

Skin Disorders Among Geriatric Population Of Western Rajasthan

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Abstract

Background: Due to the degenerative and metabolic changes occurring throughout the skin layers during the aging process, elderly people are vulnerable to a wide variety of dermatological conditions.

Methods: Five hundred consecutive patients more than 60 years of age attending the outpatient clinic or admitted as inpatients in the Department of Dermatology, STD and Leprosy at MDM Hospital, Jodhpur were studied.

Results: Senile purpura was the most common physiological change (18.8%), followed by xerosis (16.2%). Senile comedones and senile lentiginos were seen in 13.8% and 5.8% patients respectively. Most common dermatosis noted in the target population was benign tumors, present in 322 patients (64.4%). Second most common disease group affecting the elderly was the infections and infestations group, being present in 215 patients (43%). Infections were present in 195 patients (39%) while infestations were present in 24 patients (4.8%). Four patients presented with infection along with infestation.

Conclusion: Senile purpura was the most common physiological skin change and most common pathological skin changes was benign tumors observed in our study.

Keywords: Ageing, Dermatoses, Pruritus, Senile.

Introduction

Natural man loves his children but only cultured man cares for his parents LIN-yutang(Chinese philosopher)

Ageing is an irreversible process. In the words of Seneca, “Old age is an incurable disease”. More recently Sir James Sterling Ross commented, “You do not heal old age, you protect it, you promote it and you extend it”. These are in fact the principles of Preventive Medicine¹. Old age should be regarded as a normal, inevitable biological phenomenon. The study of the physical and psychological changes which are incident to old age is called Gerontology. The care of aged is called Clinical Gerontology or Geriatrics².

October 1 is celebrated as International Elder’s Day United Nations considers 60 years as the age of transition to the elderly age group. In India, people aged 60 years and above are treated as old^{3,4}. In India the proportion of

aged population was 5% in 1971, 6% in 1981, 6.7% in 1991, 7.7% in 2001 and 8% in 2011 and is likely to rise to 19% by 2050⁵. In figures, geriatric population was 96 million (2011) in India and it is estimated to rise to 150 million (2025)⁶ and 324 million (2050)⁷. This changing scenario has given rise to three major needs: social, health & financial security to elderly.

Due to the degenerative and metabolic changes occurring throughout the skin layers during the aging process, elderly people are vulnerable to a wide variety of dermatological conditions. Neurological and/or systemic diseases, health and hygiene, socioeconomic status, climate, color of skin, gender, nutrition, culture, and personal habits, such as smoking or drinking, etc., may also contribute a role in the genesis of cutaneous conditions in the elderly population. The diagnosis of certain dermatoses in the geriatric population poses a great challenge to providers. History taking can be difficult. Patients often have multiple medical problems and regimens with several medications. The clinical manifestation of skin disorders may differ and may not present as classically as they do in younger populations.

This study was planned to know the common dermatological diseases in geriatric population in this region.

Material And Methods

Study design: A hospital based cross-sectional study.

Study Place: Department of Dermatology, STD and Leprosy at MDM Hospital, Jodhpur

Study population: Five hundred consecutive patients more than 60 years of age attending the outpatient clinic or admitted as inpatients in the Department of Dermatology, STD and Leprosy at MDM Hospital, Jodhpur were studied.

Inclusion Criteria

➤ Patients attending the dermatology OPD at our hospital, aged 60 years or above.

Exclusion criteria

➤ Patients <60 years age

➤ Patients whose diagnoses could not be ascertained due to the patients' refusal to get the necessary investigations done.

Method of data collection

A written consent was taken from all the patients. Relevant history of the cutaneous complaints, present and past medical ailments, along with the patient's occupation, educational and income status were recorded. The patients were examined thoroughly in day-light and dermatological, general physical and systemic examination were carried out irrespective of the complaints. Detailed dermatological examination was done and all findings were noted in a pre designed proforma.

In all instances, the diagnosis was establish clinically as far as possible, except in case of ambiguity, in which case the diagnosis was confirmed with relevant investigations. Routine blood haemoglobin, complete blood counts, urine routine examination, blood sugar estimation were carried out whenever it was necessary. Skin scrapings, nail clipping for fungus, Tzanck smears and skin biopsies were done wherever indicated for confirmation of diagnosis.

Data analysis

Data were assessed using statistical program SPSS version 22.00. P value <0.05 will be considered to be significant.

Results

Table 1: Distribution of cases according socio-demographic profile

Socio-demographic	Number of patients	Percentage
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variable		
Gender		
Male	263	52.60%
Female	237	47.40%
Age (in years)		
60-65	170	34.0
65-70	135	27.0
70-75	75	15.0
75-80	61	12.20
80-85	28	5.60
>85	31	6.20
Residence		
Urban	231	46.20%
Rural	269	53.80%
Literacy		
Literate	341	68.20
Illiterate	159	31.80

Of the total of 500 participants in our study, 263 (52.6%) were males and the rest were females . 305 (61%) participants belonged to the 60-70 years age group while only 11.8% participants were over 80 years of age. The highest age of the participant in our study was 93 years. 231 participants (46.2%) belonged to the urban population while the rest belonged to rural areas. 341 patients (68.2%) in our study were literate while the rest were illiterate.

Table 2: Physiological changes in the skin and hair

Physiological change	Frequency (N=500)
Senile purpura	94(18.8%)
Xerosis	81(16.2%)

Senile comedones	69(13.8%)
Senile lentiginos	29(5.8%)
Greying of hair	451(90.2%)

Senile purpura was the most common physiological change (18.8%), followed by xerosis (16.2%). Senile comedones and senile lentiginos were seen in 13.8% and 5.8% patients respectively.

Some degree of greying of hair was seen in 90.2% of participants which is a very common physiological change associated with ageing.

Table 3: Pattern of various pathological dermatoses

Type of dermatosis	Frequency (N=500)
Infections	195(39%)
Infestations	24(4.8%)
Pruritus	275(55%)
Eczematous diseases	174(34.8%)
Papulosquamous diseases	21(4.2%)
Pigmentary diseases	32(6.4%)
Benign tumors	322(64.4%)
Immunobullous disorders	8(1.6%)
Metabolic disorders	11(2.2%)
Connective tissue diseases and disorders of connective tissue	64(12.8%)
Malignant and pre-malignant diseases	8(1.6%)
Drug reactions	12(2.4%)

*Several patients presented with more than one entity, hence, the arithmetic total is not representative of the

actual number of patients presenting with the disease group.

Most common dermatosis noted in the target population was benign tumors, present in 322 patients (64.4%). Second most common disease group affecting the elderly was the infections and infestations group, being present in 215 patients (43%). Infections were present in 195 patients (39%) while infestations were present in 24 patients (4.8%). Four patients presented with infection along with infestation.

This was followed by eczematous diseases which were present in 174 patients (34.8%). Papulosquamous disorders were present in 4.2% patients, while immunobullous disorders as well as malignant/pre-malignant conditions were present in 1.6% of the patients (8 cases each).

Discussion

The population over age 60 years has increased so are the number of patients seeking geriatric care. Most common skin changes are physiological, but they may adversely affect an older person's health and quality of life. In this study, we attempted to determine the frequency distributions of common cutaneous changes in elderly people. The region of northern India, especially western Rajasthan, has a mixed type of population - that is, Hindus and Muslims with various others. Also, the climate of the region and life style of general population are such that a number of skin changes are encountered in the elderly individuals. The present work was therefore carried out study the incidence of skin changes in elderly population in the region of Western Rajasthan and correlate it statistically with the available literature.

In evaluating the older person's skin, the greatest problem is deciding what is abnormal and what is physiological. Many changes and lesions are normal, except occasionally in degree and number.

Males outnumbered females with male to female ratio 1.11:1. This is largely in tune with other studies⁸⁻¹¹. In a few studies females have outnumbered male patients^{12,13}.

Most common (61.2%) age group recorded in our study was 60-69 years, which is similar to other studies¹²⁻¹⁴. Because different studies have chosen different age parameters for elderly population, it is difficult to draw a comparison. Majority of our patients (42.4%) had the disease for more than one year before they sought medical consultation. This delay can be attributed to two reasons- 1) Most dermatoses in elderly people either do not cause significant morbidity and mortality or 2) Because of dependency on others elderly people do not find it easy to visit hospital. There is a very thin line in deciding what is physiological and what is pathological in older person's skin. Many changes and lesions are normal, except occasionally in degree and number. In this study we considered senile purpura, xerosis, senile comedone and senile lentigenes as physiological. While idiopathic guttate hypomelanosis was placed in the pigmentary disorders sub-group among the pathological changes.

In the study by SY Ali et al in Hyderabad¹⁵, pruritus was the most common complaint, being present in 62% of the patients. In our study, pruritus was present in 55% patients. Kshetrimayum S et al¹⁶ reported an incidence of 59.6% for pruritus as the presenting complaint among the elderly population in their study.

Table 4: Comparison of frequency of various geriatric dermatoses in our study with other recent studies

Disease category	Manipur Kshetrimayum S et al ¹⁶ 2015	Mysore Raveendra et al ¹⁷ 2014	Gujarat Nair et al ¹⁸ 201 3	Goa Pavithras et al ¹⁹ 2010	Nepal Thapa et al ²⁰ 2012	Udaipur Goyal et al ²² 2017	Jodhpur Current study 2017
Infectious diseases	26.4%	29%	21.45%	28.7%	30.6%	15.7%	39%
Infestations	6.8%	3%	1.75%	4.9%	4.5%	-	4.8%
Eczematous diseases	22.4%	31%	31.29%	19.2%	35.8%	10.1%	34.8%
Papulosquamous disorders	10.4%	12%	7.43%	12.3%	3.3%	4%	4.2%
Photodermatoses	8%	Nil	Nil	2.4%	4.5%	-	-

Conclusion

Geriatrics constitutes an important group of the total population having different spectrum of cutaneous diseases. Knowledge about diseases prevalent in this age group helps in better management thus improving the quality of life of elderly persons. Senile purpura was the most common physiological skin change. Most common Pathological Skin Changes Was Benign Tumors.

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