Geriatric Eczematous Dermatoses: Clinical Presentation and Epidemiological Insights

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Abstract

Introduction: Eczematous dermatoses are a prevalent dermatological condition affecting the geriatric population, significantly impacting their quality of life. The incidence and clinical patterns of eczematous dermatoses vary based on environmental, genetic, and physiological factors. This study aims to assess the prevalence, clinical presentation, and associated risk factors of eczematous dermatoses in elderly individuals. **Materials and Methods**: A cross-sectional, hospital-based study was conducted over a period of 12 months at a tertiary care dermatology clinic. Total 80 elderly patients diagnosed with eczematous dermatoses. Inclusion and exclusion criteria were applied, and clinical assessments, along with demographic data, were recorded. A thorough examination was carried out, including skin biopsy when necessary. Demographic details, comorbidities, and lifestyle factors were recorded. Clinical assessments included history-taking, physical examination, and grading of eczema severity. Skin biopsy and patch testing were performed when necessary.. ***Results****: The population is divided into three age groups: 60-69, 70-79, and 80+. Males slightly outnumber females in all age groups. The study includes 80 participants (27 in 60-69, 33 in 70-79, and 20 in 80+). Asteatotic Eczema is the most frequent (35 cases), followed by Contact Dermatitis (20 cases), Seborrheic Dermatitis (15 cases), and Atopic Dermatitis (10 cases). Pruritus (itching) is the most frequent symptom (65 cases), followed by Scaling (50 cases), Erythema (40 cases), and Lichenification (20 cases). Hypertension is the most frequent (40 cases), followed by Diabetes Mellitus (30 cases) and Renal Disease (10 cases). Conclusion: Eczematous dermatoses in the elderly pose a substantial burden on healthcare systems. Early diagnosis and targeted treatment can significantly improve outcomes and quality of life.*

Keywords *Eczematous dermatoses, geriatrics, prevalence, risk factors, clinical patterns*

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INTRODUCTION

Eczematous dermatoses encompass a broad range of inflammatory skin conditions, including atopic dermatitis, contact dermatitis, asteatotic eczema, and seborrheic dermatitis. The geriatric population is increasingly affected by these conditions due to age-related changes in skin physiology, environmental factors, and comorbidities. [1] The prevalence of eczematous dermatoses in older adults is a growing concern, impacting their quality of life, psychological well-being, and overall health. [2]

The skin undergoes significant physiological alterations with aging, including reduced sebaceous gland activity, impaired barrier function, and decreased hydration levels. [3] These changes contribute to the increased susceptibility of elderly individuals to eczematous conditions. Asteatotic eczema, characterized by dry, fissured skin, is particularly common in this age group. [4] Similarly, contact dermatitis, often caused by irritants or allergens, can be exacerbated by prolonged exposure to household and environmental factors. [5]

The role of systemic diseases in exacerbating eczematous dermatoses is well-documented. Conditions such as diabetes mellitus, hypertension, and chronic kidney disease can impair skin integrity and predispose individuals to eczema. [6] Additionally, polypharmacy—a common occurrence in geriatric patients—can lead to adverse cutaneous reactions and aggravate underlying dermatoses. [7] Studies have highlighted the need for targeted interventions, including appropriate skin care regimens and avoidance of triggering factors, to mitigate these risks. [8]

Despite the high burden of eczematous conditions among elderly individuals, research focusing on their clinical and epidemiological aspects remains limited. This study aims to bridge this gap by analyzing the prevalence, clinical patterns, risk factors, and associated comorbidities of eczematous dermatoses in geriatric patients.

MATERIALS AND METHODS

A cross-sectional, hospital-based study was conducted over a period of 12 months at a tertiary care dermatology clinic..

Sample Size

80 geriatric patients clinically diagnosed with eczematous dermatoses.:

Inclusion Criteria

- Patients aged 60 years and above.
- Clinically diagnosed with eczematous dermatoses.
- Willing to provide informed consent

Exclusion Criteria

- Patients with non-eczematous skin conditions.
- Immunocompromised individuals (e.g., HIV, malignancies).
- Patients with incomplete clinical records.

Data Collection:

Demographic details, comorbidities, and lifestyle factors were recorded. Clinical assessments included history-taking, physical examination, and grading of eczema severity. Skin biopsy and patch testing were performed when necessary.

Statistical analysis was conducted using SPSS, with results presented in tables.

RESULTS

Table 1: Demographic Distribution

Age Group	Male	Female	Total
60-69	15	12	27
70-79	18	15	33

In table1, the population is divided into three age groups: 60-69, 70-79, and 80+. Males slightly outnumber females in all age groups. The study includes 80 participants (27 in 60-69, 33 in 70-79, and 20 in 80+).

Table 2: Types of Eczema

Type of Eczema	Frequency	Type of Eczema	Frequency
Asteatotic Eczema	35	Asteatotic Eczema	35

In table 2, Asteatotic Eczema is the most frequent (35 cases), followed by Contact Dermatitis (20 cases), Seborrheic Dermatitis (15 cases), and Atopic Dermatitis (10 cases)

Table 3: Clinical Features

Symptoms	Frequency	Symptoms
Pruritus	65	Pruritus

In table 3, Pruritus (itching) is the most frequent symptom (65 cases), followed by Scaling (50 cases), Erythema (40 cases), and Lichenification (20 cases).

Table 4: Associated Comorbidities

Comorbidity	Frequency	Comorbidity
Diabetes Mellitus	30	Diabetes Mellitus

In table 4, Hypertension is the most frequent (40 cases), followed by Diabetes Mellitus (30 cases) and Renal Disease (10 cases)**.**

Table 5: Response to Treatment

Treatment Modality	Response Rate	Treatment Modality
Emollients	70%	Emollients
Topical Corticosteroids	60%	Topical Corticosteroids

In table 5, Emollients have the highest response rate (70%), followed by Topical Corticosteroids (60%) and Antihistamines (50%)

DISCUSSION

In this study the population is divided into three age groups: 60-69, 70-79, and 80+. Males slightly outnumber females in all age groups. The study includes 80 participants (27 in 60-69, 33 in 70-79, and 20 in 80+). Asteatotic Eczema is the most frequent (35 cases), followed by Contact Dermatitis (20 cases), Seborrheic Dermatitis (15 cases), and Atopic Dermatitis (10 cases).
Eczematous dermatoses in elderly individuals present unique clinical challenges due to age-related skin changes and comorbid conditions. [9-11] The high prevalence of asteatotic eczema in our study correlates with findings from previous research emphasizing the role of skin barrier dysfunction. [12] Contact dermatitis, particularly in elderly individuals with frequent exposure to allergens, remains a significant concern. [13]

In current study Hypertension is the most frequent (40 cases), followed by Diabetes Mellitus (30 cases) and Renal Disease (10 cases). Systemic diseases such as diabetes and hypertension were found to be strongly associated with eczematous conditions, highlighting the importance of a multidisciplinary approach in managing geriatric skin disorders. [14] Moreover, polypharmacy was a notable risk factor, with multiple medications contributing to drug-induced eczematous reactions. [15]

In our study, Emollients have the highest response rate (70%), followed by Topical Corticosteroids (60%) and Antihistamines (50%). Overall, early diagnosis and tailored treatment plans incorporating emollients, topical corticosteroids, and lifestyle modifications are crucial for improving patient outcomes. [16] Given the increasing geriatric population, further large-scale studies are warranted to develop comprehensive management strategies for eczematous dermatoses. [17]

CONCLUSION

Eczematous dermatoses are a significant dermatological issue in the geriatric population. Effective management strategies, including early diagnosis, skin care interventions, and addressing comorbidities, can substantially improve quality of life. Future research should focus on longitudinal studies to better understand the long-term impact of eczematous dermatoses in elderly individuals

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