

# **Dermatological Problems in Older Adults**

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# Overview

- Skin changes in the aging skin
- Risk factors and challenges
- Clinical approach to a patient with skin disease
- Common geriatric dermatoses
- Managing skin disease in the elderly

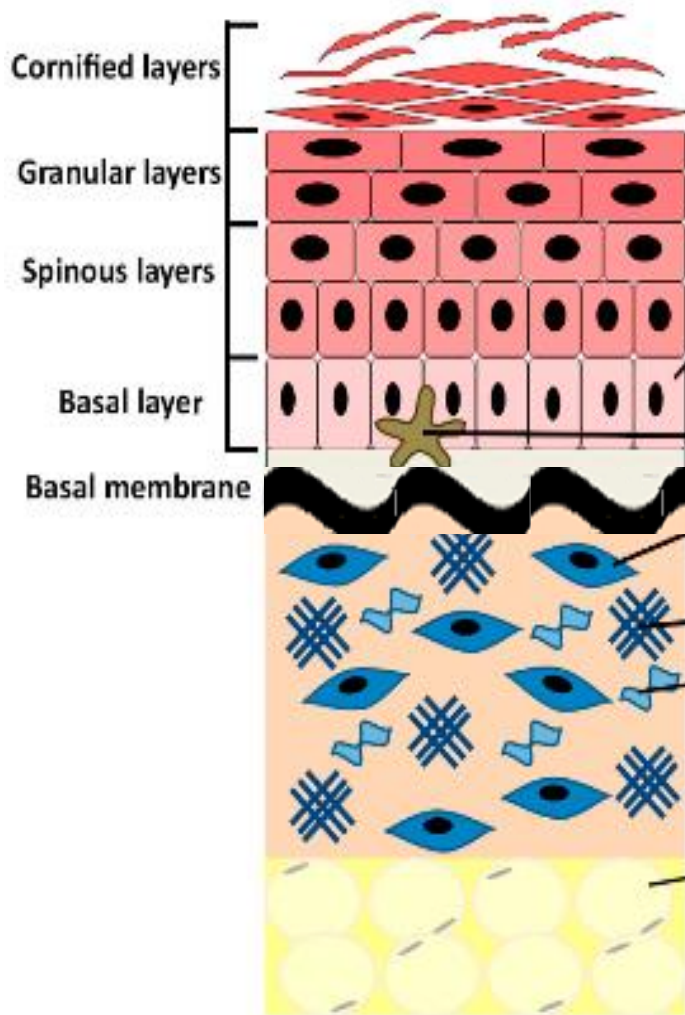
# Skin changes in the aging skin

- Chronological (Intrinsic)
- Photo aging (Extrinsic)



# Chronological aging and Cutaneous effects

YOUNG SKIN

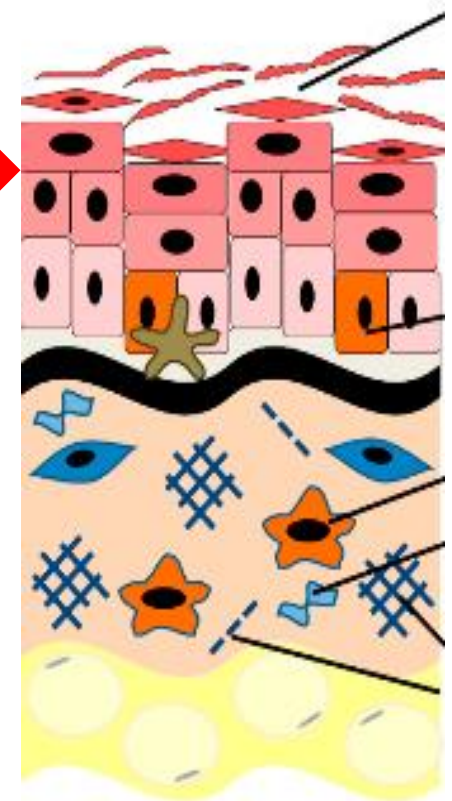


**Atrophic epidermis**  
**Decrease in skin lipids and barrier function**  
**Dryness, Roughness**  
**Xerosis**  
**Delayed healing**

**Decreased DNA repair epidermal cells**  
**Photo carcinogenesis**  
**Malignancies**

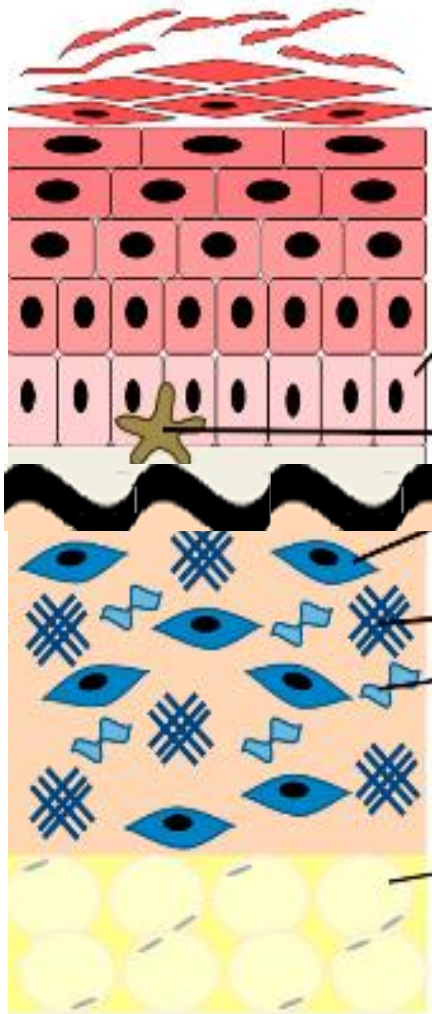
**Decrease melanocytes**  
**Grey hair**  
**Uneven pigmentation**

CHRONOLOGICALLY AGED SKIN



# Chronological aging and Cutaneous effects

YOUNG SKIN



Flattening of dermal papillae

Risk of blister formation

Fragmentation of collagen and elastic fibers

Wrinkles and lax skin

Reduced support of blood vessels

Purpuric lesions

Decreased sensory perceptions

Increased tendencies to injuries

Decreased inflammatory response

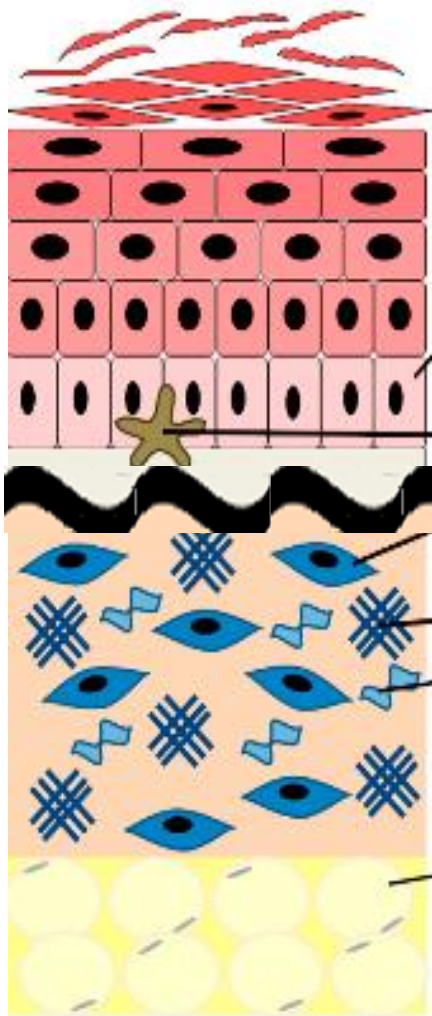
Delayed healing and vulnerability to infection

CHRONOLOGICALLY AGED SKIN

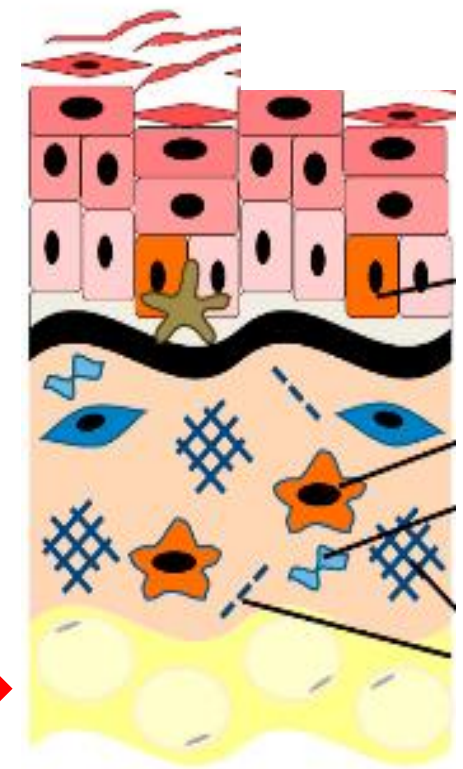


# Chronological aging and Cutaneous effects

YOUNG SKIN



CHRONOLOGICALLY AGED SKIN

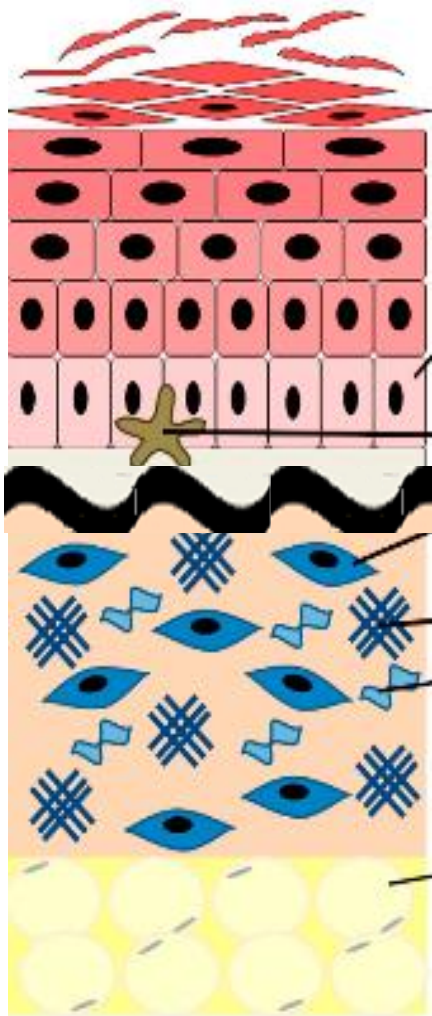


Reduced subcutaneous fat  
Increased risk of injury  
Less natural insulation



# Photo aged and Cutaneous effects

YOUNG SKIN



Heterogeneously thicken  
epidermis

Hyperpigmented melanocytes

Solar lentigo

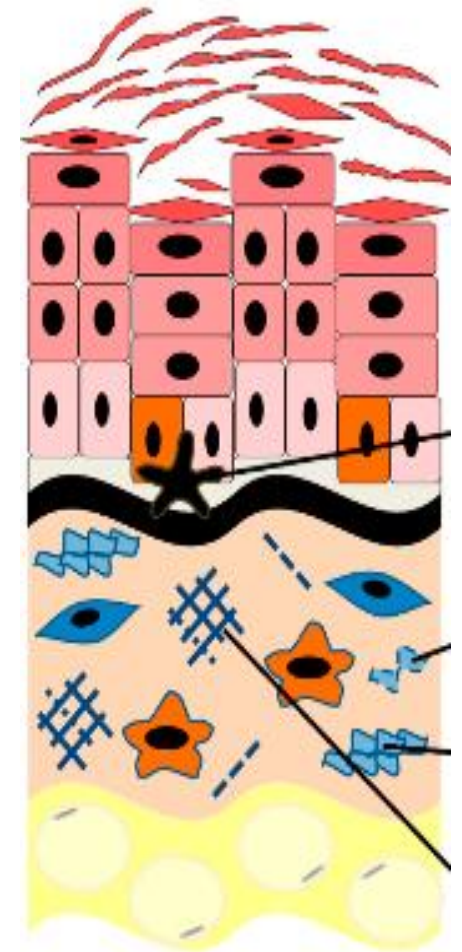
Atrophic / thin dermis

Abnormal elastic fibers

Solar elastoses

Loose hypodermis

PHOTO-AGED SKIN



# Risk Factors for skin disease

1. Multimorbidity
2. Polypharmacy
3. Medication Adverse Effects
4. Function and mobility
5. Patient preference



# Management challenges in elderly

1. Physical and/or cognitive limitations
  - (a) limited information from history
  - (b) regular clinic follow up difficult
  - (c) poor compliance
2. Atypical manifestations of common conditions
3. Often multifactorial aetiology
4. Comorbidities and altered pharmacokinetic state can complicate Rx
5. Polypharmacy can cause drug interactions

# Clinical approach to a patient with skin disease

1. What is the lesion **SOLITARY/ RASH**
2. Where is the lesion/ which level of the skin  
**PATTERN**  
**EPIDERMIS/ DERMIS/ SC**
3. What is it composed of  
**MORPHOLOGY**
4. What is the aetiology  
**SKIN ALONE/ SYSTEMIC**
5. What is the impact of the skin disease / QoL

# Cases Discussed

1. Contact dermatitis
2. Chronic acitinic dermatitis
3. Dermatitis Neglecta
4. Cutaneous Candidiasis
5. Actinic Cheilitis
6. Tinea Incognito
7. Hepes zoster opthamicus
8. Hemorrhagic Varicella
9. Trigeminal trophic syndrome
10. Leprosy with trophic ulcers

# Cases Discussed

11. Crusted scabies
12. Cutaneous manifestations of Zinc deficiency
13. Pellagra
14. Pigmented BCC
15. Pagets Disease of Vulva
16. Bullous Pemphigoid
17. Pemphigus Vulgaris
18. Multiple Seborrhieic Keratoses with Leser-Trélat sign
19. Acral lentiginous melanoma
20. Exophytic SCC
21. Methotrexate poisoning
22. Mycosis fungoides
23. Lichen planus pigmentosus

# Take Home message

- Geriatric dermatoses are common and management is a challenge
- Many risk factors for the occurrence of skin disease
- Better knowledge on dermatological problems in elderly with multi disciplinary approach may relieve the discomfort and promote their well-being

# References

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**Thank you**

