

# Do you want more satisfied Botox patients? Classify them correctly

Dear Editor,

Botulinum toxin (BT) is a well-established treatment for dynamic glabellar line and it is the most popular nonsurgical cosmetic procedure in the world.<sup>1</sup> To obtain satisfied patients, it is important to identify not only the anatomical patterns of the facial muscles,<sup>2-5</sup> but also to explore the psychoemotional features of the patients.

We would like to propose a new classification of BT treatment categories based on the social and emotional conditions of our patients. As far as we know, there is no such classification and we believe that it is crucial to build patients' loyalty. We must adapt our technique to the type of BT patients we encounter for their satisfaction.

The six types of BT patients, classified emotionally, that we propose include (Figure 1):

- **High-risk patients:** First, we must identify patients who are not going to feel satisfied after the procedure. Examples include: patients with subtle palpebral ptosis, patients who use the frontalis muscle to open their eyes, patients with a wide and strong frontalis who after the BT injection usually show asymmetries of the eyebrows, patients with horizontal forehead lines that are the result of a compensation for having eyelid ptosis<sup>6</sup> or elderly patients with excessive cutaneous laxity and deep wrinkles who usually are not happy with the results as flaccidity is not improved using BT and the risk of palpebral ptosis in these patients is high. Lastly, we should include patients with unrealistic expectations. We think that we should not treat this type of patients with BT.
- **No wrinkle patients:** Patients who demand no wrinkles. In these cases, we have to use the conventional technique with high doses of BT and multiple injection points, even though we might like to obtain more discrete results.
- **Paradoxical patients:** Patients who in the first visit state: "Doctor, I do not want anybody noticing that I have been treated." However, in the follow-up visit the same patient claims upset: "Doctor, nobody noticed that I have been treated." It is important to talk with the patient before the procedure and explore his or her expectations before the procedure. As Willian Osler quoted: "Listen to your patient, he is telling you the diagnosis."

- **Discrete patients:** Patients who support the Jane Fonda quote: "I don't want my wrinkles taken away. I don't want to look like everyone else." These patients want subtle results and will not tell anybody about the procedure. Most men are usually included in this group. These discrete patients should be treated with low doses of BT and the frontalis muscle is usually left untreated. If we treat the forehead in these patients, we can use more diluted BT to relax the area subtly more than paralyze it.
- **One area patients:** Patients who want only one area to be treated. In our thinking, it is ok to treat the "crow's feet" alone. But when treating the glabella area alone, sometimes it is also necessary to treat the frontalis and the nasalis area. In the same line, we do not recommend treating the forehead area alone, as the frontalis muscle is the only elevator muscle of the eyebrows and the patient will develop an eyebrow ptosis as a result.
- **Ideal patients:** The ideal patient is a young person who understands the concept of prevention, prefers relaxation vs paralysis of the muscles, wants to treat the whole face, brings friends and combine BT with other cosmetic treatments such as fillers and collagen inducers since early.

Apart from the emotional aspects, different features that we must take into account have been reported before:

- **Contraction and wrinkle patterns:** The patient's anatomy and acquired movements result in unique muscle strength that might require a different BT dosage.<sup>7</sup>
- **Asymmetry:** Many patients show anatomical asymmetries that might require different BT dosage on each side.<sup>8</sup>
- **Ethnicity:** BT dosage recommendations on each product label are based mainly on white women.<sup>9</sup> However, BT is performed worldwide and the demand in Asian and Afro-American population has steadily increased.<sup>10-12</sup> A different approach in units and injection points for the masseter muscle in Asians, or to the lip area in Afro-Americans must be well known.

In our thoughts, it is very important to classify our BT patients emotionally and adapt our technique to the thinking of our patients in order to obtain satisfied patients. It is interesting to point out that usually patients from all groups desire "natural results," so the word "natural" might seem today somehow overrated and overused. The best definition of natural result that we agree with is from a study written by Steven Dyan, a plastic surgeon from Chicago, who defined

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**FIGURE 1** Diagram showing the different kind of patients, classified emotionally, that we can encounter when treating with botulinum toxin

natural as the combination of genuineness, self-esteem and physical beauty.<sup>13</sup>

If we adapt our technique to our emotional type of patient, we will not only obtain more satisfaction in our patients, but also avoid commoditization of the BT technique. Commodity is the process where a patient chooses a service by price or availability, as has been happening in the last years with hair removal laser or Lasik eye surgery. Commoditization is one of the biggest risks that cosmetic doctors are facing. We must create value in our practices by making the human experience of care and the management of the expectation of our patients a priority in our practices. The best way to avoid commoditization is to offer a personalized cosmetic dermatology to our patients.

As Hippocrates said, "It is far more important what person the disease has than what disease the person has." We could adapt the quote to cosmetic dermatology: "It is far more important what person is going to have a cosmetic treatment than what cosmetic treatment is going to have a person."

#### CONFLICT OF INTEREST

The authors declare no potential conflict of interest.

#### DATA AVAILABILITY STATEMENT

The authors agree with data sharing.

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