

Aging and Common Skin Diseases in the Elderly

Simone Fahim, MD, FRCP(C)

Assistant Professor
Dermatology Division
University of Ottawa

OBJECTIVES

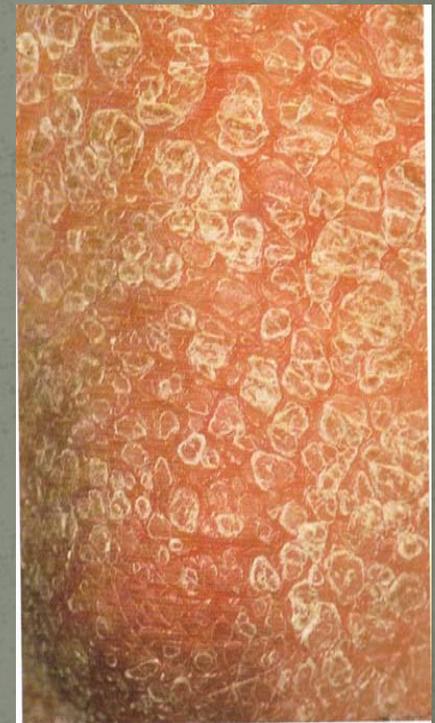
- Identify skin changes with aging
- Preventable skin disorders in the elderly
- Recognize common skin problems in the elderly
- Manage skin disorders in the geriatric population

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



Ecematous Dermatitis

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



Ecematous Dermatitis



Ecematous 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

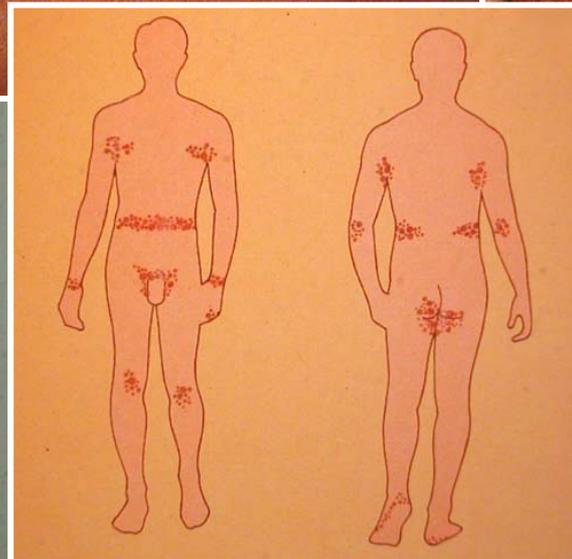


PREVENTABLE SKIN DISORDERS IN THE ELDERLY

• 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

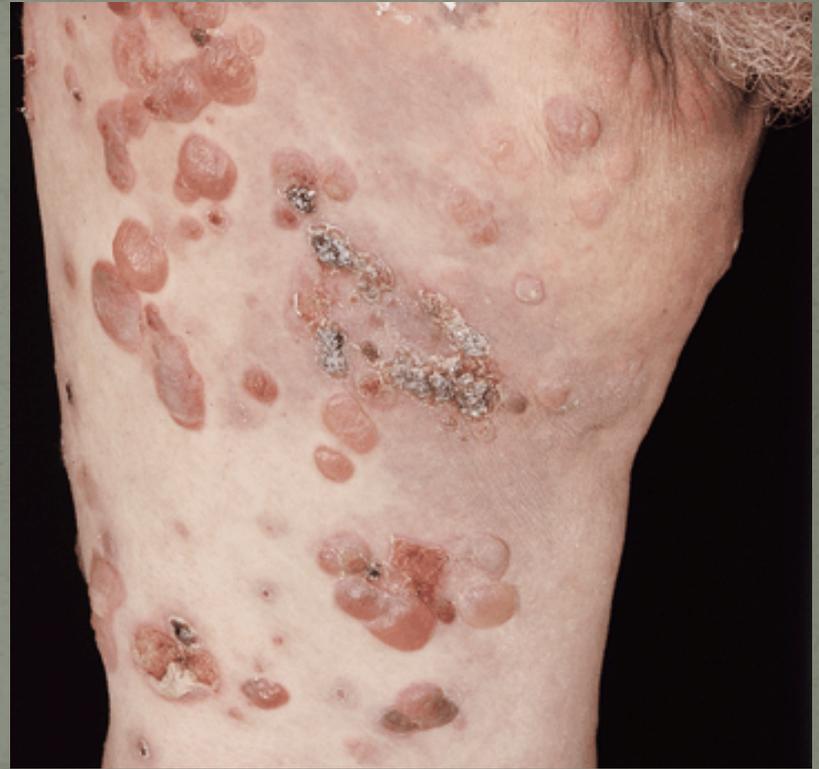
- Post herpetic neuralgia:
 - 50% of patient above 60
- HZ vaccine
 - Approved for immunocompetent patients 50 years old or older
 - Decreases incidence of HZ by 50%
 - Reduces PHN by 2/3



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



Fibroepithelial Papilloma



Lentigo



Keratoacanthoma



Actinic Keratosis



- Cryotherapy
- Curettage
- Shave excision
- Field treatment:
 - 5FU (Efudex cream), Imiquimod (Aldara / Zyclara cream)

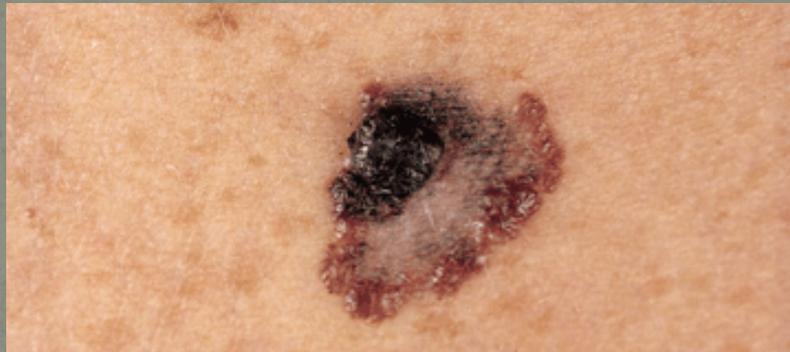
Squamous Cell Carcinoma



Basal Cell Carcinoma



Melanoma



Lentigo Maligna Melanoma



Acral Lentiginous Melanoma



Thank You