

Eczema in later life

Introduction

As we get older, the structure of our skin alters. The skin is a vital barrier between the outside and inside environments. If it is broken then bacteria can get in which may cause infections. Products such as detergents and perfumes can also irritate the skin. The skin also gets thinner with maturity, as a result of less collagen being made, and is therefore prone to tearing or cracking more.

The skin is less able to heal itself as it gets older, and it loses its ability to replace the moisture which is lost, through evaporation. As a result dry skin can occur. The dry skin can be rough, scaly and itchy and eventually crack, allowing the barrier or defence function to be broken. If the skin cracks too much and bacteria or other irritants get in then it can become red, sore and bigger patches can occur.

One way of preventing this is to keep the skin well moisturised and to avoid things that could dry it out. The first way to keep the skin moisturised is by using moisturisers or emollients (the medical name for a non cosmetic cream).

Emollients (moisturisers)

- Emollients are a range of lotions, creams or ointments containing varying proportions of oil and water. Drier skin needs a greasier moisturiser (an ointment), or an increase in the number of times a cream based emollient is applied. You can not over use emollients so if you get used to putting them on whenever your skin feels "thirsty" then you should be able to manage your skin so it doesn't dry out so much.
- You can buy moisturisers from supermarkets and chemists over the counter, or if you have a preferred choice and use large amounts you can get it on prescription from your doctor or nurse (if she/he can prescribe for you).
- Some creams contain perfumes and different preservatives. If you find that the cream you are using makes your skin red or itchy rather than soothing and cooling it then you may want to try another one. You may be sensitive to the fragrance or chemical preservatives in the cream or you may have applied it too thickly. Try a small patch on your arm to start with to see how it feels for 24 hours. If your eczema is active it can also be irritated by new treatments.
- There are many emollients available so if you are unsure which one is best to use then ask your nurse or pharmacist who should be able to give you more information about the different types of emollient available.
- Many emollients used for children are suitable for older skin, although they often contain fragrances. Contact the National Eczema Society for the information sheet on emollients which includes a list of the emollients available.

Bathing and personal hygiene

- Washing with plain water alone may dry the skin, particularly if it is hard water. Traditional soaps are designed to strip the skin of its dirt, but if you have sensitive skin they can take too much of the skin's natural oils too, leaving the skin dry. You should try to avoid soaps and use a soap substitute instead. Something like aqueous cream can be useful and is fairly inexpensive and comes in various size containers, but there are a range of soap substitutes available for you to try.
- Adding special moisturising bath oils to warm water can be soothing. If the bath water is too hot this can dry your skin out and make it itchy, so aim for a warm, not hot bath. Using oils in the bath can make it very slippery so you need to be extra careful and use a non slip mat! Put the emollient into the bath **after** you get in rather than before. (As an extra precaution it is wise to always empty out the bath water before getting out of the bath!). Support bars fixed to the wall provide extra safety.
- If it is difficult for you to get into the bath then soap substitutes can be applied with a damp flannel onto your skin. Just rinse them off with warm water in the shower or with a bowl of water if you strip wash, and pat the skin dry. If you rub the skin it can irritate it and this is a form of scratching.
- If you wish to take a bath or shower but find it difficult to get in and out then speak to your doctor. They can refer you to the Community Occupational Therapy Service who can assess what special bath/shower equipment may help to ensure your safety. They can fit a bath seat, grab-rails, a seat in the shower or an alarm if you get into difficulties. Your nearest Disabled Living Centre can also provide information on equipment.
- Once you have washed and dried your skin it is a good time to give your skin a "drink". When your skin is warm it will absorb moisturisers well so apply whatever lotion, cream or ointment you have chosen to all your dry skin. You should apply it in the same direction that your hairs grow to avoid getting the hairs blocked with cream, which can give you a rash (folliculitis). You need to apply enough emollient so the skin shines but not so much that it blocks the pores or makes your clothes greasy.

Some other treatments for eczema

- If you find that despite using regular moisturisers, soap substitutes and bath oils your skin is not settling down then you may need a medicated treatment, known as a topical steroid. Your doctor or some trained nurses, can prescribe these for you after assessing what your skin needs, and the topical steroids should be used according to the instructions discussed with you. Small amounts, measured on your finger tip, are needed once or twice a day to specific areas. (Unlike moisturisers which can be used as often as needed, in large quantities all over the body).
- Do not stop using your moisturisers whilst using the steroids. It is best to leave about half an hour between applications of steroid and moisturiser, but the moisturiser will help the steroid to work better as it softens up the skin to allow the medicated treatment to be absorbed. If there is no improvement within one week, contact your doctor or nurse for further advice.
- If the condition worsens, you may have a skin infection, so contact your doctor for reassessment.
- If you are find that your skin is very itchy and is not soothed enough with emollients then antihistamines can be prescribed to ease the itching.

Varicose (gravitational) eczema

- This is a type of eczema common in later life, particularly in women. If you have poor circulation or have had a blood clot in your legs, or have varicose veins or are overweight you are at risk of developing varicose eczema.
- The skin becomes very thin and fragile on the lower legs and can easily break down leading to an ulcer. Often it changes colour to a dark red, brown patch under the skin. As we get older and less active the blood moves rather poorly up the leg veins and fluid can pool in the lower legs, so be careful not to knock yourself in this area as it can lead to ulcers if the skin breaks.
- When it is severe the skin can have weeping or crusted areas which can quickly get bigger, and the skin could break and develop a varicose leg ulcer.
- It is essential to use emollients at this time, and mild-to-moderate steroid creams are a useful treatment, but these are only available on prescription.
- Medicated bandages can also be very helpful although some people may develop an allergy to these. Normally a nurse will need to apply these for you.



- If you develop an ulcer it will heal better if compression hosiery or bandages are worn, to push the blood back up your leg and improve circulation. A blood pressure reading of the legs is needed first to check for the right support level. This will be done by a nurse.
- If you have varicose eczema or are at risk of developing it, it is better to keep the blood in your legs moving. Walking or doing passive exercises (like tapping your toes so your calf muscle flexes and then relaxes) when sitting down help to keep the blood moving. Try to avoid standing still for too long and when resting try to sit with your feet up and with your toes level with your nose, to drain the blood back up your legs. Don't forget to support the backs of your legs with pillows or cushions when you have your legs up.

Asteatotic Eczema (eczema craquele)

- This is another dry skin condition which usually affects the legs. The skin is very dry and often looks like crazy paving. It is made worse by sitting right next to a radiator or fire, which draws the moisture out of the skin. Try not to sit too close to the fire or radiator.
- Avoid soap, which is alkaline and strips the oil from the skin. Pat the skin dry rather than rubbing vigorously with a towel and use emollients frequently during the day to keep the skin moisturised. If you can apply moisturisers at least twice a day this should keep the skin soft.
- Try to keep the air in the home moist. A bowl of water in each room can help increase the humidity.

Avoiding irritants and allergies

- Certain products we use in daily life can irritate our skin if in contact with it for too long. Common things that may cause skin to dry out include: detergents, sand or chalk, gardening chemicals, paints, glues and dyes. The longer you have contact with an irritant the more likely it is to cause a problem. It is more often a product which has been used for sometime that causes the skin to react rather than new products.
- To prevent this from this happening it is a good idea to wear cotton liner gloves inside rubber gloves when washing up and handling other irritants. Cotton liners can be bought in hardware stores and chemists.
- Wool or synthetic clothing can irritate the skin so try wearing cotton clothing which will be cooler and softer against the skin.

Healthy eating

- Older people often have a smaller appetite so tend to eat less. It is important to maintain a balanced diet, which will help to heal any areas of broken skin.
- Fats, protein and zinc found in dairy foods all help healing and vitamin C in fruit and vegetables helps combat infection.
- It is important to drink plenty of fluids as dehydration can reduce the flow of oxygen and nutrients essential for healing.
- A balanced intake of vitamins will help to boost the immune system.
- If you want more information on how to buy, prepare and eat a balanced diet then ask your GP who can refer you to a dietician who can talk it through with you.

Remember, you only have one skin so don't take it for granted. It is good to take care of it and prevent it from drying out before problems begin.

We hope that this information sheet has been useful.

One way of keeping up to date with managing and treating eczema is to become a member of the Society. Over the page we tell you more about the benefits of becoming a member.

The National Eczema Society is funded entirely by voluntary donations and subscriptions.

To become a member or make a donation please fill in your details below:

I would like to help the work of the Society and enclose a donation of:

£5 £10 £20 £.....

I would like to become a member of the National Eczema Society and enclose my annual subscription of £20.

Please send me an adult membership pack.

Cheques or postal orders should be made payable to the National Eczema Society.

Please debit my Access/Visa card:

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Expiry date:.....

Signature:

Date:.....

Alternatively, you may wish to join over the phone: please have your credit card handy.

Mr/Mrs/Miss/Ms

Address

.....

Postcode

We may occasionally wish to write to you directly about the work of the Society. Please tick this box if you do not wish us to contact you.

Please return this form to:

**National Eczema Society
Hill House, Highgate Hill
London N19 5NA
Eczema information line:
0870 241 3604**

The National Eczema Society

provides practical support to help you to cope with the day-to-day problems of eczema.

As a member of the Society you would have easy access to information sheets like this one and much more, including:

- our new members' information pack covering the treatment of eczema and skin care management;
- *Exchange*, our quarterly journal, full of information and tips;
- access to our telephone and written information service; and
- support from volunteers in your area.

If you are not already a member of the Society and would like to join, please fill in the form overleaf or write to us at the address on this page.

With your help we can continue to support the 5 million people in the UK with eczema, fund vital research and educate the wider community about eczema.

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Further Information

The National Eczema Society has a wide range of written information. In addition to this fact sheet you may also find the following fact sheets helpful: Topical Steroids, Discoid Eczema, Seborrhoeic Eczema (Adults) Pompholyx Eczema, Gravitational Eczema and Emollients. Please contact the Eczema Helpline, details below or write to us at the Hill house address below.

This information is provided only as a general guide. Individual circumstances differ and the National Eczema Society does not prescribe, give medical advice or endorse products or treatments. We hope you find this information useful but it does not replace and, should not replace the essential guidance, which can be given by your doctor or consultant.



Hill House, Highgate Hill, London N19 5NA
Telephone 020-7281 3553
Eczema Helpline: 0870 241 3604 (Mon – Fri 8.00am to 8pm) or
Email: helpline@eczema.org
www.eczema.org

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