

ORIGINAL RESEARCH

A Study of Geriatric Dermatoses at A Tertiary Care Centre in South India

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ABSTRACT

Introduction: Diseases of the aged are becoming more important due to the gradual increase in life expectancy in the last few decades. This study is undertaken to know the proportion and profile of the types of skin conditions seen in the geriatric population in a village in South India. The study aims at evaluating the frequency, age and gender distribution of the dermatological diseases in patients over 60 years of age in this area.

Materials and methods: This is a retrospective analysis of elderly patients who were over 60 years and attended the Department of Dermatology, Dr SMCSI Medical College, Karakonam, Thiruvananthapuram, Kerala, South India between May 2014 and October 2014 (6 months).

Results: A total of 6433 patients attended the Dermatology OPD during this period, out of which 397 (0.62%) were geriatric cases (60-85 years old), and were included in the study. Of the total 185(46.6%) were males and 212(53.4%) were females. The mean age group was 65.21 years. There were 99 infective dermatoses (bacterial, viral and fungal infections) (25%) and 172 non-infective dermatoses (eczemas, psoriasis and vitiligo) (42%). Others like pruritus, urticaria, xerosis accounted for 126 cases (31.7%)

Conclusion: The rise in the geriatric population has increased the number of elderly seeking medical advice. We hope this study highlights the importance of geriatric dermatology as a subspeciality.

Keywords: Geriatric dermatoses, infective dermatoses, non-infective dermatoses

How to cite this article: Joan Felicita Samson, Mariam Philip, Susamma Ebenezer, V Vivek Prabhakar, Libu G K. A study of geriatric dermatoses at a tertiary care centre in South India. International Journal of Contemporary Medical Research 2015;2(4):921-922

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Source of Support: Nil

Conflict of Interest: None

INTRODUCTION

Diseases of the aged are becoming increasingly important, due to the gradual increase in the life expectancy in the last few decades. This has led to greater interest in the diseases of the aged.¹ According to the U.N.the elderly population comprises of people above sixty years of age. In India, this accounts for 7% of the total population, of which two-thirds live in villages and nearly half of them in poor conditions.² Geriatric dermatoses is challenging for the physician in terms of diagnosis, management, and follow up. Since skin of the elderly population is going through a lot of changes from both an intrinsic and extrinsic point of view, it is imperative for the physician to have a better understanding of the pathophysiology of geriatric skin disorders and their specific management, which differs slightly from the adult population.³

This study is undertaken to know the proportion and profile of the types of skin conditions in the geriatric population in one of the southernmost villages of India. The study is aimed at evaluating the frequency as well as the age and gender distribution of the dermatological diseases in patients over 60 years of age in this area.

MATERIALS AND METHODS

This is a retrospective analysis of elderly patients who attended the Department of Dermatology of Dr SMC-SI Medical College, Karakonam, Thiruvananthapuram, Kerala, between May 2014 to October 2014 (6 months). The inclusion criteria were patients aged > 60 years. Patients <60 years, or with inadequate data or without a definite diagnosis were excluded. A total of

6433 patients attended the Dermatology OPD during this period out of which 397 were geriatric cases (60-85 years old). The patients were classified according to their gender, age and dermatological diagnoses.

STATISTICAL ANALYSES

Statistical analyses were performed with SPSS version 11.0 (SSPS Inc, Chicago, III, USA). Descriptive statistics was used to generate results.

RESULTS

A total of 6433 patients attended the Dermatology OPD during this period, out of which 397 (0.62%) were geriatric cases (60-85 years old), and were included in the study. In this 185(46.6%) were male and 212(53.4%) were female. The oldest person enrolled in the study was 85 years and the mean age group was 65.21 years. The dermatoses seen were categorized under different groups:

- 1) Infective dermatoses (included bacterial, viral and fungal infections) 99 cases (25%)
- 2) Non-infective dermatoses (eczemas, psoriasis and vitiligo) 172 cases (42%)
- 3) Others (purtitus, urticaria, xerosis) 126 cases (31.7%)

Of the infective dermatoses (n=99) 18(18.18%) had bacterial infections like cellulitis, folliculitis, furuncles and one case of erythrasma. 24(24.24%) had viral infections like verrucae, herpes zoster, etc. 55(55.55%) had fungal infections which included dermatophytic infections, candidiasis and tinea versicolor. There were 2 cases of scabies.

Of the non-infective dermatoses (172 cases) 124(72%) had eczema, 26(15%) had psoriasis and 22 (12.8%) had vitiligo.

Of the 397, 13(3.3%) had multiple skin conditions. Eczema with bacterial infection in 2 (0.6%), those were eczema with secondary cellulitis, 6 (1.5%) had eczema and fungal infection; 3 (0.8%) had fungal infection along with vitiligo and 1 each (0.3%) had eczema with psoriasis and fungal infection with bacterial infection respectively.

DISCUSSION

A total of 54 dermatoses were seen in this study. More than one dermatoses was seen in 13(3.3%) patients which is very less compared to 15.75% seen in a study by Nair PA et al.⁴ Infective dermatoses constituted 25%, which is almost the same as the study by Nair

PA et al (23.3%)⁴, but lower than the study by Sahoo et al(30%)⁵ and Pantange VS(34.5%)¹

In the present study 4.5% had bacterial infections and 6% had viral infections as against 8.7% and 6.8% in a study by Souissi et al.⁷ 13.9% had fungal infections in our study and it was 11.59%⁴, 18.5%¹, 16.9%⁶ in other related studies.

The overall prevalence of vitiligo in India is about 3-4%,⁴ but in this study 5.5% had vitiligo which is much higher compared to 1.57%⁴, 1.4%⁷ and 1.2%⁸ in certain earlier reports; but lower than 19% as in the study by Patange et al.¹

In this study 6.5% had psoriasis, which is much higher compared to 3.94%⁴ in a study by Nair PA et al. the increased number of vitiligo and psoriasis patients in our study could be because, we are the only centre in that area with a phototherapy unit.

CONCLUSION

The rise in the geriatric population has increased the number of elderly seeking medical advice. We hope this study highlights the importance of geriatric dermatology as a subspeciality.

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