to greater health equity. Peer influence and community support also play an important role, as individuals are more likely to accept health information from people who share their lived experiences. A promising example is a lay community health worker-led intervention that successfully improved treatment adherence among Spanish-speaking caregivers of children with atopic dermatitis [35]. Together, these strategies demonstrate that culturally sensitive, community-driven approaches can strengthen trust, improve access, and ultimately lead to better dermatologic outcomes.

Combating Dermatologic Misinformation Through Strategic and Equitable Medical Response

The pervasive influence of social media on dermatologic decision-making necessitates a proactive and equity-focused response from the medical community. Platforms such as TikTok, Instagram, and YouTube have become primary sources of health information for the general public [36]. However, the lack of content regulation on these platforms contributes to the widespread dissemination of dermatologic misinformation, particularly regarding prescription therapies such as isotretinoin, topical corticosteroids, and calcineurin inhibitors [7]. These misleading narratives can lead to medication nonadherence, delays in seeking professional care, and worsening of chronic dermatologic conditions.

To address these challenges, the dermatology field must adopt a multi-pronged strategy focused on content verification, equitable access to accurate information, institutional support, interdisciplinary collaboration, and reforms in medical education [37].

Enhancing Communication and Accessibility

Effective communication is essential for trust. For many patients in the United States, English may not be the preferred or primary language. Even for native English speakers, medical jargon can be a barrier. One study evaluating online Spanish-

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language dermatology resources found that most materials were written at a 10th-grade reading level or higher, despite recommendations that health materials be written at a 6th-grade level for broader accessibility [38]. This highlights the need for dermatologists to use plain language and provide materials in multiple languages to ensure that all patients can understand and engage with their care.

CONCLUSION

Health misinformation presents an escalating threat to public well-being, particularly in dermatology, where visible conditions and cosmetic concerns prompt individuals to seek swift answers online. Our analysis of TikTok posts under #topicalsteroids and #accutane underscores the magnitude of this challenge: only 15% of content originated from medical professionals, while all misleading posts, accounting for over half of the sample, were created by nonmedical individuals. Notably, these misleading posts garnered substantial engagement, amplifying their influence and reach. Furthermore, creators from skin of color backgrounds remained markedly underrepresented, reflecting broader disparities in both digital and clinical dermatology spaces.

In an era where digital voices often overshadow evidence-based guidance, the lack of accessible, inclusive, and culturally competent dermatologic care heightens vulnerability to misinformation, especially among populations with limited health literacy or restricted access to professional care. The pervasive influence of uncredentialed social media figures, coupled with the ongoing underrepresentation of diverse skin types and backgrounds in educational resources, perpetuates harmful narratives and deepens health disparities.

Dermatologists must recognize this crisis as central to their mission. Our role must evolve beyond the confines of the clinic to actively engage communities, responsibly harness digital platforms, and deliver clear, relatable, and evidence-based information where patients are most likely to seek it. Addressing this gap requires not only amplifying expert voices online but also fostering greater inclusivity and representation in both dermatologic education and public outreach. By embracing these responsibilities, building partnerships with trusted community figures, and reshaping education to reflect the diversity of those we serve, the dermatology community can begin to dismantle the structures that allow misinformation to flourish and move collectively toward a more informed, equitable, and trustworthy future in skin health.

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