Eczematous conditions in

Sandra Lawton (Nurse Consultant Dermatology and Queen's Nurse, Nottingham University Hospitals NHS Trust) explains how to deal with eczema in later life.

As we get older our skin undergoes a number of changes. Major skin changes are one of the many features occurring with ageing and it is estimated that 70% of elderly people have skin problems.[1] Skin ageing is a continuous process that affects the function of the skin and its appearance, and increases the possibility of developing a skin condition. There are intrinsic changes which affect the structure and function of the skin, resulting in dryness, atrophy (a wasting away), laxity, wrinkles, sparse grey hair and pigment changes. External factors also contribute to skin ageing. These include the cumulative effects of exposure to a variety of environmental pollutants, ultraviolet light and smoking, as well as changes to our environment and lifestyles such as more leisure time and exposure to potential irritants and sensitisers (the weather, central heating, soaps and bubble baths); general health issues and medications also play an important part.[2]

Common skin conditions affecting the older person

Lots of skin conditions may affect us in advancing years (Box 1) but here I will focus on eczematous conditions. For many of us, dryness and pruritus (itch) are the major symptoms. Persistent severe pruritus (more like pain), can dominate daily life, causing sleepless nights and exhaustion, impacting on all activities and relationships.[4]

Anyone with pruritus should have their full medical history taken and be assessed to identify any skin conditions or other health problems that may cause the itch.

This includes examination of the skin to look for any rashes or lesions, a general physical examination and questions relating to weight loss, fatigue, fever, malaise, recent emotional stress and medication history. If the itching is persistent and there is no immediately obvious reason for it, blood tests and a chest x-ray may be required.

Other causes of pruritus include: metabolic and endocrine conditions, haematological disease, malignant neoplasms, liver disease, drugs and psychological causes.[4]

Eczematous conditions

Asteatotic eczema (eczema craquelé or winter eczema)

Asteatotic eczema (Fig 1) is a type of eczema associated with very dry skin and occurs most commonly in people over the age of 60.

older skin

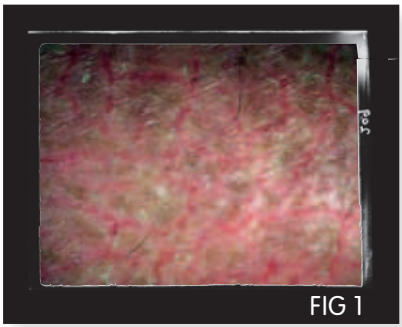

FIG 1

If you fit this age category and live in dry, heated rooms or are exposed to winter weather or excessive bathing or showering, you are at risk of developing this type of eczema. It most often affects the shins, but sometimes involves other areas such as the thighs, arms, tummy and back. The affected skin becomes rough and scaly and may show a criss-cross pattern of cracks that look like crazy-paving or a dried-up river bed. The cracks only affect the very top layers of the skin but can be very red, sore or itchy. It is uncommon to see blistering and thickening of the skin in this type of eczema.[5]

Discoid (nummular) eczema

Discoid eczema is a less common type of eczema that develops as round patches of scaly skin about the size of a 50-pence piece or smaller.

BOX 1

SKIN CONDITIONS AFFECTING THE OLDER PERSON[3]

Eczematous conditions

- Asteatotic eczema (eczema craquelé)
- Gravitational (stasis or varicose) eczema
- Allergic contact eczema
- Irritant contact eczema
- Discoid (nummular) eczema

Infections

- Bacterial – impetigo
- Viral – herpes zoster
- Fungal – candidiasis, tinea pedis, tinea cruris and onychomycosis

Infestations

- Pediculosis (lice) – head, body and pubic
- Scabies

Lesions

- Benign – seborrhoeic keratosis, actinic keratosis
- Malignant – basal-cell carcinoma, squamous-cell carcinoma, melanoma

Others

- Nutrient deficiency disorders – chronic diseases and poor diet may contribute to vitamin deficiencies, and iron deficiency may also cause pruritus (itching)
- Vascular – chronic venous insufficiency and peripheral vascular disease, purpura caused by thrombocytopenia, platelet abnormalities, vascular defects, trauma and drug reactions
- Bullous pemphigoid

These patches can occur anywhere on your body but will most often affect your lower legs or arms. The skin is itchy, red and bumpy, and can become very inflamed with oozing and crusting, especially if the eczema becomes infected (Fig 2). As the eczema clears, the patches become dry and scaly.

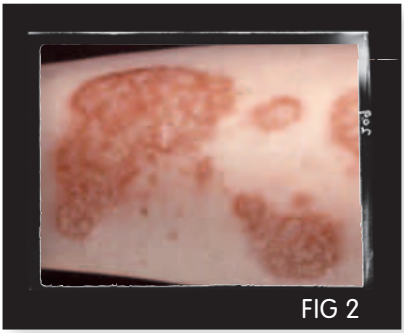

FIG 2

Anyone can get discoid eczema but it is most common in older children and adults who have very dry skin. The patches will clear up with treatment, but over time the same patches of eczema can flare up again and again, or new patches can develop. This can continue for months or sometimes years.[5]

Contact dermatitis (eczema)

Contact dermatitis (Fig 3) is caused by substances coming into contact with your skin. Many different substances can cause contact dermatitis, including common ones found in the home or work environment. Contact dermatitis can be divided into two types – irritant and allergic. Telling the difference between the two types is based on the history and distribution of the rash as both can look very similar and coexist. Patch testing is used to determine an allergic cause.

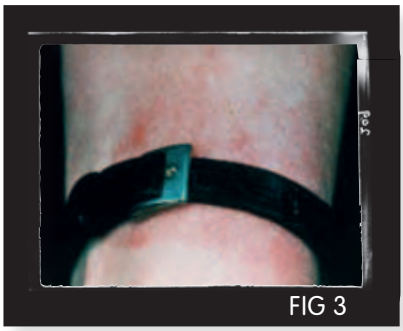

FIG 3

Irritant contact dermatitis is very common and affects all age groups, accounting for over three-quarters of cases of contact dermatitis. It occurs as a direct result of physical damage to the skin by substances such as soaps, detergents, solvents and diluted acids or alkalis. These substances can irritate your skin without you actually becoming allergic to them. Irritant contact dermatitis is most likely to affect your hands, especially around the finger webs where the skin is delicate and prone to damage. Skin changes range from mild dryness to severe redness, cracking and blistering. Irritant contact dermatitis is the most common cause of occupation-related skin disease, and particularly tends to affect people doing occupations involving wet work, such as catering, hairdressing, cleaning and nursing, as well as those who do housework or care for young children. If you have a history of atopy, you are more prone to getting irritant contact dermatitis as your skin is more sensitive and vulnerable to damage.[5] In older patients, irritant contact dermatitis can also affect the buttocks and genital area if there are problems with urinary or faecal incontinence (incontinence-associated dermatitis). Prolonged contact of urine or faeces with the skin typically presents as inflammation of the skin surface characterised by redness and, in some cases, swelling and blister formation.[6]

Allergic contact dermatitis is much less common than irritant contact dermatitis, accounting for around one-fifth of cases of contact dermatitis overall. It occurs when you become allergic to something coming into contact with your skin. The most common things to cause allergic contact dermatitis include nickel (in some jewellery), fragrances (in perfumes and toiletries), preservatives (in creams and ointments), antibiotic creams, hair dyes, rubber (in gloves, balloons and condoms), chromate (in leather and cement) and plants. People often think that they cannot become allergic to something they have been using for a long time, but this isn't true. Allergic contact dermatitis can develop after months or years of exposure with no previous problems. It means that your body's immune system starts reacting against a substance and remembers it, so that every time you come into contact with it again you develop eczema. Allergic contact dermatitis is often seen on the hands but can affect any area of skin. The distribution of the eczema often gives a clue to the cause as it usually occurs only where the substance has been in contact with your skin.

Occasionally, contact dermatitis can spread to other parts of your body that haven't been in direct contact with the substance. The skin changes can range from mild redness and scaling to severe inflammation with weeping, cracking and blistering. The affected skin is usually very itchy and sore.[5]

Gravitational (stasis or varicose) eczema

Gravitational eczema (Fig 4) is a common type of eczema related to increased pressure in the veins of your legs. It is most common in adults who have varicose veins, or who have a history of leg ulcers or blood clots (deep vein thrombosis) in the legs. However, it is possible to develop increased pressure in your leg veins without ever having had varicose veins, leg ulcers or blood clots. Other risk factors include being overweight or spending a lot of time standing up. Gravitational eczema is more common in women than men because female hormones and pregnancy both increase the risk of developing the condition.

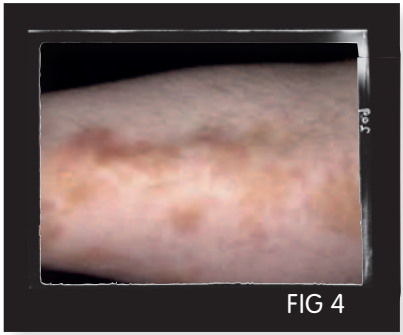
FIG 4

Blood travels down the legs in arteries, and is pumped back up to the heart in veins. Over time some people's leg veins become less efficient at returning blood to the heart. The blood then pools in the legs, and the increased pressure forces fluid out of the veins and into the skin. This makes the skin of your lower legs become shiny, red, itchy and flaky. Small, speckled, red-brown spots of leaked blood can also appear in the skin, especially around the inside of your ankles. You may also have ankle swelling. Sometimes the eczema is weepy and oozy, and over time your skin can become very thickened and leathery.

Gravitational eczema is usually restricted to the lower legs because this is where the pressure of blood in the veins is greatest (because humans walk upright). However, occasionally the eczema can spread to involve the whole of your legs or even cause a more widespread eczema. This is most likely to occur if gravitational

eczema in your legs is severe and not being controlled with proper treatment. Gravitational eczema can be an ongoing problem for many people because the increased pressure in their leg veins persists and often gets worse as they get older.

It is important to wear compression stockings that support your legs (always discuss this first with your doctor or nurse), take regular walks, elevate your feet when sitting and avoid standing for long periods. If your lower legs are swollen, you should raise them above the level of your hips in order to drain them effectively. You should also elevate them in bed overnight.[7] A few people can reduce the pressure in their leg veins by losing weight or undergoing surgery to their leg veins.

Increased pressure in the leg veins is one of the most common causes of leg ulcers, and if you have gravitational eczema you are at an increased risk of developing leg ulcers, particularly in the damaged areas of skin. Ulcers usually start after minor trauma, such as scratching the eczema or knocking your leg, so extra care is needed. Leg ulcers can be very slow to heal because of the sluggish blood flow to and from the skin. Sometimes a leg ulcer will develop before the gravitational eczema appears, in which case the eczema usually develops as patches of itchy, red, flaky skin around the edge of the ulcer.

It is important to remember that allergic and irritant contact dermatitis are also possible causes of lower leg eczema in people with leg ulcers, and can look similar to gravitational eczema. If the wound is very wet, this can irritate the surrounding skin and cause an irritant eczema. Common causes of allergic contact dermatitis include creams, dressings and bandages, and patch testing will be required to identify what is causing the problem.[5]

Conclusion

Skin disease can significantly affect your quality of life at any age. You may worry that your condition is infectious or feel embarrassed and reluctant to seek help. However, you are advised not to self-treat before seeking medical advice as some products may make things worse rather than better. All the conditions described here can be managed with simple measures and interventions, including correcting the underlying cause if known and the regular use of emollients and topical corticosteroids for flares.

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