

## ORIGINAL RESEARCH

# Assessment of skin disorders among geriatric population

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### ABSTRACT

**Background:** Skin disorders among the geriatric population are common due to the physiological changes that occur with aging, including thinning of the skin, decreased elasticity, reduced vascularity, and a decline in immune function. The present study was conducted to assess skin disorders among geriatric population. **Materials & Methods:** 126 patients above 60 years with skin disorders of both genders were selected. Various skin disorders were recorded by dermatologist. Management was given based on type of lesions. **Results:** Out of 126 patients, males were 52 and females were 74. Skin disorders were lichen planus in 8, psoriasis in 4, seborrheic dermatitis in 4, contact dermatitis in 11, urticaria in 30, fungal infections in 48 and bacterial infections in 21 patients. The difference was significant ( $P < 0.05$ ). **Conclusion:** Common skin disorders were lichen planus, psoriasis, seborrheic dermatitis, contact dermatitis, urticaria, fungal infections and bacterial infections.

**Keywords:** geriatric, Skin disorders, seborrheic dermatitis

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### INTRODUCTION

Skin disorders among the geriatric population are common due to the physiological changes that occur with aging, including thinning of the skin, decreased elasticity, reduced vascularity, and a decline in immune function. Common skin disorders are xerosis (dry skin) and pruritus (itchy skin).<sup>1</sup> Xerosis is common due to reduced sebaceous and sweat gland activity. Skin becomes dry, rough, and itchy. Management includes regular use of emollients and avoiding harsh soaps. Pruritus (itchy skin) is often a symptom rather than a standalone condition. It can be associated with xerosis, systemic diseases (e.g., diabetes, renal failure), or medications. Treatment involves addressing the underlying cause, using emollients, and possibly antihistamines or topical corticosteroids.<sup>2,3</sup>

Ageing causes a variable spectrum of manifestations in all organ systems, including the skin. Aging causes a decline in the normal functions of the skin, primarily in its healing capacity, immune responsiveness, and capacity to repair DNA. Knowledge of common

geriatric dermatologies in different regions can help us make effective health care policies.<sup>4</sup> In 2001, India joined the group of countries that are ageing, with a population that is over 7% of people aged 60 and above. By 2026, the geriatric population is expected to double. The reasons cited for this are increase in life expectancy and decrease in birth rates.<sup>5,6</sup> The present study was conducted to assess skin disorders among geriatric population.

### MATERIALS & METHODS

The present study was conducted on 126 patients above 60 years 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. Various skin disorders were recorded by dermatologist. Management was given based on type of lesions. Data thus obtained were subjected to statistical analysis. P value  $< 0.05$  was considered significant.

## RESULTS

**Table I Distribution of patients**

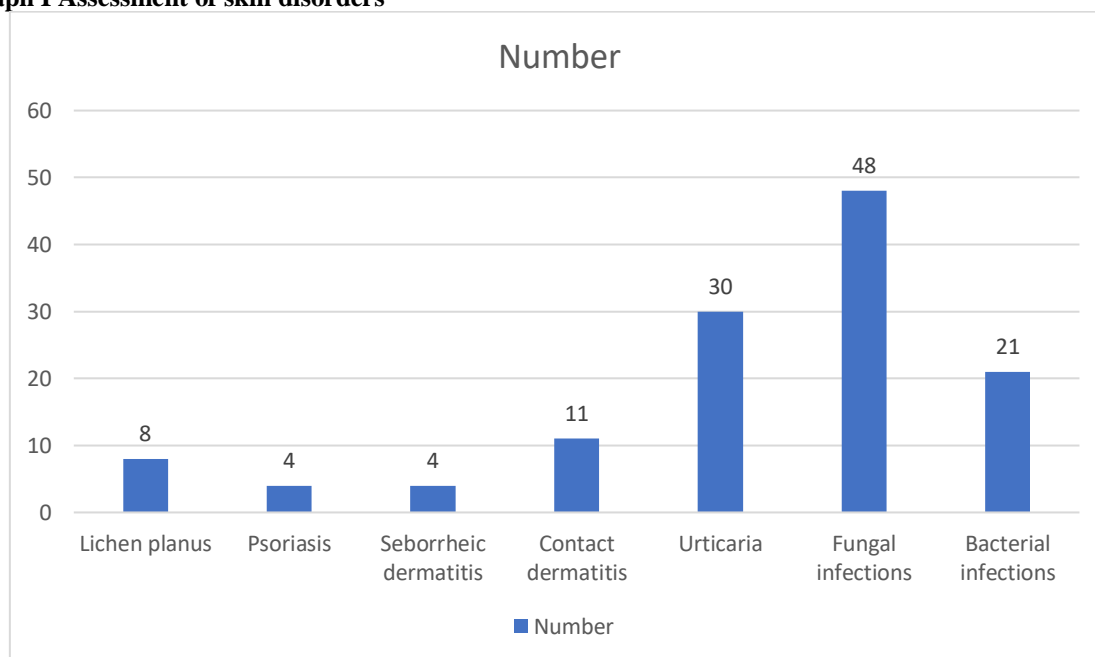
Total- 126		
Gender	Male	Female
Number	52	74

Table I shows that out of 126 patients, males were 52 and females were 74.

**Table II Assessment of skin disorders**

Skin disorders	Number	P value
Lichen planus	8	0.05
Psoriasis	4	
Seborrheic dermatitis	4	
Contact dermatitis	11	
Urticaria	30	
Fungal infections	48	
Bacterial infections	21	

Table II shows that skin disorders were lichen planus in 8, psoriasis in 4, seborrheic dermatitis in 4, contact dermatitis in 11, urticaria in 30, fungal infections in 48 and bacterial infections in 21 patients. The difference was significant ( $P < 0.05$ ).

**Graph I Assessment of skin disorders**

## DISCUSSION

The elderly population in India, defined as those over 60, is a sizable and quickly expanding demographic. Elderly dermatological disorders are on the rise, placing a significant strain on the healthcare system. Determining the trends in geriatric skin problems is crucial to the efficient provision of medical care.<sup>7,8</sup> Diagnosing skin lesions involves a systematic approach, including taking a thorough history, performing a physical examination, and utilizing various diagnostic tools and tests. Dermatoscopy, also known as dermoscopy or epiluminescence microscopy, is a non-invasive, diagnostic tool used by dermatologists to examine skin lesions with greater detail than is possible with the naked eye.<sup>9</sup> This technique involves the use of a dermatoscope, which

consists of a magnifier, a light source (either polarized or non-polarized), and sometimes a digital camera to capture images for further analysis.<sup>9,10</sup> The present study was conducted to assess skin disorders among geriatric population.

We found that out of 126 patients, males were 52 and females were 74. Jindal et al<sup>11</sup> recorded the common dermatological diseases. Out of the total 29,422 patients seen in dermatology department from August 2012 to 2014, 4.7% (1,380) were aged 60 years and above. Male to female ratio was 2:1. Erythematous disorders taken collectively constituted the major skin disorder seen in 38.9% patients. This was followed by infections and infestations (29.9%), senile pruritus (9.0%) and age-related skin changes (3.7%). Benign neoplasms were

seen in 1.1% patients followed by cutaneous malignancies in 0.8% and precancerous lesions in 0.4%. Fungal infections were the most common infections seen in 18% patients.

We found that skin disorders were lichen planus in 8, psoriasis in 4, seborrheic dermatitis in 4, contact dermatitis in 11, urticaria in 30, fungal infections in 48 and bacterial infections in 21 patients. Liao et al<sup>12</sup> determined the characteristic pattern and the prevalence of various skin disorders. A total of 16,924 patients aged 65 years and older, which constituted 11% of the total patients. The male to female ratio was 1.3 to 1. The most common cutaneous disorder in the elderly was dermatitis (58.7%), followed by fungal infections (38.0%), pruritus (14.2%), benign tumors (12.8%), and viral infections (12.3%). Cutaneous malignant tumors were found in 2.1%. Basal cell carcinoma occurred in 29.8%, actinic keratosis in 22.4%, Bowen's disease in 13.3% and squamous cell carcinoma 13.3%. Interestingly, our cases of extramammary Paget's disease showed a male predominance. Most melanomas were acral lentiginous melanoma located on the soles. The prevalence of common diseases in elderly patients compared with those outpatients of less than 65 years showed a 3-fold increased risk for pruritus. Moreover, the pattern of geriatric skin diseases in Taiwan was significantly different from Western countries.

Yalcin et al<sup>13</sup> found that the five most frequently encountered diseases in elderly patients were eczematous dermatitis, fungal infections, pruritus, and bacterial and viral infections. The most common disorders in males were fungal, bacterial, and viral infections, disorders of the feet, cutaneous ulcers, and vesiculo-bullous diseases, whereas, in females, they were immune-rheumatologic diseases and disorders of the mucous membranes. The five most frequently encountered diseases were significantly different in geriatric age subgroups. In the younger age group, pruritus, disorders due to sun exposure, and precancerous lesions and skin carcinomas were less common, whereas eczematous dermatitis was more common. The frequencies of some diseases showed significant seasonal variations. Infestations were more common in spring and summer, fungal infections were more common in summer but less so in winter, pruritus was more common in autumn but less so in spring, disorders due to sun exposure were more common in spring, and benign neoplasia were more common in autumn.

The shortcoming of the study is small sample size.

## CONCLUSION

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

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