

ORIGINAL RESEARCH

Skin disorders in geriatric population

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ABSTRACT

Background: The physiological changes that come with aging, such as thinning of the skin, decreased suppleness, diminished vascularity, and a deterioration in immunological function, make skin disorders among the elderly population common. The present study was conducted to assess skin disorders in geriatric population. **Materials & Methods:** 154 patients > 60 years of age with skin disorders of both genders was selected. A thorough examination of skin disorders was done by dermatologist. Based on type of lesions, management was given. **Results:** Out of 154 patients, 92 were males and 62 were females. Various skin disorders were contact dermatitis in 15, urticaria in 52, fungal infections in 40, bacterial infections in 21, lichen planus in 23, psoriasis in 29, and seborrheic dermatitis in 5 patients. The difference was significant ($P < 0.05$). **Conclusion:** Common skin disorders were urticaria, fungal infections, psoriasis, seborrheic dermatitis, lichen planus, contact dermatitis and bacterial infections.

Keywords: Pruritus, Skin disorders, urticaria

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INTRODUCTION

The physiological changes that come with aging, such as thinning of the skin, decreased suppleness, diminished vascularity, and a deterioration in immunological function, make skin disorders among the elderly population common.¹ Pruritus, or itchy skin, and xerosis, or dry skin, are common skin conditions. Because of decreased perspiration and sebaceous gland activity, xerosis is prevalent.² The skin gets rough, dry, and irritating. Avoiding harsh soaps and using emollients on a regular basis are part of management. Itchy skin, or pruritus, is frequently a symptom rather than an independent illness. It may be linked to xerosis, medicines, or systemic conditions like diabetes or renal failure. In order to treat the underlying cause, emollients, topical corticosteroids, and maybe antihistamines are used.³

All organ systems, including the skin, experience a wide range of symptoms as people age.⁴ The skin's natural abilities to heal, respond to immunological stimuli, and repair DNA are among the main processes that deteriorate with age. Making

appropriate health care plans can be aided by knowledge of typical geriatric dermatologies in various geographical areas.⁵ With more than 7% of its population aged 60 and above, India entered the group of nations that are aging in 2001. The geriatric population is predicted to double by 2026. The rise in life expectancy and the decline in birth rates are the reasons given for this.⁶ The present study was conducted to assess skin disorders in geriatric population.

MATERIALS & METHODS

The present study comprised of 154 patients > 60 years of age with skin disorders of both genders. All were informed regarding the study and their written consent was obtained.

Data such as name, age, gender etc. was recorded. A thorough examination of skin disorders was done by dermatologist. Based on type of lesions, management was given. Data thus obtained were subjected to statistical analysis. P value < 0.05 was considered significant.

RESULTS**Table I Distribution of patients**

Total- 154		
Gender	Male	Female
Number	92	62

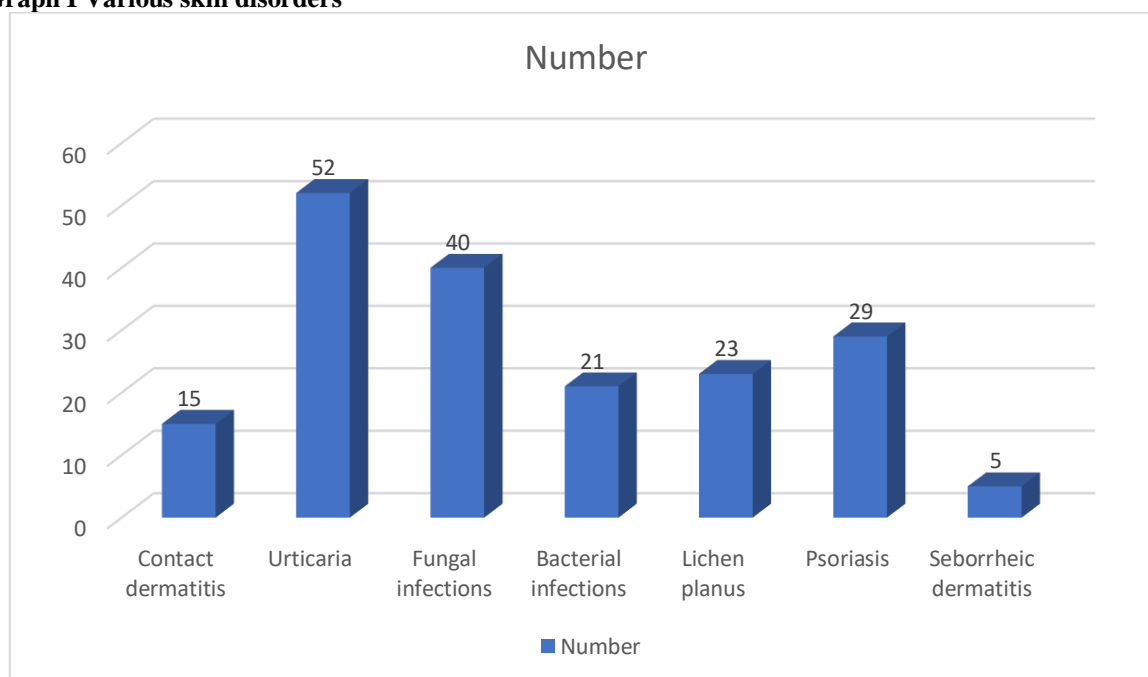
Table I shows that out of 154 patients, 92 were males and 62 were females.

Table II Various skin disorders

Disorders	Number	P value
Contact dermatitis	15	0.05
Urticaria	52	
Fungal infections	40	
Bacterial infections	21	
Lichen planus	23	
Psoriasis	29	
Seborrheic dermatitis	5	

Table II, graph I shows that various skin disorders were contact dermatitis in 15, urticaria in 52, fungal infections in 40, bacterial infections in 21, lichen planus in 23, psoriasis in 29, and seborrheic dermatitis in 5 patients. The difference was significant ($P < 0.05$).

Graph I Various skin disorders



DISCUSSION

Identifying the trends in geriatric skin problems is essential to the effective delivery of medical care.⁷Dermatoscopy, also known as dermoscopy or epiluminescence microscopy, is a non-invasive diagnostic technique used by dermatologists to examine skin lesions with greater detail than is possible with the naked eye.⁸Dermatoscope, which consists of a magnifier, a light source (either polarized or non-polarized), and occasionally a digital monitor, is one of the methods used to diagnose skin lesions.⁹The present study was conducted to assess skin disorders in geriatric population.

We found that out of 154 patients, 92 were males and 62 were females. Chan et al¹⁰ in their study screening of skin problems were performed in four elderly homes was performed. The total number of elderly screened was 257 with 205 female and 52 male. The average age was 86, in the range of 69-99. One hundred and fourteen (44.4%) elderly had no obvious skin problems during the screening. The average age of those elderly with no clinical problems was 86.4. There was no significant difference in the age from

those who had a diagnosis made. Sixty-four patients had more than one diagnosis. The single commonest problem was xerosis, which affected about 18.3% of the elderly. Patients were classified to having xerosis when there was excess dryness, polygonal scales and flakes or fissures. This was followed by onychomycosis then asteototic eczema. Dermatitis as a group was the commonest problem. Only symptomatic seborrheic keratosis and senile lentigo were recorded

We observed that various skin disorders were contact dermatitis in 15, urticaria in 52, fungal infections in 40, bacterial infections in 21, lichen planus in 23, psoriasis in 29, and seborrheic dermatitis in 5 patients. Smith et al¹¹ established the prevalence of skin disease within nursing homes in southern Taiwan, and undertook a dermatologic and epidemiologic investigation of 398 patients in Tainan City, southern Taiwan, between November 1999 and February 2000. They revealed that more than half of all nursing home patients suffered from fungus (61.6%) and xerosis (58.3%), while other pruritic skin diseases, such as dermatitis and scabies, were less prevalent at 7.3%

and 3.3%, respectively. Risk factors for fungal infection included bedridden status (risk ratio (RR), 1.2; 95% confidence interval (CI), 1.1-1.4) and male gender (RR, 1.2; 95% CI, 1.0-1.3). Xerosis was statistically correlated with an age range of 80-90 years (RR, 1.2; 95% CI, 1.0-1.4) when compared to other age ranges. Current scabies diagnosis was strongly associated with a previous history of scabies (RR, 8.9; 95% CI, 1.7-21.1).

The common dermatological illnesses were documented by Jindal et al.¹² 4.7% (1,380) of the 29,422 patients examined in the dermatology department between August 2012 and 2014 were 60 years of age or older. The ratio of men to women was 2:1. When combined, erythematosquamous illnesses accounted for 38.9% of all skin conditions observed. Senile pruritus (9.0%), infections and infestations (29.9%), and age-related skin changes (3.7%) came next. 1.1% of patients had benign neoplasms, 0.8% had cutaneous malignancies, and 0.4% had precancerous lesions. The most frequent infection, affecting 18% of patients, was fungus-related.

Liao et al.¹³ identified the prevalence and characteristic pattern of a number of skin conditions. A total of 16,924 patients, or 11% of the total, were 65 years of age or older. The ratio of men to women was 1.3 to 1. Dermatitis accounted for 58.7% of all cutaneous disorders in the elderly, with fungal infections (38.0%), pruritus (14.2%), benign tumors (12.8%), and viral infections (12.3%) following closely behind. In 2.1% of cases, cutaneous malignant tumors were discovered. 29.8% had basal cell carcinoma, 22.4% had actinic keratosis, 13.3% had Bowen's disease, and 13.3% had squamous cell carcinoma. It's interesting to note that men were more likely than women to have extramammary Paget's illness. On the soles, the majority of melanomas were acral lentiginous melanoma. There was a three-fold higher risk of pruritus among elderly patients with common illnesses than among outpatients under 65. Furthermore, Taiwan's geriatric skin disease pattern differed greatly from that of Western nations.

The limitation of the study is small sample size.

CONCLUSION

Authors found that common skin disorders were urticaria, fungal infections, psoriasis, seborrheic dermatitis, lichen planus, contact dermatitis and bacterial infections.

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