



# Common Non-malignant Skin Issues in the Elderly

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Several companies and products are mentioned in this presentation. I have no known financial interests in these entities.



# Goals and Objectives

## Goal:

- Describe common changes and subset of pathologies of the aging skin

## Objectives:

- Outline normal physiologic skin changes with age
- Review common inflammatory and mechanical dermatologic pathologies
- Discuss practical approaches to common treatments

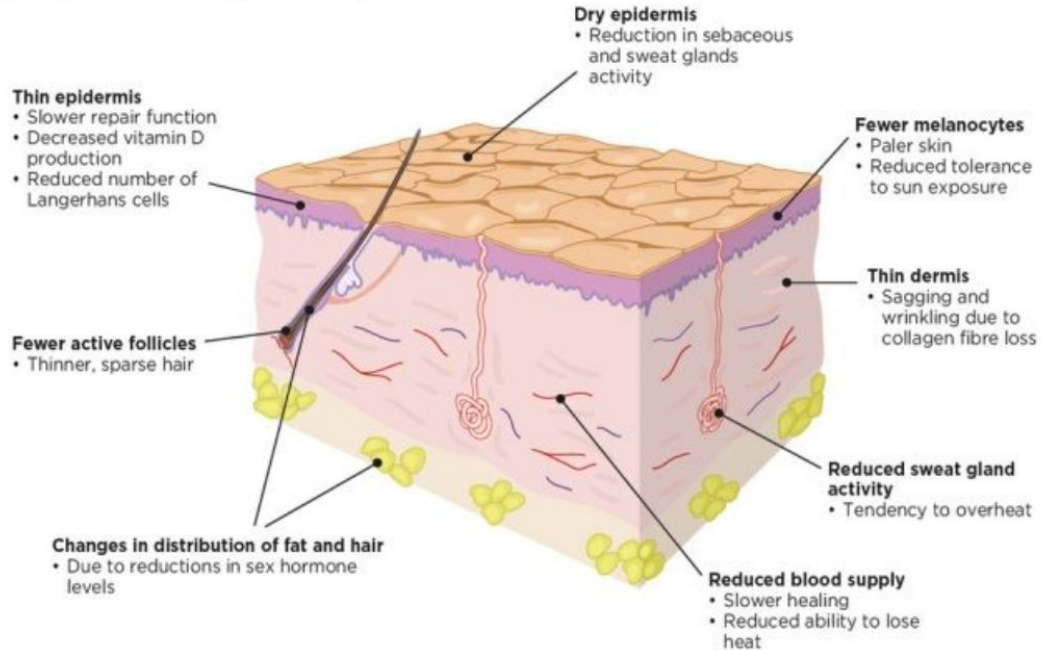
# Outline



1. Physiologic skin changes with aging
2. Lower extremity redness
3. Contact pathologies
4. Conclusions

# Physiologic changes with Aging

Fig 1. Age-related changes in the epidermis and dermis



# Leading to..... Xerosis

- 55% of 765 patients aged >65 in France <sup>2</sup>



# And.....



Very common issues

552 Northern Finland participants >70 years old<sup>4</sup>

- 76% had a skin issue requiring follow-up or treatment
- More than 1/3 with 3 or more skin issues
- ~50% tinea pedis, 30% onychomycosis
- 21% asteozotic eczema, 9% nummular eczema
- Seborrheric dermatitis 10%
- Actinic keratoses 22%

# General skin care <sup>5</sup>



Apply moisturizers shortly after bathing

Creams/ointments rather than lotions (think scoop rather than pump)

Cetaphil, Eucerin, CeraVe, Aquaphor

Limit bathing

Avoid harsh soaps (think deodorizers), Generally good: Dove, Olay, Basis

Simple ingredients

Sun exposure

No smoking!



# Lower Extremity Redness





## Broad differential - clinical context

- Venous stasis
- Other sources of chronic edema (CHF, cirrhosis, etc)
- Drug reaction
- Cellulitis
- DVT
- Gout
- Bullous disease
- etc

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# Compression stockings

## Common problems

- Uncomfortable
- Cost
- Can't get them on

## Concerns

- PAD - Do I need to get ABIs first?
- Weeping

Adherence more important than the exact medical need!



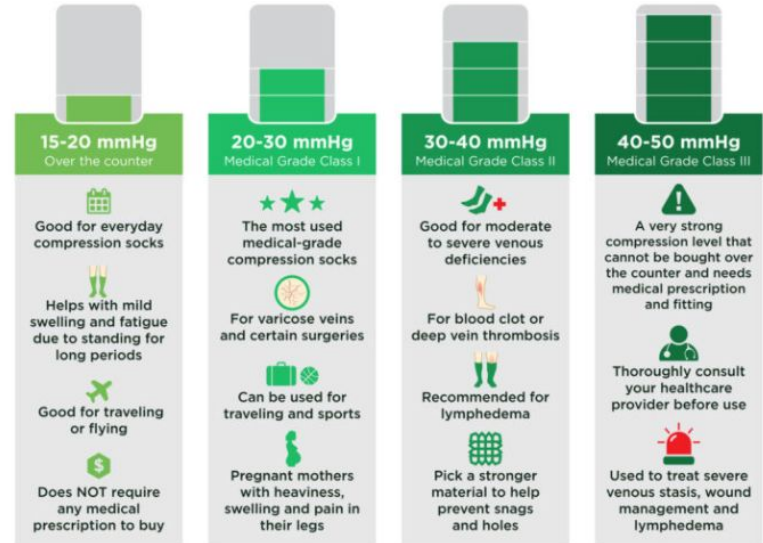
# Compression stockings <sup>7</sup>

- ABI < 0.8, sustained, high compression (i.e., 30–40 mmHg at the ankle) is not recommended.
- In mixed venous/arterial disease (i.e., ABI is > 0.5 to < 0.8), reduced compression levels (i.e., 23–30 mmHg) are advised.
- ABI < 0.5, compression should be avoided and the patient referred to a vascular surgeon



## What are the sock compression levels?

Compression socks are manufactured with different **compression level ranges**. This means the amount of pressure **will not fall below the bottom number and will not exceed the top number**.





# Compression stockings

## Cost:

- If open ulceration, refer to PT wound care. Wraps/compression generally covered by insurance
- If no open ulceration, generally not covered by insurance. (OTC ~\$15-20, Rx \$40-100)

## Where to get:

- Local if has financial resources - [Activelife](#)
- If financially constrained - can try [Elastic Therapy Incorporated](#)
- Other local - Hanger, A&R Medical, Advanced Prosthetics and Orthopedics

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## Compression stocking donner<sup>8</sup>





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# Alternatives

Medi Circaid Juxtafit<sup>9</sup>



# Unna Boot <sup>10</sup>



Unna boot application first layer



Unna boot application - cover the ulcer



Unna boot second layer



Unna boot compression





# Steroids

- Common steroids
- Vehicles/increasing absorption
- How much to Rx



# Practical steroids

Grouped 1-7 in decreasing potency <sup>11</sup>

Group 1 (Super High Potency): Clobetasol 0.05% (cream, ointment)

Group 3 (High Potency): Triamcinolone 0.5% (cream, ointment)

Group 4 (Medium Potency): Triamcinolone 0.1% (cream, ointment)

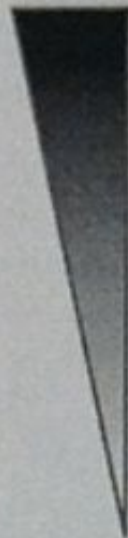
Group 6 (Lo Potency): Triamcinolone 0.025% (cream)

OTC hydrocortisone 1%

Usually available <\$10 on GoodRx, depending on size

# Steroid Vehicles

Strongest,  
moisturizing



– **Ointment:** water in oil, petrolatum

- Greasy, messy, great absorption, helps skin retain moisture
- increases steroid potency

– **Cream:** oil in water (semisolid emulsion)

- Many preservatives, drying, clean/comestic,
- less potent

– **Lotion/solution/gel:** alcohol solution

Weakest,  
Most Drying

- used for hairy areas like scalp
- Least potent vehicle



# How to increase steroid absorption

## – Apply to moist skin

- After bath/shower, pat dry, put on the ...



## – Occlusion

- Wet pajamas, saran/plastic wrap, bandage
- Occurs naturally in intertriginous areas!
- Can increase absorption by a factor of 10!

## – Thin skin absorbs more steroid

- Face, anterior neck, genitals thinnest skin of body
- Palms/soles, back & neck thickest
- Debride scale before use



## – Change steroid vehicle to ointment



# How much steroid?



## 1 Finger Tip Unit (FTU)

- Ointments and creams: 1 FTU=approx. 0.5 g  
From the tip to the first joint of the index finger

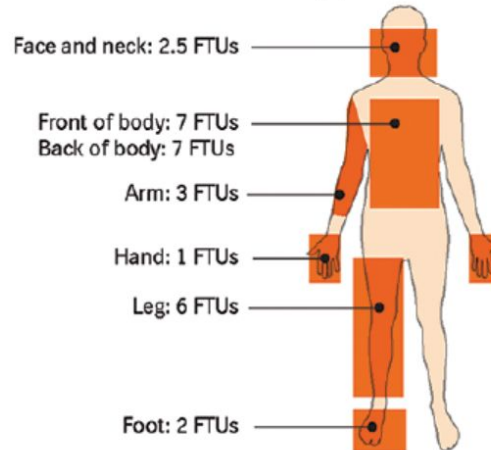


- Lotions: 0.5 g is the Size of an old 25 paise coin



- 1 FTU is a suitable amount  
for covering two adult palms

## Guideline for amounts that should be applied to different body parts



# Contact Surfaces

## Intertrigo

- Antifungal
  - Clotrimazole cream
  - Treatment vs maintenance
- Drying agents
  - Zeasorb
- Low dose topical steroids





# Contact Surfaces

Contact irritant dermatitis

- Barrier creams/pastes
  - Calmoseptine ointment
  - Petroleum jelly



## Incontinence-induced dermatitis

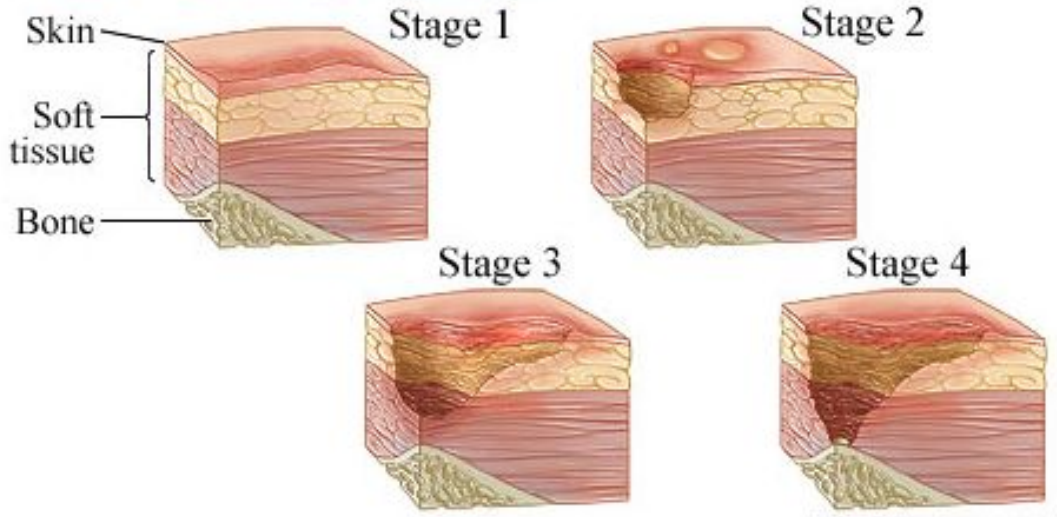
Incontinence-induced dermatitis on the buttocks



# Pressure ulcers <sup>14</sup>

- **Stage 1:** Skin is intact with an area of non-blanching erythema. This is usually over a bony prominence.
- **Stage 2:** Partial thickness skin loss with loss of the epidermis and some of the dermis. It appears as a shallow ulcer with a red-pink color. No slough or necrotic tissue is present in the base. It may also appear as an enclosed or open serum-filled blister.
- **Stage 3:** Full thickness loss of skin with the epidermis and dermis gone and damage to or necrosis of subcutaneous tissues. Damage extends down to but not through the underlying fascia. Subcutaneous fat may be visible, but muscle, tendon, or bone is not seen. Slough may be present but does not hinder estimation of the extent of tissue loss. Tunneling or undermining may be present.
- **Stage 4:** Full thickness loss of skin with extensive destruction, tissue necrosis, and damage to bone, muscle, or other supporting structures that are exposed.





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# Pressure ulcers <sup>16,17,18</sup>

- Surfaces
  - a. Specialized mattresses
  - b. Wheelchair cushions
  - c. No donut cushions
  - d. Bed angles, reduce shearing
- Bandages
- Creams
- Repositioning
- Nutrition - No clear evidence though tends to be standard of care
- Antibiotics, debridement, wound flaps

PREVENTION PREVENTION PREVENTION



### 3M Hydrocolloid Dressing Features & Benefits

- Water resistant film border adheres firmly.
- Adheres to skin in the presence of moisture.
- Outer barrier film protects the wound from contaminants, body fluids, bacteria and viruses.
- Ideal for low to moderate draining wounds.
- Variety of dressing shapes and sizes to meet specific needs.
- 7 day wear time provides undisturbed moist wound environment and promotes healing.
- Adhesive dressing works in presence of incontinence.
- Lower cost due to longer wear time between changing dressing.
- Convenient one hand application.
- Dressing ensures an optimal moist wound healing environment which has been shown to enhance healing.
- High absorbency.



## Conclusions

- These are common issues that many patients do not bring up
  - Glance at legs
  - If clinical concerns, ask about skin folds
  - If urinary incontinence or mobility issues, inquire about skin and ulcers
- Have a standard skin care speech for elderly
- Develop short list of steroids to be familiar with



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