

Saving Seniors' Skin: Tackling Emergent Cutaneous Conditions Common in Older Adults

Gabiella Miller, M.D.
Department of Emergency Medicine
University of Maryland School of Medicine

1

Objectives

- Review the **physiologic changes** characteristic of aging skin.
- Propose **differential diagnoses** for cases of older adults with **itching, bruising, and blistering**.
- Outline **management concerns** for cutaneous conditions specific older adults.
- Discuss pearls and pitfalls of **prescribing antihistamines and steroids** for geriatric patients.

2

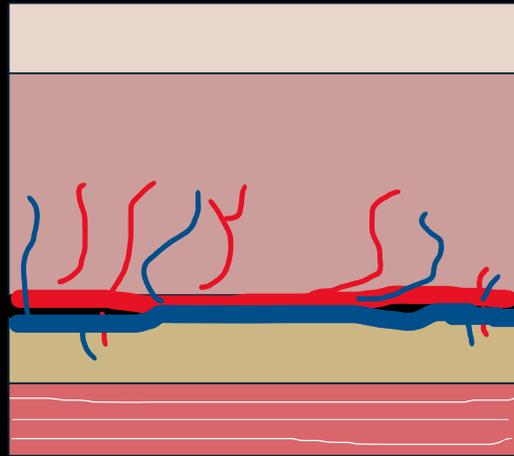
Why does skin age over time?

Epidermis

Dermis

SubQ

Muscle



3

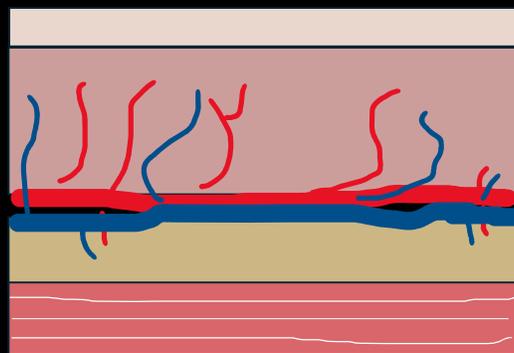
Why does skin age over time?

Epidermis

Dermis

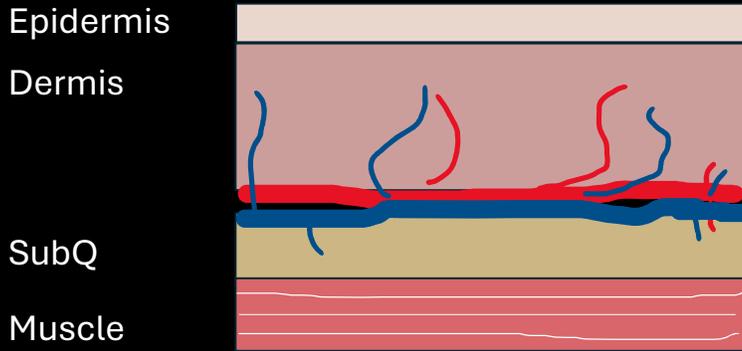
SubQ

Muscle



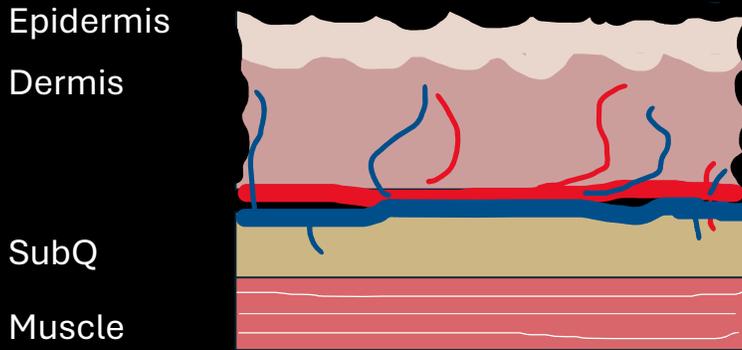
4

Why does skin age over time?



5

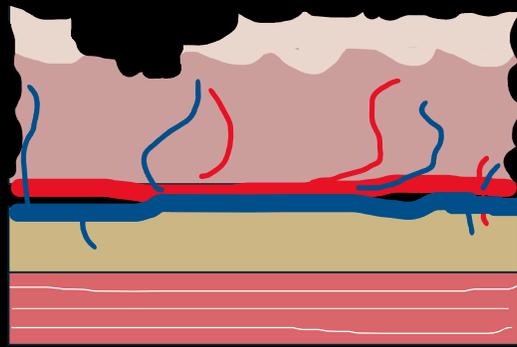
Why does skin age over time?



6

Why does skin age over time?

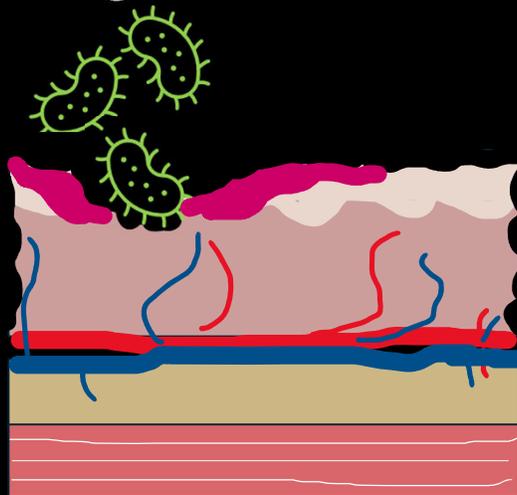
Epidermis
Dermis
SubQ
Muscle



7

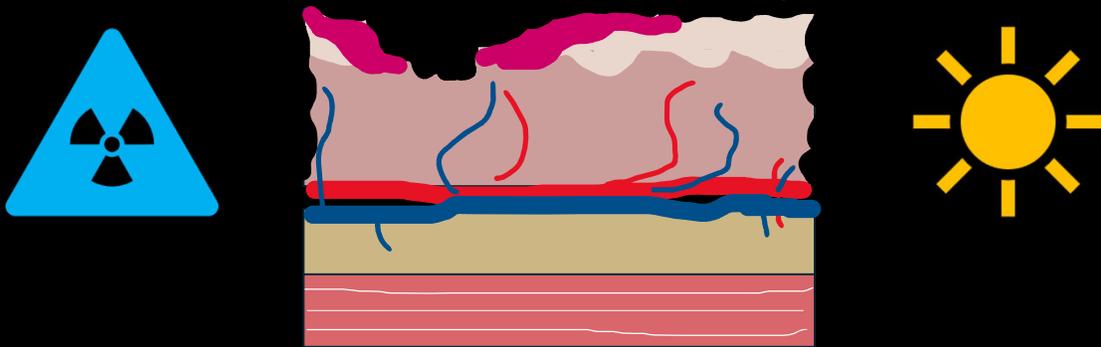
Why does skin age over time?

Epidermis
Dermis
SubQ
Muscle



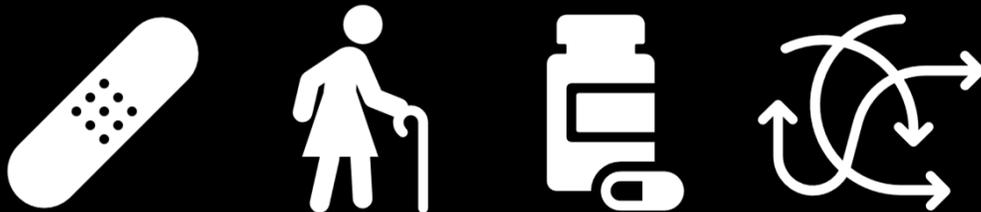
8

Why does skin age over time?

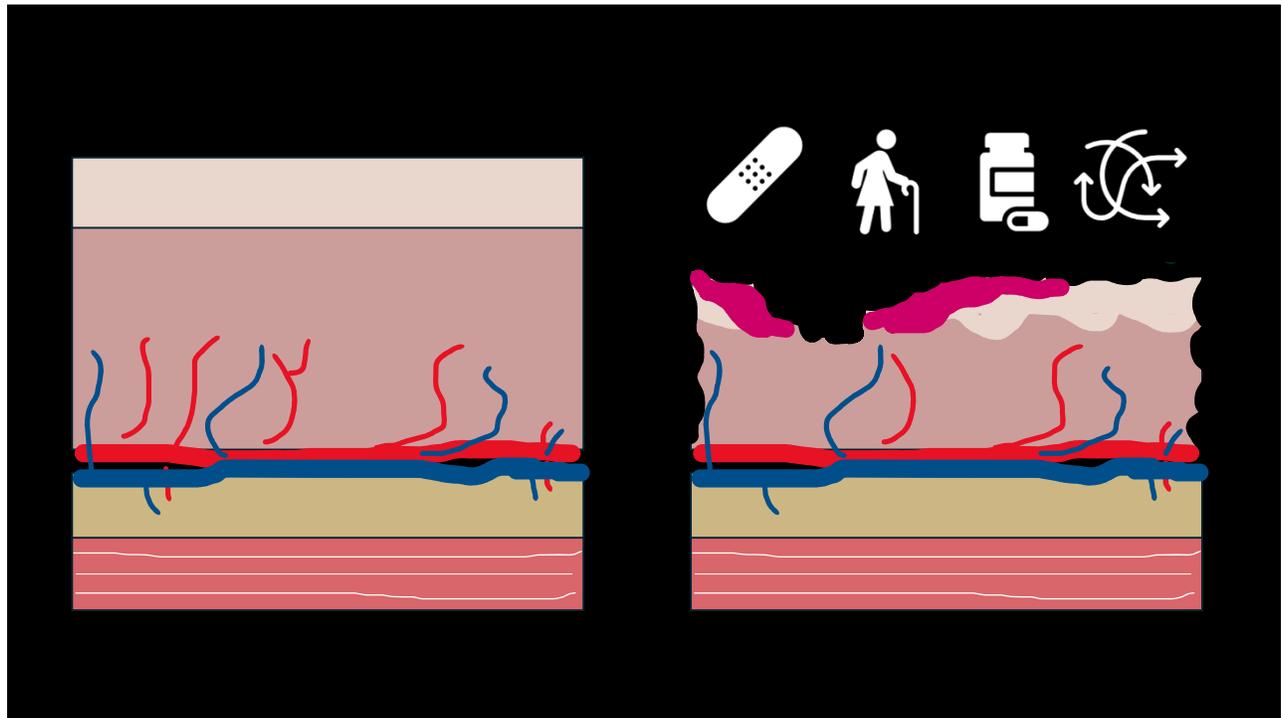


9

What barriers do older adults face in caring for cutaneous conditions?



10



11



12

Differential diagnosis for “itching”

Chronic
Pruritus of
the Elderly



Asteatotic
Dermatitis



Venous
Stasis
Dermatitis



13

Venous Stasis

- Increased risk in patient with venous HTN and circulatory stasis
- Lower extremity predominance
- Progression
 - Phase 1: Dry and scaly with increased pigmentation
 - Phase 2: Lichenification, cracking, and weeping
 - Phase 3: Ulceration and superinfection
- Document images!

14

Venous Stasis



15

Venous Stasis Dermatitis: Treatment



- Exercise
- Wound care
 - Gentle cleaners
 - Low potency topical steroids for flairs
 - Bandaging and compression devices
 - May require wound care referral or home services
- Refer to vascular surgery if non-healing ulcers are present
 - Ablation
 - Sclerotherapy

16

Prescribing anti-histamines



- Consider anticholinergic side effects
- Do a med rec
- Think of alternatives
- Avoid first gen. antihistamines at all costs
- If prescribing...
 - Fexofenadine > Cetirizine > Loratadine

17

Key Points

- Older patients are prone to itchy skin, even without a rash.
- If you must prescribe an antihistamine, think fexofenadine!
- Venous stasis changes can evolve over time, document pictures when possible.
- Prescribe exercise and wound care.
- If venous stasis ulcers are present, consider superinfection & vascular referral.

18

Case #2



19

Differential diagnosis for “bruising”

Meds &
Senile
Purpura



Bleeding
Disorders



Trauma &
Abuse



20

Skin findings as signals of abuse & neglect

- Suspicious bruising
 - Patterned
 - Various stages of healing
 - Signs of blunt trauma
 - Bilateral or parallel injuries

21

Skin findings as signals of abuse & neglect

- Nutritional deficiencies
- Infestations
- Hygiene concerns
- Intertriginous skin breakdown
 - Chemical dermatitis
 - Fungal infections
- Pressure wounds



22

Screening tools & next steps

- EM-Brief Screen
 - *Has anyone close to you ever harmed you?*
 - *Has anyone close to you failed to give you the care that you need?*
 - *Has anyone tried to force you to sign papers or use your money against your will?*
- APS reporting
- Safe disposition

23

Key Points

- Older patients are at increased risk of bruising due to collagen losses, comorbidities, and medications.
- Bruising may be a key sign of elder mistreatment and should prompt a whole skin assessment.
- Consider the EM-Brief Screen.
- When in doubt, admit for safety.

24

Case #3



25

Differential diagnosis for “blistering”

Varicella
Zoster

Bullous
Pemphigoid



26

Bullous Pemphigoid

- Chronic autoimmune disease
 - Antibodies to hemidesmosomes in basement membranes of epithelium
 - Separates epidermis from dermis
- Clinical features
 - Bullous eruption on urticarial base
 - 1/3 of cases involve mucus membranes (typically mouth, eyes, nose)
 - Nikolsky negative

27

Bullous Pemphigoid: Treatment



- Topical or systemic steroids
 - Whole body clobetasol application (40g/day)
 - 0.5 – 1 mg/kg/day prednisone
- Doxycycline 200 mg/day
- Immunosuppression may be needed
- Must have dermatology follow-up

28

Varicella Zoster or “Shingles”

- Re-emergence of childhood chickenpox virus from dorsal nerve root ganglia
- Flairs in times of immunosuppression or advanced age
- Shingles vaccination
 - Reduces illness incidence & severity
- Clinical features
 - Malaise +/- headache and vision changes
 - Prodromal stabbing pain before rash
 - Vesicular eruption in a dermatomal distribution

29

Varicella Zoster or “Shingles”: Treatment



- Antivirals
 - Valacyclovir or famciclovir > acyclovir
 - Oral steroids
- Post-herpetic neuralgia
 - Systemic agents
 - NSAIDs
 - Opiates
 - Neuromodulators – gabapentin, pregabalin, TCAs
 - Topical agents
 - Capsaicin
 - Lidocaine patches

30

Prescribing systemic steroids



- Early morning administration to prevent sleep disruption
- Monitoring glycemic control
 - Pre-diabetics, patient on oral glycemic control agents
 - Prescribe blood sugar testing supplies
 - Insulin-dependent diabetes
 - Recommend parameters for increasing insulin
- Consider other co-morbidities
 - GERD/PUD
 - Osteoporosis
 - Hypertension

31

Key Points

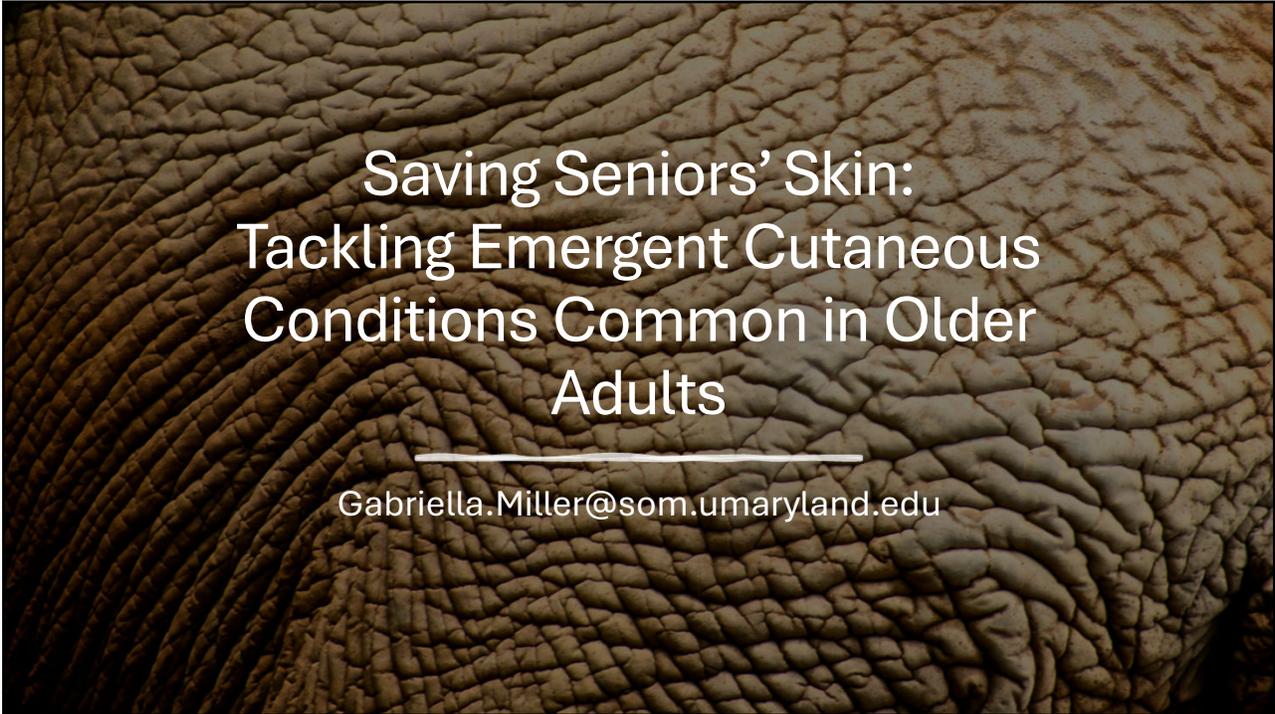
- Use valacyclovir or famciclovir +/- oral steroids for shingles
- Consider topical therapies in conjunction with neuromodulators or opiates for PHN
- Tailor treatment in bullous pemphigoid to functional status and comorbidities
- When prescribing systemic steroids to older adults review co-morbidities and recommend glucose monitoring

32

Key Points Summary

- The skin changes with age and is more prone to dryness, poor wound healing, bruising, and infection.
- Skin exams can prompt evaluation for elder mistreatment.
- Prescribe fexofenadine for older adult patient who require an antihistamine.
- When prescribing systemic steroids, plan for managing hyperglycemia.

33



Saving Seniors' Skin: Tackling Emergent Cutaneous Conditions Common in Older Adults

Gabriella.Miller@som.umaryland.edu

34