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Skin Health Seeking Behaviour amongst Admitted Seniors

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ABSTRACT

Background: Older adults who are considered to be aged 60 years and above according to the United Nations for developing nations are increasing in number. This brings concerns with regards to developing healthcare services that covers all round care including skin care. It is a misconception that older adults are not bothered about their skin but studies have shown that skin disorders clearly affect the quality of life of seniors. There may be varied factors why an older adult might not seek skin care services. This study aims to find out if older adults on the wards for various ailments have actually sought for care with regards to their skin problems.

Method: A purposive cross-sectional sampling of 126 elderly patients aged 60 years and above that were admitted to the different wards of the hospital within a 3-month period were interviewed using a pro forma and were examined for skin lesions. Those with a previous skin complain were included in the study. Data collection sheet was used to collate demographic information, dermatological conditions, care sought, point of care and diagnosis, treatment received and outcome of treatment.

Result: There was no significant relationship found between the complaint of having a dermatological lesion with occupation, educational status, marital status or area of residence. Only 9.5% (12) had a previous skin complaint that required them to seek for care. Females are more likely to seek for treatment with regards to dermatologic disorders.

Conclusion: Skin health seeking behaviour amongst the admitted elderly is poor despite a greater number with dermatoses.

INTRODUCTION

As life expectancy is increasing, the health of the senior's skin is becoming an increasingly more important phase of total health care.[1]The aged skin is prone to a lot of dehydration and dryness which predisposes it to pruritus, skin excoriations and ulcers.[1, 2]The older adult may be reluctant to seek care for a variety of reasons which may include poor perception about how others would regard their complaints, poor attitude of healthcare workers during previous visits, distance to health care facility, the perceived effectiveness of treatment, financial constraints and other prevailing health issues that may make them physically constraint to seek care.[2, 3, 4] Older people just like in any other age group are also concerned about how their skin looks.[5] Studies have shown that they can also be significantly burdened by cutaneous lesions.[6] This study looks at the socio-demographics of those who were admitted with a prior skin complaint and what care was received.

METHOD

Study area

The study took place in the University of Port Harcourt Teaching Hospital (UPTH). The hospital is a 700-bed tertiary hospital located in Port Harcourt, Rivers state, Nigeria. The hospital plays host to a variety of medical specialists and serves as a referral center for other health care facilities in the state and neighbouring states as well.

The study population

The study population included persons aged 60 years and above presenting to UPTH for medical attention who were admitted to the wards after presentation.

Sample and Sampling

A purposive cross-sectional sampling of 126 elderly patients that were admitted to the different wards of the hospital within a 3-month period was carried out.

Data Collection

A pro forma data collection sheet was used to collate demographic information, dermatological conditions, previous skin complaints, care sought, point of care and diagnosis, treatment received and outcome of treatment.

Data Analysis

The data collected was analysed using the Statistical Package for Social Sciences (SPSS) v25 software. At a 95% confidence interval and a p-value less than 0.05 was considered significant. The socio-demographic characteristics, clinical details and dermatological complains were presented in tables for better visualization.

RESULTS

A sample of 126 patients who were admitted at the University of Port Harcourt Teaching Hospital into different wards was examined for dermatological lesions. Out of this number a pro forma data collection sheet was used to collate demographic information, dermatological conditions, previous skin complaints, care sought, point of care and diagnosis, treatment received and outcome of treatment. The top ten dermatological diagnoses seen within this group is as listed in the table below, however only 9.5% (12) had had a previous skin complaint that required them to seek skin care. The male: female ratio seen was 1.3: 1 with regards to the general group however with regards to those with a previous skin complaint that necessitated intervention was 1:2 showing that more females sought for skin care with regards to their skin complaints.

Table 1- Top ten commonest skin lesions

Dermatological condition	***Frequency (Number of persons)***
IGH	72
DPN	67
WRINKLES	59
NEVI	58
XEROSIS	53
HYPERPIGMENTATION	35
SURGICAL SCAR	32
ITCHING	26
ULCER	26
RASH	19

IGH-Idiopathic guttate hypomelanosis, DPN- Dermatosis papulosa nigrica

Table 2- Clinical Characteristics of older patients with skin complaints prior to admission

SN	Sex	Age	MS	LOE /OC	CAD	Point of care	Skin lesion	Treatment	Biopsy done
1	F	61	W	NFE Farmer	Chronic ulcer	3^{o} Surgeon	Chronic leg ulcer	Initially wound dressing, Skin grafting	Ulcer biopsy
2	M	63	W	3^{o} Engineer	Right hemispheric CVD /HTN	3^{o} Dermatologist	Scaly hypopigmented lesions	Hydrocortisone/iodoquinol cream	none
3	F	64	M	3^{o} House Wife	Advanced Endometrial cancer	1^{o} Dermatologist (overseas)	Dermatitis	Couldn't recall	none
4	M	65	M	2^{o} Security officer (Rtd)	Vascular dementia plus DM/HTN	1^{o} General practitioner	Tinea corporis	Anti fungal cream	None
5	F	65	M	1^{o} Petty trader	Breast abscess DM nephropathy	3^{o} Surgeon	Vaginal erythematous rash	Unknown cream	None
6	F	65	M	NFE Farmer	DM Bullous pemphigoid	GP then referred to dermatologist	Blistering disorder	Wound debridement and antibiotics	Yes Eosinophilic infiltration seen
7	F	68	M	2^{o} Driver(Rtd)	Severe HTN DM	3^{o} Physician	Onychomycosis of the right thumbnail & right index nail finger	Topical agent and oral drugs	None
8	F	69	F	NFE Housewife	Parkinson disease DM	3^{o} Dermatologist	Tinea incognito Pityriasis rosea	Antifungal cream	none
9	F	77	W	NFE Farmer	Severe HTN/DM	Patent drug dealer	Intertriginous fungal infection	Triple therapy (steroid, antifungal and bacterial)	None
10	M	79	M	3^{o} Civil servant	CLL	2^{o} GP	Generalised maculopapular body rash sparing the face	Topical cream	None
11	F	80	M	Principal (Rtd)	Severe Arthritis	Surgeon	Fluctuant Lump at the back (Lipoma)	Excision	Excision biopsy
12	F	87	W	1^{o} Petty trader	DKA /HTN	Dermatologist	Skin rashes	Antifungal cream	None

Sex(F-female, M-male), MS- Marital status(M-Married, W-Widowed) LOE-level of education, OC-occupation, CAD-Current Admission Diagnosis, GP-General practitioner, CLL-Chronic lymphocytic leukaemia, DM-Diabetes mellitus, HTN-hypertension, Rtd- Retired, DKA diabetic ketoacidosis; 1^{o}- Primary, 2^{o}- *Secondary*, *3^{o}-Tertiary, NFE-No formal education*

There was no significant relationship found between dermatological lesion with occupation, educational status, marital status or area of residence. The most frequent occupation seen amongst them was peasant farming. The age range was 61-87 years. The mean age was 70.25±4.7 at 95% confidence interval; the median was 66.25 and the mode 65. Out of these older adult patients, 8.3% (1) patient practiced self-medication and bought drug from a patent medicine dealer. The rest visited various health care settings and consulted a medical doctor; out of which 25% (3) visited general practitioners in different health care centres of which, (1) was referred to a dermatologist. A greater number, 50 % (6) visited a dermatologist in a tertiary hospital inclusive of the referral to admitting hospital from a primary health care centre. One of those who visited a dermatologist couldn't recall treatment given however the dermatitis resolved after treatment. A physician who wasn't a dermatologist was consulted by 8.3% (1) of these patients in a tertiary setting and 16.6% (2) had seen a surgeon. Majority of the patients, 75% (8) had resolution of symptoms as at when seen while 16.6% (2) were on admission for the persistence of the skin complaint. These were the cases of the chronic ulcer and bullous pemphigoid. Two others were admitted for other reasons but still complained of recurrent cases of skin lesions. These were the cases of two females with tinea incognito plus pityriasis rosea; and the intertriginous fungal infection. Out of these patients with persistent skin lesions, 75% (3) had diabetes mellitus. Fungal infection was seen in 41.6% (5) of patients in this study. In two cases the diagnoses were in their case notes as they sought for care in the same hospital where they are been admitted. 25% (3) of the patients had biopsies of which two were skin biopsies and one an excisional biopsy to confirm diagnoses.

DISCUSSION

Dermatoses are common within the elderly age group as seen in studies done within the same region and in other developing nations with varying prevalences.[7-10]This study showed a smaller percentage of older adults who have actually sought help for skin problems as older adults when compared to the general sample of the older adult population which had a greater prevalence of dermatoses on skin examination. The actual prevalence of the elderly that visit the dermatology outpatient clinics has been noted to be smaller as against those who were actually examined on admission or institutionalized. It was noted that Ayanlowo et al reported that older adults constituted a prevalence of 4.8% of cases that visited the dermatology out-patient clinic within a 5 year time frame while Amadi et al reported a prevalence of 3.1% over a 10 year period.[11, 12] This may be influenced by the way older adults perceive the seriousness of skin diseases.[3-6,13] However a self-reported study amongst advanced African Americans had a higher percentage of participants(45.5%) who had visited the physician for a skin concern in the past; with more females seeking skin care as seen also in this study.[13] This study showed that fungal infections were a common reason to visit a physician or skin doctor. Fungal infections are one of the prevalent diseases found amongst the elderly both in urban and rural settlements regardless of socio-economic status.[1-4; 7-13] Just one patient did self-medication which did not resolve symptoms. Self-medication is a common practice worldwide as seen amongst different age groups as noted in other studies. The complications are enormous and often the ailment doesn't get cured as seen in this case in this study.[14]This study showed persistent skin disorders despite treatment which necessitated admission and skin biopsies. This might be a reflection of the particular skin disorder prognosis such as in case of bullous pemphigoid which is chronic and needs proper investigations, prolonged treatment and care. It might also be a reflection of poor adherence to therapy and the use of chemicals such as skin lightening creams and wrong medication in the treatment despite visiting the dermatologist. It can also be due to persistent risk factors such as diabetes mellitus or any other cause of immunosuppression which is noted to predispose the elderly to fungal infections of the skin as seen in this study. Greater majority of skin disorders will be managed on out-patient basis but occasionally would require a multidisciplinary approach requiring both medical and surgical interventions necessitating admissions. It could also be life threatening as in the case of blistering disorders where a greater portion of the skin has been lost predisposing to internal infection and dehydration.[15]Dermatological surgeries are mostly still done by surgeons within the area of study thus having more patients visiting them first for lumps and bumps which they would want to get rid of. Biopsies are required for confirmation of diagnosis and can be done in the clinic or on admission. Skin health seeking behaviour of the elderly in this group was low and those who sought care had no particular or peculiar socio demographics different from those who did not. The reasons may be due to the lack of awareness of the availability of dermatologists within the treatment facility to take care of their skin ailment or not perceiving the dermatologic disorder as a problem worth visiting the hospital.[4, 16]

CONCLUSION

Dermatoses in the elderly are common and can be a concern necessitating outpatient or inpatient care. Skin health seeking behaviour amongst the elderly may be impaired for a variety of reasons.

Recommendations

It is important the doctor or healthcare worker fully examines the patient holistically noting skin disorders which may be a pointer to other systemic diseases even when the older adult presents for a different complaint in order to make timely referral to the dermatologist. Failing to do so presents a missed opportunity to totally care for the older adult thus promoting increased morbidity and mortality. Patients are encouraged to examine their skin as much as they can noting any abnormal disorder and are encouraged to visit the dermatologist yearly for a thorough examination. Self-medication should be discouraged at all levels.[17]

Consent and ethical approval

Ethical approval to carry out the study was obtained from the Research and Ethics Committee of the University of Port Harcourt Teaching Hospital before commencing the study. A willing written informed consent was obtained from each participant before they were included into the study.

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