

TOP TIPS FOR CARING FOR THE OLDER PERSON'S SKIN

Elderly skin is fragile and easily damaged by poor manual handling, excessive moisture, and the effects of loose stool or urine. In view of the physiological changes in older skin, it is not as robust as younger skin and steps need to be taken to provide protection from the environment and changing skin care habits.

The skin is an organ just as valuable as the heart, lungs, liver and kidneys. To first understand how to care for the older person's skin, it is important to understand the functions of the skin and how these may deteriorate with age.

The skin is the largest organ of the body, comprising approximately 15% of the total body weight and covering

an area of up to two square metres. Human skin is unique as it enables us to communicate with others and reflect our emotional state.

SKIN CARE

In view of the physiological changes in older skin, it is not as robust as younger skin and steps need to be taken to provide protection from the environment, as well as changing skin care habits. The differences between

If the individual insists on using soap, then a pH neutral variety will minimise damage

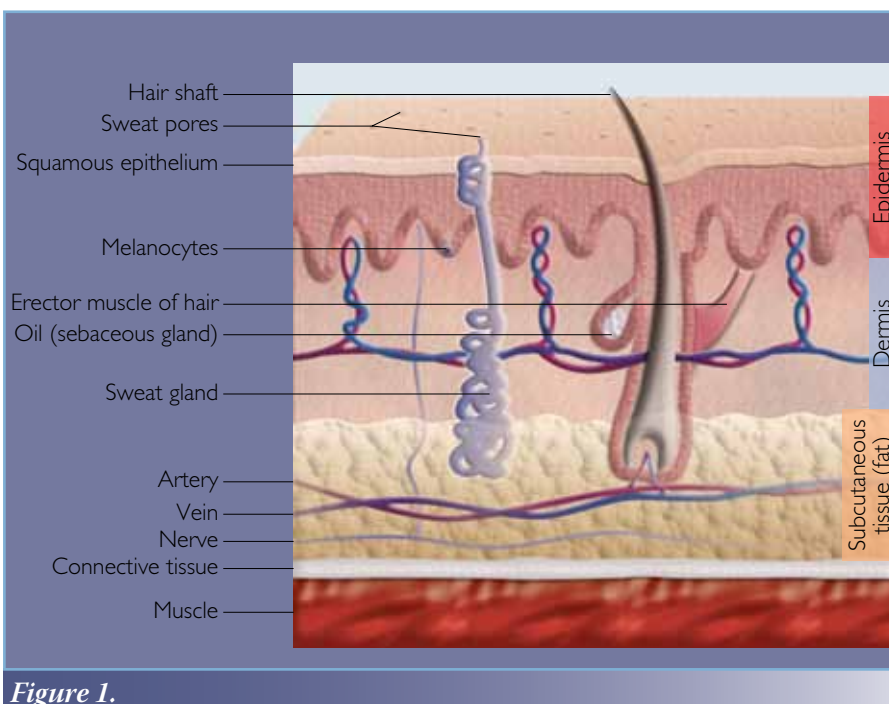


Figure 1.

The structure of the skin.

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After episodes of incontinence the skin should be cleansed with a product which will remove urine/faeces without harming the skin

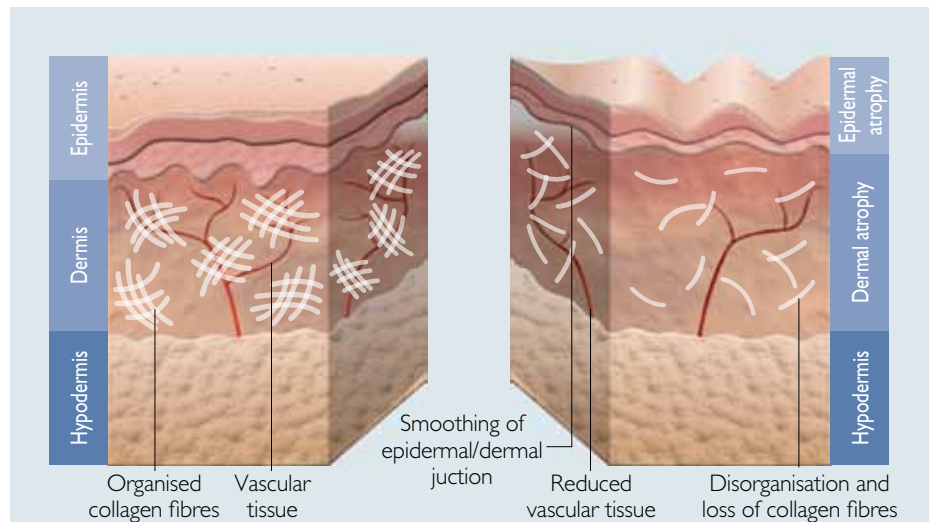


Figure 2.

The differences between older and younger people's skin.

younger and older skin are outlined in *Table 1*.

TOP TIPS

The following tips will help the clinician maintain the skin integrity of the older person.

1 SKIN ASSESSMENT

Clinicians should assess the individual's skin on a daily basis, checking for any areas of erythema, excessive moisture, dryness or cracks in the skin. They should also document what is found and any actions taken.

2 SKIN CLEANSING

Skin has an acidic pH, therefore, using an alkaline soap will alter the pH balance and increase the dryness of the skin. It takes approximately 45 minutes for the skin to return to its normal pH after washing with soap.

If repeated washing is necessary, e.g. after an episode of incontinence, it may take up to 19 hours for the skin to recover its normal pH (Bryant and Rolstad, 2001).

If the individual insists on using soap, however, a pH-neutral variety will minimise the damage (Hardy, 1996). After showering or bathing, ensure the skin is dry by 'patting' with a towel, but avoid excessive rubbing, as

any friction may further damage the skin (Britton, 2003).

If a person's skin is visibly dry, then a bath emollient can replace soap. Many of these products (e.g. Hydromol™ Ointment [Alliance Pharmaceuticals Ltd]; Epaderm® Cream [Mölnlycke Health Care]) produce enough lather and are acceptable to the majority of patients. They apply a fine lipid layer to the skin as a replacement for lost sebum — a natural lubricant (Calianno, 2002).

After any episodes of incontinence, the skin should be cleansed with a product that will remove urine/faeces without harming the skin, such as a cleansing foam (e.g. Clinisan™ [Synergy Health]; Triple Care™ Cream [Smith & Nephew]), or a pre-moistened wipe, (i.e. Comfort Shield®; Sage Products).

3 SKIN MOISTURISING

Any moisturiser, lotion or emollient should be lightly applied in the direction of the hair growth. Moisturising creams do not protect against excessive moisture, urine or faeces — their role is to rehydrate the skin and maintain integrity.

Always note any possible skin sensitivities or allergies and read the ingredients on skin care products before application (Voegall, 2007).

Table 1*The changing functions of the skin over time*

<i>How the younger person's skin functions</i>	<i>How the skin's function is diminished by age</i>
<p>Maintenance of skin:</p> <ul style="list-style-type: none"> ▶ Blood capillaries within the dermis supply oxygen, nutrients and fluid to the skin to maintain health and function. Healthy, well-hydrated skin appears plump, smooth and firm to the touch 	<p>Maintenance of skin:</p> <ul style="list-style-type: none"> ▶ The number of blood capillaries are reduced, lessening the amount of oxygen, nutrients and fluid reaching the skin and leading to a decrease in the bulk of the dermis ▶ Skin becomes drier and more prone to injury (Shuster et al, 1975) ▶ With age, less sebum is produced by sebaceous glands within the skin, so the skin becomes dry. Elderly skin appears finer, lined, dry and moves easily with light pressure
<p>Protection from the environment:</p> <ul style="list-style-type: none"> ▶ Sensory nerves in the skin respond, to alert the individual when approaching a very hot/cold environment, to protect from injury ▶ These nerves also cause a regular change in position as discomfort is registered unconsciously ▶ Sebum produced in the sebaceous glands is a natural lubricant and prevents superficial breaks in the skin ▶ The skin has a pH between 4–6.5 depending on the area of the body, protecting it from bacterial invasion ▶ Taken together, the above act as a barrier to the outside world 	<p>Protection from the environment:</p> <ul style="list-style-type: none"> ▶ Sensory nerves do not function as promptly in the ageing skin, leading to a slower response to excessive heat/cold and causing less spontaneous movement ▶ Less sebum is produced, skin becomes dry and more prone to injury ▶ If the skin is drier and the pH is altered due to overuse of soap, this makes skin more vulnerable to dryness and cracks, affecting up to 80% of older people (Hess, 1997) and increasing the possibility of dermal infection ▶ Deterioration in any/all the above may lead to a breach in the body's barrier defence

The most common manifestation of diabetic neuropathy is the loss of pain sensation in the peripheries

4 SKIN PROTECTION

It should not be assumed that every older person with incontinence requires the application of a barrier cream. If skin is reassessed daily, cleansed appropriately and remains healthy, then a barrier cream is not required.

However, should the individual have a significant stool change or develop a urinary infection, they may require added protection.

There are many barrier creams on the market and it should be remembered that they are not the same as moisturising creams — barrier creams form a barrier against moisture, urine/faeces, but have no lubricating properties (Voegell, 2008). They are either metal oxide-based, such as zinc oxide cream, or petroleum-based, such as zinc ointment.

Barrier creams should be applied thinly as excessive application may clog a continence pad, however, judicious use should not have a detrimental

The barrier creams form a barrier against moisture, urine/faeces, but have no lubricating properties

effect (Bolton, 2004). A barrier cream containing dimethicone will provide additional benefits.

Dimethicone is a silicone and acts as a filler in the microscopic cracks in the top layer of the epidermis, thus providing a barrier against moisture.

Examples of barrier creams that incorporate dimethicone include Cavilon™ Durable Barrier Cream (3M) or LBF® Barrier Cream (CliniMed), both of which are applied very thinly and remain in place for up to 72 hours.

CONCLUSION

Elderly skin is fragile, easily damaged by poor manual handling, excessive moisture and the effects of loose stool or urine. Regular assessment is required and appropriate actions need to be taken to protect the skin, always involving the individual themselves or family/carer in any decision making. **WE**

Table 1 (cont.)

The changing functions of the skin over time

<i>How the younger person's skin functions</i>	<i>How the skin's function is diminished by age</i>
<p>Maintenance of body temperature:</p> <ul style="list-style-type: none"> ▶ Blood vessels vasoconstrict to warm the body and vasodilate to cool the body, leading to perspiration 	<p>Maintenance of body temperature:</p> <ul style="list-style-type: none"> ▶ The body's ability to thermo-regulate (control temperature), is reduced, less perspiration is produced and the older person is more prone to hypothermia or hyperthermia
<p>Anatomy of the skin:</p> <ul style="list-style-type: none"> ▶ In young skin, the connection between the epidermis and the dermis is firmly held by interdigitating papillae, which ensure the skin moves and remains intact (Figure 2) ▶ Elastin, a protein, within the skin provides strength, suppleness and elasticity, together with the ability to prevent lasting injury to blood vessels and skin (Gacko, 2000) 	<p>Anatomy of the skin:</p> <ul style="list-style-type: none"> ▶ In older skin, the connection between the epidermis and the dermis weakens as the papillae lose strength and this section of the skin flattens (Figure 2). ▶ The epidermis becomes thinner (Baranoski and Ayello, 2004) ▶ Subcutaneous fat is lost with age and veins become more prominent and easily damaged (Nazarko, 2007) ▶ The amount of elastin in the skin reduces, leading to lack of suppleness and increased risk of injury

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