Men are flocking to dermatologists for aesthetic procedures, and they usually know what they want aesthetic procedures to accomplish, but they may not know how to express what they want or what options are available, says an expert at the American Society for Dermatologic Surgery annual meeting in Chicago.

Michael Eidelman, M.D., says that with a patient population that's 40% men, increasing numbers of male patients ask him to help refresh their appearance. "Men don't want to look tired. They know they can do something; they just don't know what it is." He is medical director of Chelsea Skin & Laser in New York and assistant clinical professor of dermatology, Icahn School of Medicine at Mount Sinai.

To bridge the gap between a man's current appearance and a younger photograph, "I'm looking at the lines on his face—the depth of the wrinkles, what muscles are pulling and causing some of the changes; and the bone structure—the brow shape and position, eyelid position, shadows and generalized volume loss. I put that together with what they're telling me their concerns are to try to help them understand how we can make some improvements."

Regarding patient expectations, he says, male patients generally want results that "won't get called out in the locker room or at work." Along with the patient's budget, he considers what's realistic and how to achieve the biggest impact with the least downtime. He builds trust by crafting the treatment plan around the patient's lifestyle. "Many men don't have as much information available to them about how things work, as well as how quickly they work and what side effects may occur," says Dr. Eidelman, so he carefully reviews with them each treatment's onset time and potential adverse effects. Dr. Eidelman also queries men more aggressively than women about their work and social calendar. "Many men are in the office and ready to go—they don't think 'I have a board meeting tomorrow night.'"

Regarding neuromodulators, Dr. Eidelman says that because men have larger facial muscle mass, they have more receptors that require saturation. To avoid under-dosing men, he generally increases labeled doses by 50%, for starters. "Doing a conservative treatment and then having the patient return for a two week follow-up to see how much improvement has occurred is often helpful in getting a final dosage that works best for the patient," he says.

Dr. Eidelman adds that, because male forehead muscles may be longer, "We may need to use additional injection points (up to nine, versus the usual five for females) to achieve optimal results."

Additionally, he says, "the frontalis muscle is often a bit more complicated to treat in men." Because men have very long, broad muscles, frontalis fibers often intermix with those of the upper face and periorcular area, he says: "As a result, you must be very mindful of where your toxin will diffuse. You might get some effects in both muscle areas because they're all in very close proximity." When injecting the frontalis, Dr. Eidelman says, "I start in the upper third of the muscle body to avoid hitting any of the lower muscle fibers, as well as to create a more natural look. When the patient returns for follow-up, I decide if I want to treat any of the lower fibers."

As with neuromodulators, Dr. Eidelman says that, "because men have larger faces and more volume loss, we may need to use more product." Soft-tissue imaging studies also have shown that men tend to age less rapidly around the mouth than women, perhaps because beard hair and follicles provide extra structural support, he says.

For men in their 30s, says Dr. Eidelman, common complaints include periorcular changes—which are often related to subtle volume loss in the cheek. "The two are best treated simultaneously," using products such as hyaluronic acid/HA (Juvéderm and Juvéderm Voluma, Allergan; Restylane Lyft, Galderma), or poly-L-lactic acid (Sculptra, Galderma) in the cheek. In the thin skin around the eye, hyaluronic acid (Belotero, Merz) can be used to soften periorcular shadowing and fine etched lines.

In one particularly challenging case, Dr. Eidelman recounts a 60-year-old male who presented with irregular contours, significant sun damage and redundant skin: "He had diffuse changes over his upper face, midface and lower face. Someone had filled his midface and nasolabial folds with a permanent filler that caused irreversible lumpiness. I had to creatively find a way to avoid that area, but also to give diffuse changes over his upper face and crow's feet, also applied to the depressor anguli oris to elevate the corners of his mouth.

"Using all those different products in different ways, I was able to create a softer, more balanced version of his face," Dr. Eidelman says.