



Promoting Healthy Skin in Older People - The Basics of Skincare

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Promoting Healthy Skin in Older People

The Basics of Skincare

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Introduction



Promoting Healthy Skin in Older People

An integral part of the Dermatology Liaison Nurse Service is to offer advice, support and education within all care settings on the management of skin disease.

Within Care of the Elderly units, a need is identified to shift the emphasis from skin disease management, towards promoting healthy skin and maintaining skin integrity. The Care Commission guidance (Scottish Statutory Instrument 2002 No. 114) emphasises the provision of appropriately trained staff offering a quality service appropriate to needs.

Promoting healthy skin in older people not only prevents physical skin deterioration, but also has a major impact on their Quality of Life (Penzer 2003)

In November 2000, the Associate Parliamentary Group on Skin published their document highlighting the problems that older people with skin disease experienced within the care setting (APGS 2000). This report highlights that skin care needs of the elderly population are often neglected due to a number of reasons, not least, lack of education and training for healthcare professionals.

This Resource Pack has been developed as an educational tool to assist trained healthcare professionals disseminate the necessary knowledge and skills gained at the training session, to all members of staff working within their establishment on the 'Basics of Skin Care'.

Further information and help is available from your local Dermatology Liaison Nurse:

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Aims & Objectives



Overall Aim:

To promote healthy skin in older people by provision of a quality service, aiming to prevent physical skin deterioration and ultimately improving the individual's Quality of Life.

Learning Outcomes:

- Understand why skin health is important in the older person
- Understand internal and external factors affecting the skin
- Be familiar with the different types of emollient therapies
- Disseminate knowledge and skills learnt to all staff colleagues

Emollients Questionnaire No.1

(pre-education)



Please circle your answers.

1 Which of the following best describes an emollient?

- A steroid cream or ointment A
- A skin softener or moisturiser B
- A coal tar paste C

2 What is the function of an emollient?

- A foundation for make-up A
- Prevents water loss from the skin B
- A dehydrating agent C

3 To which type of skin would you apply a cream?

- Cracked and fissured A
- Dry and inflamed B
- Weepy and inflamed C

4 To which type of skin would you apply an ointment?

- Pustular A
- Dry, scaly and inflamed B
- Weepy and inflamed C

5 How often should emollients be applied?

- Once daily A
- Four times daily B
- As often as possible C

6 If the patient has dry skin where would you apply the emollient?

- Affected areas only A
- Total body B
- Around affected areas only C

Emollients Questionnaire No.1 continued



Please circle your answers.

7 How should an emollient be applied?

- | | |
|-----------------------|---|
| In a circular motion | A |
| Downward strokes | B |
| Up and down movements | C |

8 For which of the following skin states may bath oil be prescribed?

- | | |
|---------------------------|---|
| Blistering eruption | A |
| Dry eczematous conditions | B |
| Leg Ulcers | C |

9 Which antiseptic bath oil is useful for itchy skin and reduces Staphylococci?

- | | |
|------------------------|---|
| Oilatum Plus | A |
| Oilatum Bath emollient | B |
| Diprobath | C |

10 Please answer all parts of the question by circling either true or false

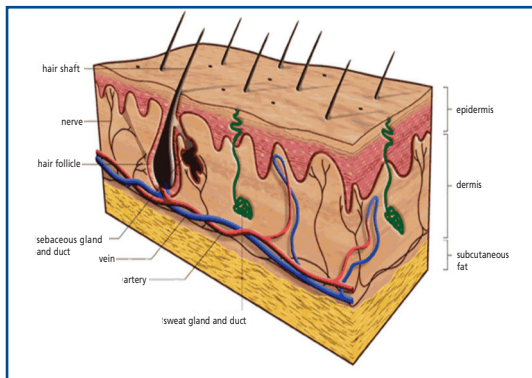
- | | | |
|---|------|-------|
| Ointments do not contain water | TRUE | FALSE |
| Creams contain oil and water | TRUE | FALSE |
| Ointments descale more effectively than cream | TRUE | FALSE |
| Lanolin is obtained from sheep's wool fat | TRUE | FALSE |
| Preservatives may produce allergic reactions | TRUE | FALSE |
| Ointments promote epidermal water retention | TRUE | FALSE |
| Emulsifying ointment is water soluble | TRUE | FALSE |
| Aqueous cream is a soap substitute | TRUE | FALSE |



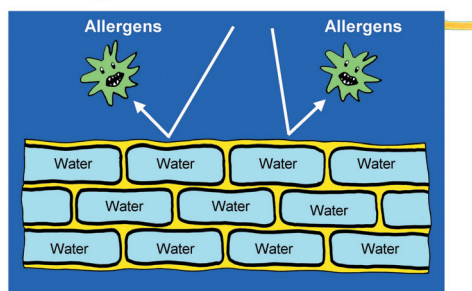
Emollients, Emollients, Emollients

Promoting Healthy Skin in Older People.....the basics of skin care

emollients.....
emollients.....
emollients.....

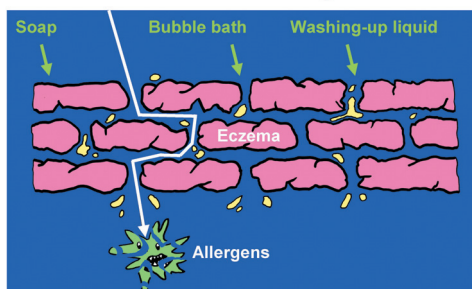


Healthy skin



© 2001 Elliott/Cork/Cork

Irritants break down healthy skin



© 2001 Elliott/Cork/Cork

Emollients, Emollients, Emollients



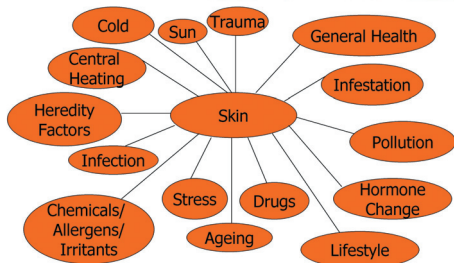
What is skin flare-up

What you see / feel

What causes it

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> • Red Skin • Itchy Skin • Dry skin | | <ul style="list-style-type: none"> • Blood vessels dilate • Nerves stimulated • Skin cells leaking |
|--|--|---|

Internal and External Factors Affecting Skin



Emollients play a vital role in the management of skin disease

- definition and function
- classification
- when to apply
- how to apply
- which emollient

Emollient.....definition and function

- medical term for moisturiser
- safe
- simple
- effective
- steroid sparing
- intrinsic anti-inflammatory action

Emollients, Emollients, Emollients



Emollients also help to.....

- replace water lost from the skin
- lubricate the skin
- reduce scaling
- seal the Stratum Corneum

Classification of emollients....

- **Lotions**
contain more water and less fat than creams
- **Creams**
contain a mixture of water and fat
- **Ointments**
do not contain water

Classification cont.....

- Bath oils
clean and hydrate - trap water in skin
- Soap substitutes
not astringent - not alkaline - **do not dry out the skin**

Emollients.....when to apply

- as frequently and liberally as possible
- at least 3 times per day
- after bathing when the skin is still moist

Emollients, Emollients, Emollients



Emollients....how to apply effectively

- bathing
- generously but gently
- do not rub vigorously - may cause itching or irritation
- smooth emollient along arms, legs and body following the natural hair growth

Emollient.....the choice

- paramount importance
- cosmetic acceptability essential
- compromise between efficiency and cosmetic acceptability

Which emollient ?

The very best emollient for any individual is.....

the one they prefer

Emollient base.....

Important point to remember.....

- use a **cream** base for **moist/wet** skin
- use an **ointment** base for **dry/cracked** skin

Emollient Chart



Please insert local formulary information for reference.

Standard weight cream emollients: absorbed well, good patient acceptability

Product name	DIPROBASE	E45	CETRABEN	AVEENO	HYDROMOL	OILATUM
Emollient property	Yes	Yes	Yes	Yes	Yes	Yes
Soap Substitute	Yes	Yes	Yes	Yes	Yes	Yes
Formulation	Cream	Cream/Lotion	Cream	Cream/Lotion	Cream	Cream
Pump dispenser	Yes	Yes	Yes	No	Yes	Yes
Tubes	Yes	Yes	Yes	Yes	Yes	Yes
Possible sensitisers	Yes	Yes	Yes	Yes	Yes	Yes
Additional tips	Can smell when under occlusion	Uses hypo-allergic lanolin median	Easily absorbed no added fragrance	Oatmeal can help reduce itching	Good occlusive film reduces moisture loss	Good occlusive film reduces moisture loss

Medium weight cream emollients: absorbed well, good patient acceptability

Product name	UNGEUENTUM M	DOUBLEBASE	HYDROUS OINTMENT
Emollient property	Yes	Yes	Yes
Soap Substitute	Yes	Yes	Yes
Formulation	Cream/ointment mix	Cream/ointment mix	Oily Cream
Pump dispenser	Yes	Yes	No
Tubes	Yes	Yes	Yes
Possible sensitisers	Yes	No	No
Additional tips	Cream but moisturises like ointment	Teenagers like! Cool for babies	Used widely in plastics as emollient

Ointment Emollients: improved efficacy but less well accepted

Product name	50:50 WSP/LP	Emulsifying Ointment	YELLOW SOFT PARAFFIN	DIPROBASE OINTMENT	EPADERM OINTMENT	HYDROMOL OINTMENT
Emollient property	Yes	Difficult to use	Yes	Yes	Yes	Yes
Soap Substitute	No	Yes	No	No	Yes	Yes
Bath Emollient	No	Yes	No	No	Yes	Yes
Formulation	Ointment	Ointment	Vaseline	Ointment	Ointment	Ointment
Pump dispenser	No	No	No	No	No	No
Tubes	Smaller tubs	Smaller tubs	Smaller tubs	50g tubes	125gm tubs	125gm tubs
Possible sensitisers	No	Yes	No	No	Yes	No
Additional tips	For lichenification	Can mix to a cream	Sticky	Feels greasy	Can mix to a cream	Can mix to a cream

- Beware : infection in pots of emollient as they have no preservatives in them

Bath Emollients to pour into water

Product name	HYDROMOL L BATH	OILATUM BATH / JUNIOR	E45 BATH	CETRABEN BATH	DIPROBATH	AVEENO BATH/ & COLLOIDAL	BALNEUM BATH
Emollient property	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Soap Substitute	Yes	Yes	No	Yes	No	Yes	Yes
Possible sensitisers	None	Yes	None	None	None	None in colloidal	Yes
Additional tips	-	Used median	More moisturising	-	-	Not slippery, bath toys stay cleaner	-

Emollients and Bath Emollients: with added extras

Product name	DERMOL 500/200	DERMOL 600	DERMOL CREAM	OILATUM PLUS BATH	BALNEUM PLUS BATH	BALNEUM PLUS CREAM	CALMURID CREAM	AQUADRATE CREAM
Emollient property	Yes	No	Yes	No	No	Yes	Yes	Yes
Soap Substitute	Yes	No	Yes	No	No	No	No	No
Bath Emollient	No / for shower	Yes	No	Yes	Yes	No	No	No
Formulation	Lotion	Bath Emollient	Cream	Bath Emollient	Bath Emollient	Cream	Cream	Cream
Pump Dispenser	Yes	N/A	No	N/A	N/A	Yes	Yes	No
Tubes	No	N/A	No	N/A	N/A	Yes	Yes	Yes
Possible sensitisers	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Additional tips	Antibacterial	Antibacterial	Antibacterial	Antibacterial	Antipruritic	Antipruritic/ Urea	Urea/ Lactic Acid	Urea

*** Beware irritant reactions to antibacterial agents. Use products containing these for limited period only, rotating back to plain product**

Soap Substitutes: not listed elsewhere

Product name	AQUEOUS CREAM	E45 WASH CREAM	OILATUM GEL
Emollient property	Should not be used as an emollient in children	Yes	Yes, apply to wet skin
Soap Substitute	Yes	Yes	Yes
Bath Emollient	No	No	Shower emollient
Formulation	Cream	Cream	Gel
Additional tips	Proven irritant reactions to sodium lauryl sulphate in children	-	Good for "hairy" areas
Pump dispenser	No	250ml	No
Tubes	Yes	No	Yes
Possible sensitisers	Yes	None	Yes

Emollients Questionnaire No.2

(post education)



Please circle your answers.

1 Which of the following best describes an emollient?

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- A coal tar paste C

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- Around affected areas only C

Emollients Questionnaire No.2 continued



Please circle your answers.

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|-----------------------|---|
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| Aqueous cream is a soap substitute | TRUE | FALSE |

Helping Older People to Keep Their Skin Healthy



Introduction

The skin is the organ through which we interact with the outside world. It is the barrier which holds us together, keeps out unwanted pathogens and protects us from the knocks and bruises of life. We all make judgements about others by looking at their skin and as such the skin is a major organ for communication.

To keep healthy the skin must be intact ie. it's barrier function must not be compromised (Cork, 1997). In older people the barrier function is less effective and there are numerous possible assaults on the skin eg. pressure, urine, lack of mobility. The most effective way of looking after the skin is to take preventive approaches which promote skin health rather than doing nothing and then having to respond to a break in the skin barrier.

This article focuses on how to promote healthy skin in older people. It will consider the preventive approaches that can be taken and also look at positive health promoting activities that older people can engage in to look after their skin. Specific dermatological conditions will not be considered in any depth, for further details on this topic please see Smoker (1999).

What is healthy skin?

Structure

The structure of the skin allows it to carry out its functions to maximum effect. It has two main layers - the outer layer is known as the epidermis and the inner layer the dermis.

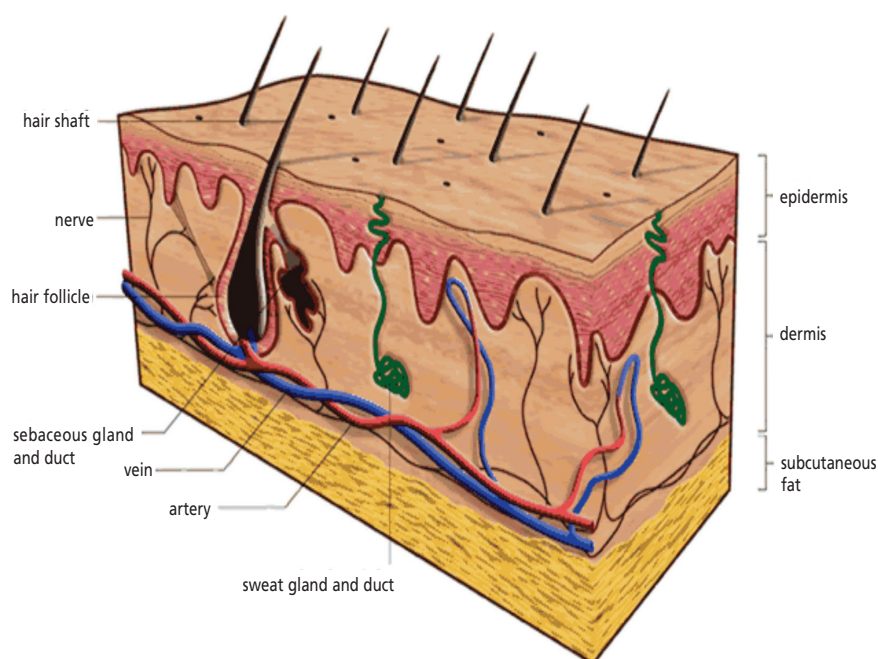
The epidermis is the skin cell factory where cells develop from the basal layer through a number of stages until they form the stratum corneum. This final layer of skin cells is made of tough keratin piled up in layers, there are no cellular structures present in the keratin which is why this outer layer of the skin is often thought of as being "dead". The skin cells exude natural lipids which hold the skin cells together until it is time for them to be shed. The process of cell development from the basal layer to being shed at the stratum corneum usually takes about 28 days.

The cellular processes mean that there is constant renewal of skin cells at the surface ensuring that it is maintained in a healthy state. In older people the process of cell renewal is slowed down which means that the stratum corneum is less healthy than in a younger person and the epidermis as a whole is less thick. The natural oils that are secreted by the skin (sebum) are also reduced in older age. These natural oils help to lubricate the skin surface maintaining flexibility and strength. As well as the changes that happen **within** the skin to maintain skin health, there are commensal bacteria and fungi that live on the skin which protect it from pathogenic bacteria and fungi. In other words the healthy micro-fauna helps to keep the unhealthy pathogenic organisms at bay. Another mechanism which keeps pathogens from damaging the skin is the fact that the skin is slightly acidic and pathogenic bacteria do not tend to thrive in this environment.

Helping Older People to Keep Their Skin Healthy continued



The second major layer of the skin is the dermis. This layer is thought of as the support to the epidermis. It's bulk which is made up of collagen provides cushioning and it contains the blood vessels and nerve endings so vital for the function of the skin. The collagen also gives the skin its elasticity and allows it to twist and turn and then return to shape. As the skin ages



the collagen loses its elasticity which makes the skin more prone to tearing and sheering. It also means that the skin tends to wrinkle and sag. The hair apparatus originates in the dermis as does the sweat gland.

Functions

The skin has five key functions.

It acts as a physical presence, acts as a **barrier** to unwanted foreign bodies and of course it stops our insides from falling out. The micro fauna that has already been mentioned also helps to maintain the protective barrier. The skin also acts to protect us from harmful ultra violet (UV) light and has a complex immunological response.

Temperature control is also regulated by the skin either by vasodilation and vasoconstriction of blood vessels or by increased sweating. As the blood vessels constrict in the cold less blood circulates through them and heat is conserved. Conversely as the body gets warmer the blood vessels vasodilate thus allowing more blood to flow through them and more heat to be lost. Sweating is used to cool the body by evaporating water from the body's surface.

Vitamin D synthesis takes place in the skin in a complex set of chemical changes which occur when the UV light hits the skin.

The skin is an important **sense** organ as each cm squared of skin has 200 nerve endings. The skin will sense touch, pain, heat and cold.

Helping Older People to Keep Their Skin Healthy continued



Last but by no means least the skin is an organ of *display* and *communication*. Our psychological well being and social standing are both affected by what our skin looks like and how we feel about it. There is much evidence that skin disease has a significant impact on quality of life, (Harlow et al, 2000) and some of the literature mentions how the ageing process can be viewed very negatively both by those who are getting old and by the young.

What does poor health mean to older people?

Skin that is in poor health may be compromised in any or all of the above areas. Possible likely symptoms that an older person might experience should their skin health be compromised might include:

- (a) dryness
- (b) cracked
- (c) scaly
- (d) sore
- (e) itching which may lead to scratching and rubbing
- (f) infection
- (g) sleep deprivation
- (h) low mood

Strategies for helping older people have healthier skin

Skin assessment

Assessing the skin is a process which requires great sensitivity and use of 4 of our 5 senses. Before undertaking a skin assessment it is helpful to give careful consideration to the environment - is the room warm enough, are unwanted interruptions guarded against. It is also worth considering whether the individual needs to be asked to undress completely or just to show you a specific area. Eventually a skin assessment should consider the skin all over the body, however it might be most appropriate to carry this out when helping the older person to bathe. Skin assessment, like all health assessments, will be undertaken on an ongoing basis.

- **Touching** the skin will give vital information about the skin quality and warmth. Healthy skin should feel smooth, supple and warm but not hot. If it feels dry and rough it is not well enough moisturised or if hot and smooth this could indicate an infection. What does the skin turgor feel like when you lift up the skin? If it does not spring back naturally to its original form this indicates dehydration. It is important to part skin folds to look in flexures to see if there is any sign of infection there. Equally checking between toes is a must to assess for fungal infection.
- **Looking** at the skin will provide many visual clues. Is the skin cracked, are there any obvious breaks in the skin and are there any suspicious lesions (see later). It is a good idea to keep an eye open for secondary lesions. These are breaks in the skin that have been caused by an action undertaken by the individual eg. picking or scratching. Secondary lesions are good ways of noticing whether the skin is itchy or uncomfortable especially if the older person is unable to communicate verbally directly with you.

Helping Older People to Keep Their Skin Healthy continued



Make note of whether there is any specific dermatological condition and report this to the doctor who is looking after the older person in question. But do remember that if the older person has had a chronic skin condition (eg. eczema or psoriasis) for many years they may well already know precisely how it is best dealt with! People with chronic skin conditions are often experts about their own skin.

- **Smell** is an important sense to use as it may give clues about an individual's well being that they feel reluctant to talk about, for example whether they have a problem with urinary incontinence. If someone is neglecting themselves and not washing this is something that you might pick up by smell.
- Finally **listening** will of course help you to find out more about your patient, listening to the story they have to tell about their history and more subtly listening for involuntary wincing of pain or discomfort as you touch a part of their body.

As mentioned at the start of this section assessment should be an on going process and not something just carried out when the individual first comes into your care. Documentation of any lesions is not only useful from an assessment point of view but critical as part of the record of care. Descriptions of lesions using the terms in Appendix 1 are always more helpful than saying someone has a rash. However even if you can not think of the right technical terms to use it is a good idea to describe the extent of the rash, the colour, whether it is rough or smooth, whether it exudes, or scales etc. Photographs are worth a 1000 words as long as they are good clear photos which have a scale next to the lesion in question. If there is no scale it is impossible to tell, when looking at the photo at a later date, how big the lesion was when the picture was taken and therefore whether there has been any improvement or deterioration.

Personal skin care

Using emollients is a key way of helping to maintain healthy skin. They help to promote the barrier function of the skin, lubricate, soften and make the skin less likely to be itchy and scaly. This section looks at how nurses can help older people to choose and use emollients in all aspects of their personal care. NB the words moisturiser and emollient mean the same thing!

Total emollient therapy is a useful way of thinking about how moisturisers can be incorporated into all elements of the skin care process. Emollients work in two main ways:

- (a) they seal in the moisture so that water loss is prevented from the stratum corneum;
- (b) they draw water into the stratum corneum increasing the amount of moisture there (Loden, 2003).

To summarise, the aim of an emollient is to increase the amount of water in the stratum corneum and this is achieved by oils present in creams and ointments.

Helping Older People to Keep Their Skin Healthy continued



Washing

Washing the skin is something that nurses spend a lot of time doing. Before discussing the best way of washing the skin it is appropriate to mention the importance of allowing individuals to have choice about when they wash, how and with what topical preparations. The information given here is so that older people can be informed of ways of looking after their skin most effectively, they are not to be imposed indiscriminately.

As already mentioned the skin is a complex environment with a unique balance of commensal bacteria and fungi and an acidic pH. Washing using normal soaps and bubble bath will alter the skin pH and over washing will disturb the balance of commensal fauna. It will also strip the skin of its natural oils which help it remain flexible and stop it getting too dry. So washing is a potentially hazardous occupation, but it does not have to be so.

There are a number of non-soap washing products around (see Box 1), choosing one will depend on individual preference and on how dry the skin is. The advantage that these products have is that they do not strip the skin of their natural oils (Holden et al, 2002). It is worth noting that the ones that are starred may have perfume in them which for most people will not be a problem but may affect a minority. Washing should always be gentle followed by a thorough rinsing and meticulous drying. Areas that are left damp are prone to breaking down and attracting fungal infections. Whilst thorough drying is important it should be carried out gently using a patting motion rather than vigorous rubbing. Particular attention should be paid to flexural and interdigital areas.

Box 1. Different types of soap substitute

Name of product	How greasy is it	How to use it
Emulsifying ointment	Greasy	Dissolve in very hot water and whisk up to make lather. Use either in the bath or in a wash bowl.
E45 wash	Little bit greasy	Use like a shower gel but does not produce foam.
Dermol 200	Little bit greasy	Use like a shower gel but does not produce foam.
Aqueous cream	Little bit greasy	Either use like a soap on a wash cloth or with hands or apply all over the body before rinsing off.
Dove soap* (although unperfumed is available)	Not greasy	Use like a soap.

Moisturising

Moisturisers are put into three categories lotions, creams and ointments. Lotions have a low oil content and are least effective, creams have a moderate oil content and are therefore effective but also cosmetically acceptable and ointments are all grease and consequently very effective but not always very popular. Choosing an emollient is a very personal selection and what will suit one person perfectly will not suit another. There is no point on insisting that an older person uses something that you know is good if they dislike it and avoid applying it!

Helping Older People to Keep Their Skin Healthy continued



It is true to say that the least effective moisturiser is the one that stays in the pot! (Box 2 shows different types of emollients). Moisturisers should be applied in a downwards direction following the line of the hair and stroked in well. Vigorous rubbing with an emollient can cause irritation and inflammation of the hair follicle known as folliculitis. It is best to apply them after a warm bath or shower when the skin is most receptive but they can be applied at any time (Dawkes, 1997).

Box 2. Emollients

Type of emollient	Constituents	How it is used	Examples
Bath oil	Oil	Place prescribed amount in bath water and agitate.	Oilatum E45 Bath Oil Dermol 600 Aveeno
Lotions	Mixture of oil and water, higher water content	Easy to apply as it smooths in easily. Good for maintenance and for very slightly dry skin.	Dermol 500 E45 Lotion
Creams	Mixture of oil and water; higher oil content	Still quite easy to apply but tends to feel a bit greasier. Still cosmetically acceptable; good for dry skin especially for use during the day.	Diprobase Cetraben Doublebase E45 Cream
Ointments	Completely oil	Very greasy and takes more effort to smooth into the skin. Excellent for very dry skin, probably best used at night.	50/50 white soft paraffin/liquid paraffin Epaderm Emulsifying ointment

(If the older person is having another prescribed topical agent applied to their skin eg. steroids, they are best applied after an emollient. It is important that the emollient has been allowed to sink in, this takes anywhere from 20 minutes to over an hour depending on how dry the skin is and how greasy the moisturiser).

One final word on the issue of moisturisers is about lanolin. For many years there has been a lot of misinformed negative press for lanolin, many people believing that it has a strong potential for causing allergic reactions. The truth is that this is not the case (Stone, 2000). Especially now there is a new more refined version of lanolin in the vast majority of cases there is nothing to worry about. In fact, lanolin is one of the best natural moisturisers that we have available.

Incontinence

Urinary and faecal incontinence can seriously compromise skin function. The two main problems are maceration (caused by hyperhydration of the skin) and dermatitis - this is most likely to occur when an individual is doubly incontinent (Fader et al, 2003). The best approach is of course prevention and this may be achieved by using super absorbent pads which pull the moisture away from the skin. Washing should be carried out with water only and if soap is needed, as it might be with someone who is doubly incontinent, it should be a non-soap product as discussed earlier in the article. Do not forget the importance of drying after washing.

Helping Older People to Keep Their Skin Healthy continued



An emollient might be useful to maintain the skin integrity but only a very light emollient cream. The evidence for use of barrier creams for those who are incontinent is not convincing, generally it is advisable to maintain good skin quality by use of high quality absorbent pads which are changed with sufficient frequency.

Avoiding pressure

There are of course many reasons why older people need to be encouraged to change their position frequently or have this done for them. Skin integrity is just another one of those reasons. Pressure ulcers, even superficial ones, damage the skin barrier function and make infections more likely. Older people who are less mobile will have poorer circulation which will make ulceration more likely. Delicate friable skin is much more vulnerable to injury which can then turn in to chronic ulceration. In general older people should be encouraged to move independently whenever possible and when seated to have their legs elevated on to a stool (unless they have a medical condition that might make this contra indicator). When legs are elevated on a stool they should be well supported with pillows especially under the knee joint. Care should be taken not to allow pressure to build up on the heels.

Suspicious lesions

Before discussing suspicious lesions it is worth mentioning that older people have a tendency to develop numerous lumps and bumps which are completely benign and that only need treatment if they are causing discomfort. A skin tag is a good example of this.

Older people have had a life time of exposure to the sun which makes them more prone to non-malignant and malignant skin cancers. Skin cancers are most commonly seen on sun-exposed sites so most vigilance is needed in checking these areas (eg. bald scalps, tops of ears, nose, face in general, backs of hands and backs of men in particular).

Malignant skin cancers include basal cell carcinomas (BCCs), squamous cell carcinomas (SCCs)



BCC

SCC

MM

and malignant melanomas (MMs). BCCs do not metastasise but can be destructive locally, SCCs can metastasise to local lymph nodes and beyond, malignant melanomas are the most serious as they can metastasise extensively. See Box 3 for distinguishing features of BCCs and SCCs. A useful rule for following when checking for suspicious lesions is the ABCD rule. It helps to distinguish between the innocent mole and a malignant melanoma.

Helping Older People to Keep Their Skin Healthy continued



- A** An MM tends to be asymmetrical so that one side of it looks different from the other side.
- B** The border of an MM may be blurred and irregular, a mole is well defined.
- C** The colour of an MM is varied from brown to black with possible tinges of blue and red whereas a mole will be evenly coloured.
- D** An MM is usually greater than 6mm in diameter whereas a mole is usually smaller than this. A sudden increase in size is something to be concerned about. (Somma & Glassman 1991).

Box 3. Distinguishing features of Basal Cell Carcinomas and Squamous Cell Carcinomas

Basal cell carcinoma

- Usually skin coloured
- Telangiectasia (small spidery blood vessels) across the surface
- Rolled pearly edge
- Sometimes the centre is necrotic/ulcerates

Squamous cell carcinomas

- May start as a nodule or a scaly patch
- May develop quickly at the site of an old wound eg. the edge of an ulcer

Protection in the sun

The skin's ability to protect itself from UV light reduces as it gets older. It is important to help older people to protect themselves from the sun by use of sunscreen (at least factor 15 with four stars), wearing a wide brimmed hat, using sunglasses and seeking shade. The sun should be avoided completely between 11am-3pm when it is at its strongest. These messages for safety in the sun still allow older people to get out and about. It is important for psychological well being that they are able to be out in the sunshine at the beginning and end of the day.

Carers have a responsibility to facilitate safe enjoyment of the sun and also to take care of their own skin in the sun. Sun screen and hats are a must for carers when they are out and about as part of their caring duties.

Pruritus

Itching can plague older people. As their skin gets older and drier it may well itch for no particular clinical reason. Using total emollient therapy as described in this article should help to reduce itch as will keeping cool and avoiding wearing irritant materials next to the skin. It is advisable to recommend that older people keep their nails short so that if the skin is itchy scratching does not create too much damage. Eczema is a very itchy condition and psoriasis may also be itchy, so if either of these conditions is present itching is likely to result.

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Of course unexplained persistent itching especially when it is all over should be investigated as some systemic illnesses such as diabetes, Hodgkins lymphoma, leukaemia and renal disease can cause itching. Scabies is extremely itchy with particularly intense itching at night. If many people in a nursing/residential home start to itch at around the same time scabies must be suspected.

Appearance

The fact that the skin is an organ of display and communication has already been mentioned. As people get older they remain concerned about how they look so it is important that time is spent helping an individual to look as best they can. A negative body image may result as the person gets older as they find it hard to reconcile the changes in their appearance, whether this is wrinkles, hair loss or excessive facial hair in women. Koblenzer (1996) has written a very useful article on this subject. In practical terms this means that the older person might be grateful for help keeping their hair styled, wearing make up as appropriate, removing unwanted facial hair (in both men and women) and keeping nails trimmed and cared for. A further way of maintaining dignity for older people is to ensure that they have privacy when carrying out personal care activities be this bathing, dressing or using the toilet.

“Special” anatomical sites

There are certain anatomical areas which are particularly prone to skin problems in older people and which are often ignored, attention is drawn to them in this section.

Flexures are described as parts of the body where two skin surfaces come into contact with one another, eg. groins, axillae and under breasts. The warm and moist nature of these areas encourages the growth of fungi. Thus during the washing and drying process special care should be given to ensuring that these areas are well cleaned and dried. Fungal infections should be treated with the appropriate anti-fungal agent. When applying these creams

ensure that they are well rubbed in and that they are used for the prescribed length of time.



Helping Older People to Keep Their Skin Healthy continued



Lower limbs are particularly prone to dryness, varicose eczema, injury and chronic ulceration. Interdigital spaces (between toes) can be infected with athlete's foot which provides an ideal entry lesion for bacterial infection which may lead to cellulitis. Once again careful washing, drying and on the lower limbs emollient application are important. Use of an antifungal agent between the toes may be necessary. Nail care on toes is vital to promote comfort but also to protect the surrounding skin from damage due to unkempt toe nails.



Feet should be generally well cared for so that shoes fit properly and mobility is enhanced.

Pressure areas must be carefully monitored in those who are immobile. If the skin is kept in good condition, well moisturised so that it is flexible and non-friable, this will help to reduce the likelihood of skin break down. There is no substitution for pressure relief so these skin care measures should be seen as additional rather than instead of.

National Service Framework

At the beginning of 2001 the government produced the National Service Framework for Older People. This document aimed to develop national standards for the quality of care that older people could expect to get, with the stated aim of driving up quality of care. Within this nearly 200 page document there is little specific mention of caring for the skin, but there are some useful things to think about which are relevant to the issues tackled in this article.

- 1) The idea of person centred care is discussed. This promotes respect for the privacy and dignity of older people and states that older people should be enabled to make informed choice about their care. Also in this section there is mention of the need for assessment which includes needs for personal hygiene and tissue viability.
- 2) Standards 3 & 4 both talk about the need for access to specialist services. This is an important point to make, this article aims to help you to manage the day to day, but you should also know where to refer to and who to call on, if you require further assistance.
- 3) Standard 8 relates to health promotion and preventive strategies. It is important to acknowledge that old age does not need to mean poor health and that the messages promoted in this article aim to help you to help older people to maintain a healthy skin and thus a healthier life.









If you haven't done already it is worth having a look at this important document. Copies are available free of charge from Department of Health PO Box 777, London SE1 6XH, or it can be downloaded from the internet <http://www.doh.gov.uk/nsf/olderpeople.htm>.



Conclusion

The purpose of this article has been to give you a health promotion perspective on caring for the skin of older people. It has introduced the concept of healthy skin and why this is important for older people. By discussing the unique features of the structure of the skin we can see how the skin carries out its numerous different roles. There are many different nursing activities that can promote healthy skin in older people and these range from hygiene measures, to emollient therapy to protection in the sun. All of them are relatively simple and straight forward to undertake but can have a really significant impact on the older person in terms of comfort and prevention from ill health.

Appendix 1. Ways of describing dermatological lesions

Dermatological Term	Description	Example
	Macule Flat in various shapes and sizes and colours	Vitiligo or freckle
	Papule Solid and raised, less than 1cm in diameter	Wart, moles
	Nodule Solid and raised extending into dermis, 1 - 2cm in diameter	Rheumatoid nodule
	Vesicle Well defined and fluid filled, less than 0.5cm in diameter	Chicken pox, poison ivy
	Bulla A fluid filled blister usually greater than 1cm diameter	Friction trauma
	Pustule Raised containing visible pus, less than 1cm diameter	Acne
	Cyst Raised lesion containing semi-solid or liquid expressible material, greater than 1cm in diameter	Sebaceous cyst
	Plaque Raised scaly area any size	Psoriasis



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