Aging and Common Skin Diseases in the Elderly

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OBJECTIVES

• Identify skin changes with aging
• Preventable skin disorders in the elderly
• Recognize common skin problems in the elderly
• Manage skin disorders in the geriatric population
AGING SKIN

- Overall functions of skin decrease with age
- Decrease in sweat, and sebum
- Increased sensitivity to UV radiation
- Increased risk of photocarcinogenesis
- Greater susceptibility for skin infections
- Slow wound healing
- Collagen degradation, decreased vascular responses
- Decrease in subcutaneous fat
PREVENTABLE SKIN DISORDERS IN THE ELDERLY

- **XEROSIS / PRURITUS**
  - Keeping humidified environment
  - Good fluid intake
  - No hot water in bath or shower
  - Moisturizing the skin daily
  - Minimal preservatives and no fragrances
Eczematous Dermatitis

- Eczema craquele
Eczematous Dermatitis

- Nummular Eczema
Eczematous Dermatitis

- Contact Dermatitis:
  - 90% ICD
  - 10% ACD
Eczematous Dermatitis
Eczematous Dermatitis
Eczematous Dermatitis

- Stasis Dermatitis
Eczematous Dermatitis

- Identify type of dermatitis and treat accordingly
- Swab for bacterial culture when oozing, serous or hemorrhagic crusting, treat with appropriate oral antibiotics
- Oral antihistamines are helpful for pruritus
- Avoid topical antihistamines, analgesics and anesthetics
- Topical steroids or calcineurin inhibitors
- Severe cases systemic steroids, phototherapy, immunomodulators
PREVENTABLE SKIN DISORDERS IN THE ELDERLY

- **MILIARIA RUBRA**
  - “prickly heat”
  - Change position frequently
  - Place a fan in room
  - Loose-fitting cotton clothing
  - Low potency steroid with menthol
PREVENTABLE SKIN DISORDERS IN THE ELDERLY

**INFESTATIONS**

Scabies
- Seen mainly in nursing homes
- Treat everyone and repeat treatment in one week
PREVENTABLE SKIN DISORDERS IN THE ELDERLY

- **DECUBITUS ULCERS**

- Pressure ulcer prevention by air mattress, support bedding, ROHO cushion, etc.

- Barrier creams to protect skin

- Change sheets and clothing frequently in incontinent individuals
COMMON SKIN PROBLEMS in the ELDERLY

- Atrophy / sun-damaged skin
- Pruritus
- Compulsive Excoriations
- Lichen Simplex Chronicus
- Intertrigo
- Infections
  - Candidiasis
  - Herpes Zoster
ATROPHY

- **Senile Purpura**
  (Bateman Purpura)
  UV radiation induced
dermal atrophy →
fragility of blood vessel
walls → extravasation of
RBCs in dermal tissue
→ ecchymosis
DERMATOHELIOsis

Solar elastosis
Civatte

Poikiloderma of
Favre-Racouchot Syndrome
Pruritus without Dermatitis

- Drugs (NSAIDs, opiates, diuretics, ACE inhibitors)
- Malignancy
- Thyroid disease
- Anemias, especially iron deficiency
- Renal and liver disease
- Polycythemia rubra vera
Pruritus

- Complete history and physical
- CBC and differential
- LFTs
- Creatinine
- Ferritin
- TSH
- SPEP
- CXR
Compulsive Excoriations
Lichen Simplex Chronicus

- Pruritus and intermittent or constant rubbing
- Potent steroid under occlusion for 2 weeks
- Oral sedating antihistamines at bedtime
- Emollients daily
- Barrier cream to genitalia
PRURIGO NODULARIS

1) Occlusion
2) Corticosteroids (topical or intralesional)
3) Cryotherapy
4) UVB phototherapy / PUVA
5) Thalidomide
Intertrigo

- Heat, friction, sweating, obesity and diabetes
- Colonization by infection:
  - Candida
  - Bacteria
  - Fungal
- Differential diagnosis:
  - Inverse psoriasis
  - Contact dermatitis
  - Seborrheic dermatitis
Candidal Infections

- Angular stomatitis
- Candidal intertrigo
Candidiasis

- In patients with normal immunity, candidiasis is treated with topical therapy.
- Commonly used topical agents include nystatin, ketoconazole, miconazole nitrate, and clotrimazole.
- When clinically indicated, systemic therapy with oral fluconazole (Diflucan) is highly effective.
Herpes Zoster

- Post herpetic neuralgia:
  - 50% of patient above 60
- HZ vaccine
  - Approved for immunocompetent patients 50 years old or older
  - Decreases incidence of HZ by 50%
  - Reduces PHN by 2/3
SERIOUS SKIN PROBLEMS in the ELDERLY

- IMMUNOBULLOUS DISEASES
  - Bullous Pemphigoid
  - Pemphigus Vulgaris
Bullous Pemphigoid

Refer to Dermatology
Pemphigus Vulgaris

Refer to Dermatology
COMMON SKIN TUMORS in the ELDERLY

- **BENIGN NEOPLASMS**
  - Seborrheic Keratosis
  - Lentigo Simplex / Senilis
  - Fibroepithelial Papillomas
  - Keratoacanthoma

- **PREMALIGNANT and MALIGNANT TUMORS**
  - Actinic / Solar Keratosis
  - Squamous Cell Carcinoma
  - Basal Cell Carcinoma
  - Lentigo Maligna
  - Malignant Melanoma
Seborrheic Keratosis
Keratoacanthoma
Actinic Keratosis

- Cryotherapy
- Currettage
- Shave excision
- Field treatment:
  - 5FU (Efudex cream), Imiquimod (Aldara / Zyclara cream)
Squamous Cell Carcinoma
Basal Cell Carcinoma
Lentigo Maligna Melanoma
Acral Lentiginous Melanoma
Thank You