



Episode 4.05 Show Notes Skin

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Broadcast Date: 10th October 2017

Learning Outcomes

Knowledge:

- To understand normal physiology of the skin and how it changes in older adults
- To develop an understanding on how to manage dry skin in older adults
- To understand causes of itchy skin as a presenting complaint

Skills:

- To be able to recognise different emollients and how emollients they should be used.

Attitudes:

- Recognise dermatological issues can be a manifestation of an underlying systemic medical problem
- To consider visual assessment in those falling, with delirium and as part of a CGA.

Definitions:

- Xerosis – skin that is dry to touch, due to lack of moisture in the outer layer of the skin (stratum corneum), resulting in cracked skin
- Pruritus – itchy skin or unpleasant sensation that provokes the desire to scratch



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Key Points from Discussion

Ageing skin physiology

See also Series 3 episode 3

- Protection:
 - Accumulation of UV damage as people age
 - Cell aging via loss of telomere ends
- Barrier:
 - Decreased sebum protection
 - Epidermal thinning; flattening of dermo-epidermal junction;
- Pain receptor:
 - Dermal thinning → reduction in nerve endings → decreased sensation
 - Neuropathic pain increases
- Thermoregulation
 - Dermal thinning → reduced function to thermoregulate: hypothermia more common
 - Reduced moisture retention
 - Reduced ability to vasodilate in the capillary bed → prone to heat retention
- Endocrine function (Vit D, melanin)
 - Decreased ability to synthesis vit D → prone to vit D deficiency/reduced bone density
 - Decreased ability to synthesis melanin → prone to skin cancers (in addition to photodamage done in previous years)
- Communication/Visual appearance
 - Wrinkling/Sagging of skin
 - Loss of demarcation between chin and neck in males

Dry skin

- Causes:
 - Genetic: Ichthyosis
 - Age related changes
 - Dry environment, low humidity
 - Drugs: retinoids, diuretics, EGFR inhibitors
 - Postmenopausal

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- o Medical causes: hypothyroidism, CKD, malnutrition, dermatitis/eczema
- Complication:
 - o Eczema, infection (through cracks in skin allowing infection in), contact allergy
- Management
 - o Emollients, emollients, emollients
 - o Things to consider:
 - Severity of the dryness
 - Tolerance
 - Personal preference
 - Cost and availability
 - o Avoid aqueous cream as an emollient choice
- Further reading:
 - o Dry Skin (<https://www.dermnetnz.org/topics/dry-skin/>)

Itchy skin

Causes:

- o Systemic:
 - Renal: Chronic renal failure - buildup of urea and waste materials
 - Liver: Cholestatic - buildup of bilirubin
 - Endocrine/metabolic: DM; hyperthyroidism; hypoparathyroidism
 - Hematological: IDA; polycythaemia; leukaemia; lymphoma
 - Neurological: neuropathic pruritus
 - Psychogenic: skin picking; depression; anxiety; delusional parasitosis
 - Oncological: can precede underlying malignancy such as lymphoma by many years
- o Skin diseases:
 - Psoriasis, Urticaria, Allergic contact dermatitis, Dry skin, Dermatitis herpetiformis, Scabies, Mycosis fungoides
- o Exposure-related:
 - Allergens/irritants - check contacts and exposures
 - Insects/infestations (i.e. bed bugs)
 - Medication (i.e. opioids as side effect)

Pruritus screen

- o Bloods can look for signs of the systemic diseases above
- o Consider:
 - Antimitochondrial antibody - autoimmune conditions

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- CXR
- Immunoglobulins
- Plasma electrophoresis

Management: Treat underlying cause; Emollients, emollients, emollients

Elderly Hospitalised Patients - The Impact of Itch and It's Prevalence. [Teoh et al, 2016. Annals of Academic Medicine Singapore](#)

Prevalence of skin diseases in hospitalized geriatric patients: Association with gender, duration of hospitalization and geriatric assessment. [Makrantonaki et al 2017](#)

Cutaneous Vasculitis

This is a complex collection of conditions with many different causes. Vasculitides are classified by the size of the vessels affected; small, medium or large.

Older people are most likely to get small vessel vasculitis

- Presents with raised palpable purple areas called purpura, or occasionally ulcers

Diagnosis

- Biopsy - histology shows inflamed blood vessels

Reactive vasculitis

- E.g. Secondary to acute infection
- Tends to settle in 6-8 weeks
- Supportive measures- emollients, topical steroids, light compression

Vasculitis secondary to underlying inflammatory process

- May be more severe and persistent
- Need to manage underlying condition

Further reading: <https://www.dermnetnz.org/topics/cutaneous-vasculitis>

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Blistering conditions

Autoimmune basis

Usually require immunosuppression with steroids +/- steroid sparing agent

- [Bullous Pemphigoid](#)
- [Pemphigus vulgaris](#)

Resources:

Videos of how to apply emollients, and topical steroids.

<http://www.bad.org.uk/for-the-public/patient-information-videos>

Curriculum Mapping:

This episode covers the following areas (n.b not all areas are covered in detail in this single episode):

Curriculum	Area								
NHS Knowledge Skills Framework	Suitable to support staff at the following levels: <ul style="list-style-type: none">• Personal and People Development: Levels 1-2• Service Improvement: Level 1								
Foundation curriculum	<table border="1"><thead><tr><th>Section</th><th>Title</th></tr></thead><tbody><tr><td>2</td><td>Patient centred care</td></tr><tr><td>4</td><td>Self directed learning</td></tr><tr><td>10</td><td>Support for patients with long term conditions</td></tr></tbody></table>	Section	Title	2	Patient centred care	4	Self directed learning	10	Support for patients with long term conditions
Section	Title								
2	Patient centred care								
4	Self directed learning								
10	Support for patients with long term conditions								
Core Medical	Common competences:								

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Training	<ul style="list-style-type: none">• The patient as central focus of care• Managing long term conditions and promoting patient self-care System specific competences: <ul style="list-style-type: none">• Dermatology• Geriatric medicine
GPVTS program	Section 3.05 - Managing older adults <ul style="list-style-type: none">• Core Competence: Managing medical complexity Section 3.21 - Care of people with skin problems <ul style="list-style-type: none">• Core competence: clinical management• Core competence: managing medical complexity
ANP (Draws from KSF)	Section 6 Clinical Examination Section 7.31 Problems with Skin Section 20 Patient as central focus of care

Feedback

We will add feedback to this as we receive it! The website will have the most up to date version always available: www.thehearingaidpodcasts.org.uk/mdtea

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Check out our cool infographic *A sip of MDTea Episode 4.05* summarising 5 key points on Ageing Skin. It's made for sharing!

