

"Understanding Dermatological Health: Knowledge of Common Skin Conditions in Older Adults"

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Learning Objectives:

- Recognize the most common dermatologic concerns in older adults
- Assess key warning signs that warrant referral or further evaluation
- Apply effective preventive and management approaches—including moisturization, sun protection, and patient counseling—to improve skin health outcomes in the aging population.

Age Related Skin Changes

Thinning Skin

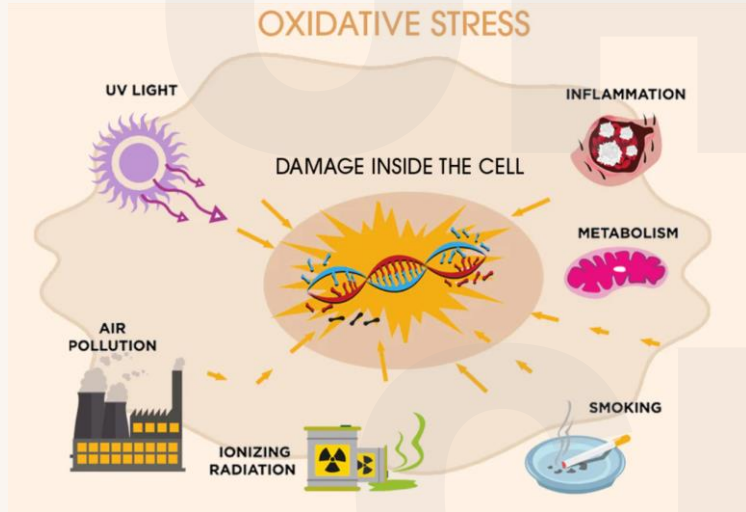
Reduced Oil Production

Decreased Elasticity

Slower Healing and Oxidative Stress



Slower Healing & Oxidative Stress



- Decreased blood circulation leads to prolonged wound healing and increased risk of pressure ulcers.
- Age-related decline in immune response contributes to slower skin regeneration.
- Free radicals cause cellular damage, accelerating skin aging

Polling Question #1: Which prevention strategy do you most emphasize when counseling older adults on skin health?

Prevention Strategies

Hydration

Sun Protection

Nutrition!

01

02

03

04

05

Moisture

Gentle Skin Care

Hydration and Moisture



- Drinking enough fluids supports skin hydration and elasticity.
- Using thick, fragrance-free emollients, such as petroleum jelly or ceramide-based creams, to address age-related skin dryness.
- Apply moisturizer immediately after bathing to seal in hydration.
- Avoid alcohol-based lotions, as they can further dry out the skin.



Sun Protection



- UV exposure accelerates aging, increases pigmentation, and raises the risk of skin cancer.
- Use broad-spectrum SPF 30+ sunscreen daily, even on cloudy days.
- Wear sun-protective clothing, wide-brimmed hats, and sunglasses to minimize UV exposure.

Gentle Skin Care



- Harsh soaps strip natural oils from the skin, worsening dryness and irritation.
- Use mild, fragrance-free cleansers and lukewarm water when bathing.
- Pat the skin dry with a towel instead of rubbing to reduce irritation.



Nutrition for Skin Health



- **Antioxidant-Rich Foods** – Consume colorful fruits and vegetables (e.g., berries, carrots, spinach) to help combat oxidative stress from UV exposure.
- **Healthy Fats** – Omega-3 fatty acids from fish, flaxseeds, and walnuts may reduce inflammation and support skin health.
- **Vitamin D Balance** – While sun exposure is a primary source, consider vitamin D-rich foods like fatty fish, fortified dairy, and eggs to meet nutritional needs safely.
- **Limit Processed Foods** – Reduce excessive sugar and processed meats, which may contribute to inflammation and oxidative damage.

Non-Cancerous Conditions

1.

Xerosis

2.

Asteatotic Eczema

3.

Solar Lentigo

4.

Seborrheic Keratosis

CPD

Xerosis (Dry Skin & Itching)

Warning Signs & Symptoms:

- Skin feels dry, tight, or rough, especially on the lower legs, arms, and hands.
- Flaking, scaling, or small cracks in the skin.
- Itching, which can lead to scratching and possible infections.
- Redness or irritation, especially in severe cases.



Asteatotic Eczema (Winter Itch)

Warning Signs & Symptoms:

- Red, cracked, scaly skin with a characteristic "cracked porcelain" or "mosaic" pattern.
- Intense itching, burning sensation, or pain that worsens with scratching.
- Commonly affects the lower legs but can also appear on the arms and trunk.





Solar Lentigo

Warning Signs & Symptoms:

- Uniformly pigmented brown spots with clear borders.
- Non-raised, smooth, and painless lesions.
- May increase in number with continued sun exposure.



Seborrheic Keratosis

Characteristics

- Common as individuals age
- Wart-like appearance
- Sometimes called “barnacles of aging”
- Range in color: white to black



Photo credit: UNM SOM



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What Can You Do? (Treatment & Management)

Xerosis (Dry Skin)

- Moisturize daily with thick creams or ointments.
- Use gentle, fragrance-free cleansers and lukewarm water.



Asteatotic Eczema (winter itch)

- Apply fragrance-free emollients immediately after bathing.
- Avoid hot water and harsh soaps that strip natural oils.
- Use a humidifier and wear soft clothing to reduce irritation.



What Can You Do? (Treatment & Management)

Solar Lentigo

- Prevent further spots by using SPF 30+ sunscreen daily.
- Wear hats and protective clothing outdoors.



Seborrheic Keratosis

- Usually harmless, but can be removed if irritated or for cosmetic reasons.
- Removal options include cryotherapy (freezing), laser therapy, or minor surgical procedures.



Precancerous & Cancerous Conditions



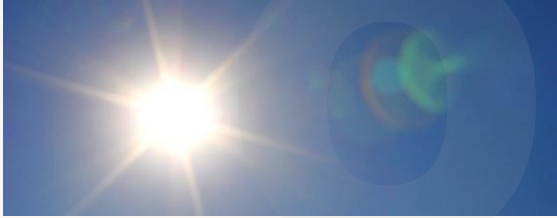
Actinic Keratosis

Basal Cell Carcinoma

**Squamous Cell
Carcinoma**

Melanoma

Skin cancer risk factors



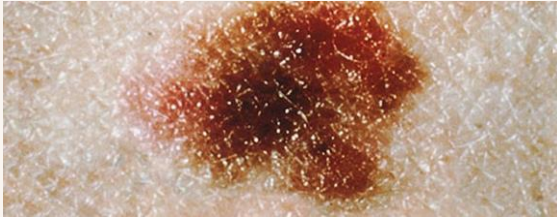
Ultraviolet (sun) exposure



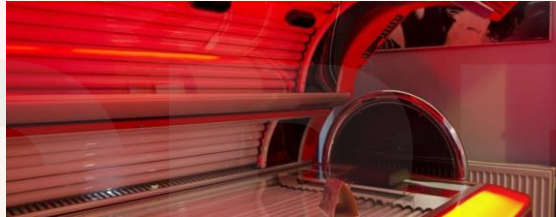
Fair skin



Sunburns



Atypical moles or weak immune system



Tanning



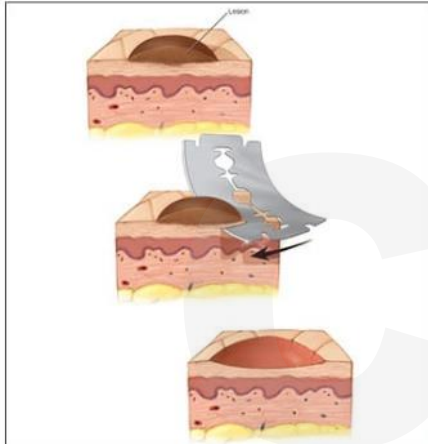
Family or Personal history of skin cancer

How skin cancer is diagnosed

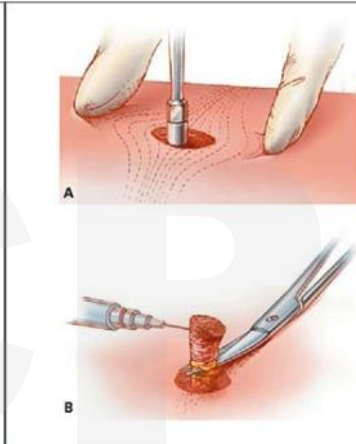
A skin biopsy is a procedure that removes samples of the skin from your body to further examine in the laboratory

The three main types of skin biopsies are:

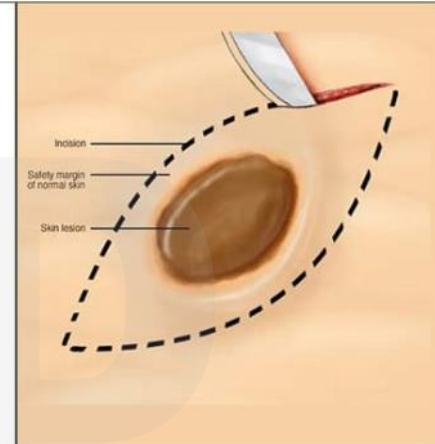
SHAVE BIOPSY

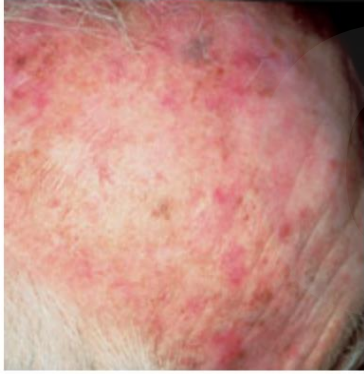


PUNCH BIOPSY



EXCISIONAL BIOPSY





Multiple red bumps and tan crusts on the forehead and scalp.



Scattered thick, scaly, red patches on the back of the hand.

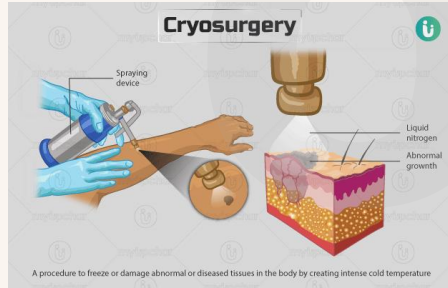


Actinic Keratosis (AK)

- **Facts:**
 - Common locations: face, ears, head, forearms, and neck
- **Characteristics**
 - Scaly, rough, dry spot(s) that form when the skin is badly damaged by the sun
 - Vary in size from tiny to an inch in diameter
 - Color: red, brown or silvery

AK treatments

Cryosurgery or Cryotherapy



Liquid nitrogen

Liquid nitrogen is applied to freeze the tissue. It eventually falls off allowing healthy skin to emerge.

Topical treatments



Examples: 5- fluorouracil, and Diclofenac

Prescribed for areas where there are numerous or widespread AKs. It has minimal risk of scarring.

Photodynamic therapy



Before Treatment

During Treatment*

After Treatment

*Make sure you follow your doctor's instructions.
Photos have not been retouched. Individual results may vary.

FDA approved non-invasive treatment

Topical aminolevulinic acid (ALA) is added to the skin for a few hours and then a laser is applied to activate the medication.

Treatments can also be used in combination!

Basal Cell Carcinoma

- **Characteristics:**
 - Shiny, pink pearly bump
 - Slow growing
 - Not contagious
 - Most common locations: head, neck, and arms
- **Management:**
 - It can grow wide and deep- possibly destroying skin, tissue, and bone- Very curable

The typical BCC lesions to watch out for



Pink or translucent, pearly bumps, which might have blue, brown, or black areas



Pink growths with raised edges and a lower area in their center, with abnormal blood vessels spreading out



Pale or yellow areas, similar to a scar



Raised reddish patches



Open sores (which may have oozing or crusted areas) that don't heal

Basal Cell Carcinoma (BCC) treatments

Superficial BCC



**Electrodesiccation and Curettage (EDC),
Imiquimod (Aldara), 5 Fluorouracil
(Efudex 5%)**

ED&C x 2

Imiquimod QHS 5x per week x 6 weeks
(Not for face, hands, feet or > 2 cm)

Efudex 5%- BID 3-6 weeks (stop if over
severe response)

Nodular and Invasive BCC



Excision

3-4 mm margin beyond visible
lesion

High risk BCC



Mohs surgery

Mohs has a high cure rate as 99%
for first time BCCs and 94% for
recurrent BCCs. It would be
performed by a Mohs
micrographic surgeon

Polling Question #2 : When would you refer out for Moh's surgery for a patient with BCC?

When to refer for Mohs

- T zone/H zone
- > 2 cm diameter
- Recurrence
- Not comfortable
- Close to sensitive structures
- High risk types:
 - Sclerosing
 - Morpheaform
 - Infiltrative
 - Basosquamous
 - Micronodular
 - Metatypical



Squamous Cell Carcinoma (SCC)



SCC - a crusty patch



SCC - a volcano



SCC - a sore that doesn't heal

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- Most common locations: ear, face, neck, arms, chest, and back

- **Warning Signs & Symptoms:**

- Red firm bump, scaly patch, a sore that does not heal



Bowden's Disease or SCC in situ



SCC on a patient's finger

Management of Squamous Cell Carcinoma (SCC)

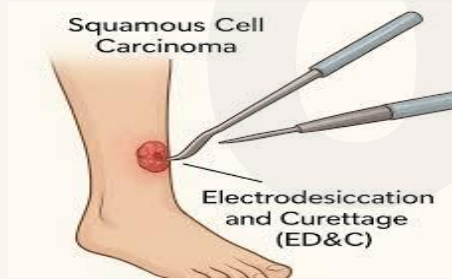
- **SCC in Situ (Bowen's)**
 - Electrodesiccation and curettage (EDC):- burn, scrape, burn, dressing
- **Invasive SCC**
 - Excision 3-4 mm margin beyond visible lesion

- **High risk SCC**
 - Moh's surgery



Squamous Cell Carcinoma treatments

Electrodesiccation and curettage (ED&C)



SCC in situ (Bowen's)

Scrape, burn, scrape, burn, and apply dressing

Excision



Invasive SCC

3-4 mm margin beyond visible lesion

Mohs surgery



High risk SCC

Gold standard treatment with over 95% cure rate for most cases

Melanoma

Superficial Spreading



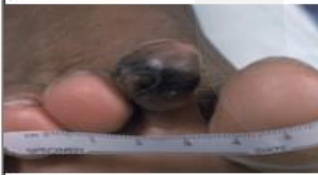
Nodular



Lentigo Maligna



Acral Lentiginous



- **Types**

- Superficial- Most common type
- Lentigo maligna- Usually in older people
- Acral lentiginous- most common type in people of color. It is NOT related to sun exposure
- Nodular- Most aggressive type that grows deeper into skin

Warning signs of Melanoma

ABCDEs

Ugly Duckling sign

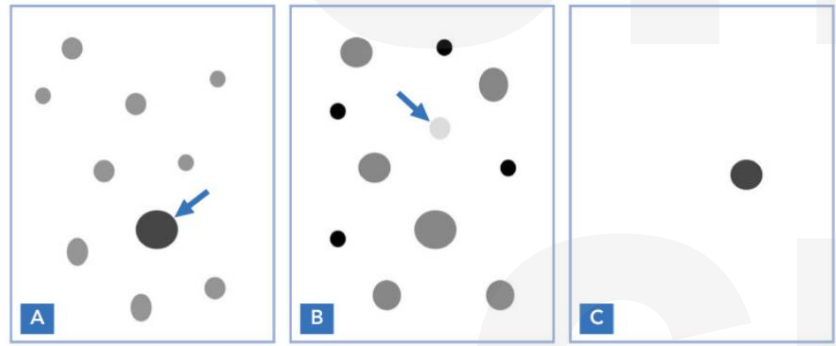
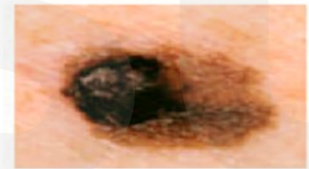


Figure 1. Three Examples of an Ugly Duckling

Normal moles resemble one another while melanomas stand out like ugly ducklings.



A is for Asymmetry



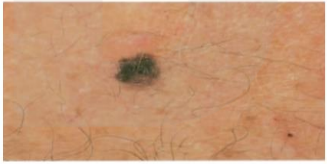
B is for Border



C is for Color



D is for Diameter or Dark



E is for Evolving

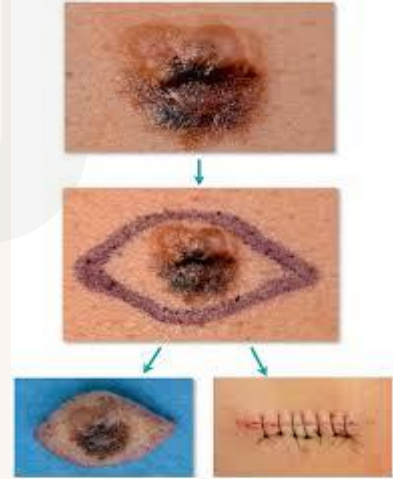


E is for Evolving (After)

Malignant melanoma treatments

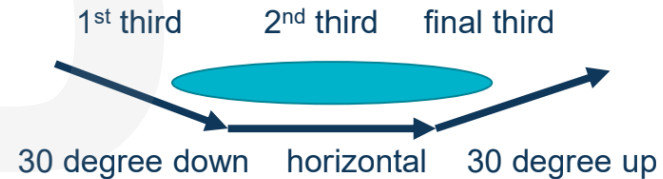
Per The National Comprehensive Cancer Network (NCCN) Melanoma Guidelines on the principles of bx of pigmented lesion

- **Excisional biopsy (elliptical, punch or saucerization/deep shave) with 1-3 mm margins preferred. Avoid wider margins to permit accurate subsequent lymphatic mapping.**
- **Full-thickness incisional or punch biopsy of clinically thickest portion of the lesion acceptable in certain anatomic areas (e.g., palm/sole, digit, face and ear) or for very large lesions.**



Deep Shave AKA saucerization:

- slicing not pushing
- Actions: pendulum swing and changing level/arc



Skin Cancer treatments

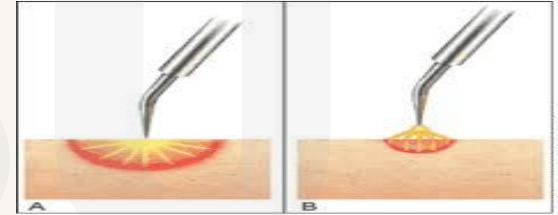
Cryosurgery or Cryotherapy



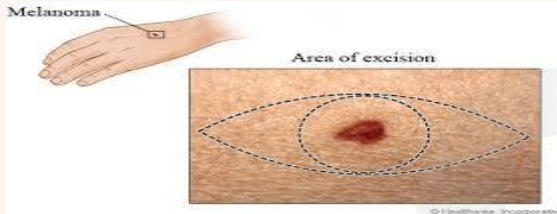
Topical treatments



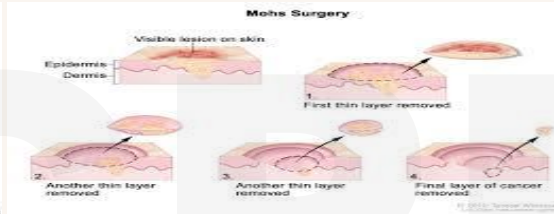
Electrosurgery



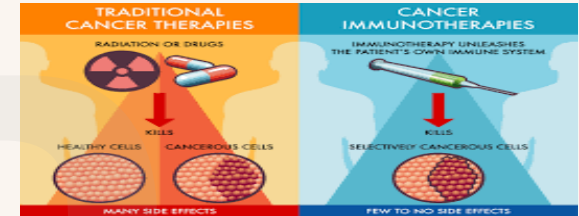
Surgical removal



Mohs Surgery



Immunotherapy, Chemotherapy or targeted therapy



Cryosurgery, topical treatments, electrosurgery and Mohs surgery are more used for BCC and SCC. Whereas melanoma usually requires surgical removal, immunotherapy, chemotherapy, or targeted therapy

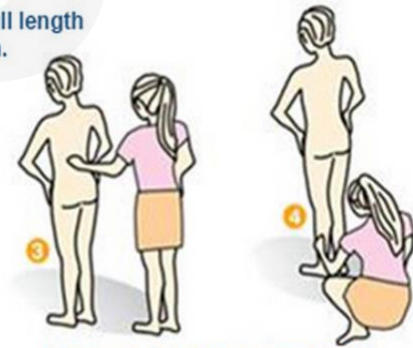
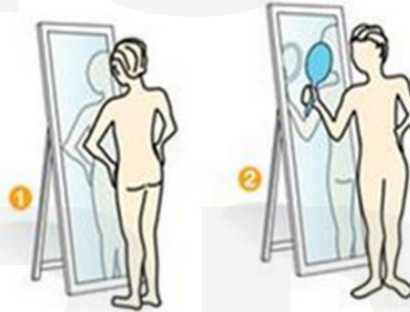
Polling Question #3: Have you ever discussed with your patient the importance of monthly skin self-exams?

How to perform a monthly skin self-exam

1. Examine your body front and back in the mirror, then right and left sides arms raised
2. Bend elbows and look carefully at forearms and upper underarms and palms
3. Look at the backs of the legs and feet; spaces between toes, and sole
4. Examine back of neck and scalp with a hand mirror. Part hair for a closer look.
5. Finally check back and buttocks with a hand mirror

Watching your own back

Diagrams 1 & 2 are examples of a person using a full length mirror and hand held mirror to check their own skin.



Diagrams 3 & 4 are examples of two people checking skin.

Source : <http://www.cancerqld.org.au/page/skincheck/>



Research study to address skin health literacy

Population served: Older adults aged 60+ attending the Lebanon Senior Center.

Participants were recruited through a monthly email newsletter and flyers posted at the senior center.



OREGON
Lebanon



Disparity addressed

- According to the *Journal of the American Academy of Dermatology*, as patients mature, they are at a greater risk of skin cancers, bullous pemphigoid, pruritus, among a myriad of dermatoses.
 - The challenges of comorbidities, polypharmacy, and socioeconomic stresses complicate management.
 - Patients >65 years account for more than a third of all dermatology encounters.
-
- A national survey of 610 senior patients asked about their dermatologic concerns and provider preferences. The most common concerns were “aging/cosmetic,” “development of skin cancer,” and “suspicious/changing moles.” However, the primary reason for dermatology visits was skin screening or lesion evaluation.

Intervention

- We conducted a one-hour educational session tailored to older adults focusing on common skin concerns.
- Topics included age-related skin changes, xerosis, seborrheic keratosis, actinic keratosis, and early signs of skin cancer.
- Discussed preventive strategies: moisturizing, sun protection, gentle skin care, and nutrition.
- Distributed printed educational materials and complimentary sunscreen samples from Frontier Dermatology in Albany to reinforce key messages.



Intervention- Educational materials

Check Your Partner. Check Yourself.

When detected early, skin cancer is highly treatable.

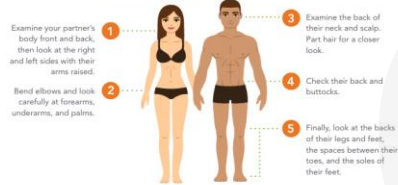
The ABCDEs of Melanoma

Melanoma is the deadliest form of skin cancer. However, when detected early, melanoma can be effectively treated. You can identify the warning signs of melanoma by looking for the following:



If you notice a new spot or an existing spot that changes, itches, or bleeds, make an appointment to see a board-certified dermatologist.

Detect skin cancer early by following dermatologists' tips for checking your partner's skin:



To learn more about skin cancer detection and prevention or to find a free SPOTme® skin cancer screening, visit SpotSkinCancer.org

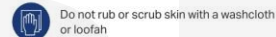
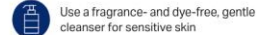
Basics of Atopic Dermatitis Care



Atopic dermatitis (AD) is a form of eczema that causes dry, easily irritated, itchy skin. The foundation of AD care includes setting up a daily skincare routine and avoiding triggers that can irritate your skin and cause symptoms to get worse. (Triggers are things that aggravate your skin.) To help you manage your AD, follow these three basic steps to care for your skin.

1. Bathe regularly

Taking a bath or shower is helpful for AD. It helps hydrate the skin and remove potential irritants. Bathing once per day is recommended.

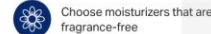
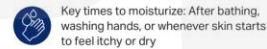
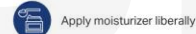
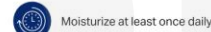


2. Moisturize often

Regular moisturizing of skin is important for AD. Moisturized skin helps relieve dryness and itching, and it helps to restore the skin barrier, keeping out irritants and allergens.

Choose moisturizers that are suitable for the body part you want to use it on (for example, face versus legs). Look for these keywords on your moisturizer products to help you identify which one will work best for your skin's needs:

- **Lotion:** water + alcohol-based
- **Cream:** water + oil-based
- **Ointment:** oil-based



SUN PROTECTION



SUNSCREEN (CHEMICAL) V. SUNBLOCK (PHYSICAL)

- Protects our skin by absorbing UV radiation and converting it into heat
 - Oxybenzone (benzophenone-3) is most common active ingredient
 - Easy to rub into skin
 - Doesn't leave white cast behind
 - Works 20 minutes after application
 - Not ideal for oily skin types (clogs pores, irritant)
- Protects skin by deflecting UV radiation
 - Zinc oxide and titanium dioxide are most common active ingredients
 - Less irritating for sensitive skin
 - Works immediately after application
 - More likely to leave white cast because it is difficult to blend in

What Sun Protection Factor (SPF) Do I Use?

It only takes 10 minutes for unprotected skin to burn!
Make sure you use a broad spectrum sunscreen
Gold standard: SPF 30 - 50+

Tinted Sunscreen

Comes in either chemical or physical formulations but adds additional protection against visible light

REAPPLICATION

Don't forget to reapply sunscreen every 2 hours or more often if swimming or sweating.
Teaspoon Rule: on average, apply 1 teaspoon of sunscreen to the face and neck area, 2 teaspoons to torso, 1 teaspoon for each upper extremity, and 2 teaspoons for each lower extremity.

Note: Most sunscreen lasts about 3 years, so make sure you throw away any old bottles that have passed their expiration date!

REFERENCES



Survey Tool Development

- Designed post-presentation survey to measure:
 - Self-reported knowledge of skin health and aging-related changes.
 - Confidence in identifying benign versus concerning skin conditions.
 - History of dermatological care and preventive behaviors (e.g., skin self-checks).
- Mixed-format items: multiple choice, Likert-scale confidence ratings, and open-ended feedback.

Post-presentation survey

General background

1. What is your age?
 - 40-49
 - 50-59
 - 60-69
 - 70-79
 - 80-89
 - 90-99
2. What is your highest level of education?
 - Elementary School
 - Middle School
 - High school graduate or GED
 - College graduate
 - Postgraduate degree
3. Where do you usually get information about skin health?
 - Healthcare provider (e.g., primary care doctor, dermatologist)
 - Family or friends
 - Online health websites
 - Television or social media
 - I do not think much about my skin health
 - Other (please specify) _____
4. How often do you speak to a healthcare provider about the health of your skin or skin conditions?
 - Always
 - Very Often
 - Sometimes
 - Rarely
 - Never
5. Have you ever had a professional skin check (by a dermatologist or another health care provider) for skin cancer or other skin conditions?
 - Yes, in the past year
 - Yes, more than a year ago
 - No, but I would like to
 - No, and I don't plan to

6. How often do you check your skin for any abnormal changes, such as a new spot or changes in color?
 - Regularly (at least once a month)
 - Occasionally (a few times a year)
 - Rarely
 - Never

Confidence and Knowledge of skin conditions

1- Strongly disagree | 2- Disagree | 3- Neutral | 4- Agree | 5- Strongly agree

1. I have access to sufficient information about skin health and common skin conditions

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

2. I feel confident in understanding the functions of the skin.

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

3. I feel confident in managing my own skin health

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

4. I feel confident in identifying normal skin changes with aging

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

5. I feel confident in understanding the self-management of itchy skin

1 2 3 4 5

Strongly disagree Strongly agree

6. I feel confident in understanding the self-management of dry skin

1 2 3 4 5

Strongly disagree Strongly agree

7. I feel confident in understanding the risk factors and causes for non-dangerous skin conditions

1 2 3 4 5

Strongly disagree Strongly agree

8. I feel confident in understanding preventive measures to avoid non-dangerous skin conditions

1 2 3 4 5

Strongly disagree Strongly agree

9. I feel confident in understanding the treatment options of non-dangerous skin conditions

1 2 3 4 5

Strongly disagree Strongly agree

10. I feel confident in differentiating between dangerous versus non- dangerous skin changes in my skin

1 2 3 4 5

Strongly disagree Strongly agree

11. I feel confident in understanding preventive measures to avoid dangerous skin conditions

1 2 3 4 5

Strongly disagree Strongly agree

12. I feel confident in performing a skin self-exam for dangerous skin conditions

1 2 3 4 5

Strongly disagree Strongly agree

13. I feel confident in understanding the risk factors and causes for dangerous skin conditions

1 2 3 4 5

Strongly disagree Strongly agree

14. I feel confident in understanding when to seek medical advice (primary care provider or dermatologist) for dangerous skin conditions

1 2 3 4 5

Strongly disagree Strongly agree

Open-Ended Questions

15. What did you like about this presentation?

16. How could this presentation be improved?

17. What topics would you like to learn more about in the future?

Discussion of results

- For a majority of questions regarding confidence and knowledge of common skin conditions, the IQR was 0-1, indicating that most participants strongly agreed they were confident and knowledgeable about the specific topic of skin health. Questions that showed an IQR > 1 indicate that participants showed more variety in their confidence in topics related to the function of the skin (Q2), managing skin health (Q3), and differentiating between non-dangerous and dangerous skin conditions (Q10).
- Participants reported greater understanding of age-related skin changes, preventive strategies such as sun protection, moisturization, and the importance of performing self-examinations in early detection of skin cancer after attending the presentation.
- Open-ended responses highlighted appreciation for practical tips and resources, including the distribution of sunscreen samples and informational handouts.



Conclusion

The project underscores the need for expanded data collection to assess outcomes more robustly and supports the integration of skin health education into preventive care for aging populations.



**Thank you for
your time and
attention!**

Special thank you to Dr. Blumer, DO, FAOO and Dr. Spiller, DO
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What questions do you have?

Special thank you to Dr. Blumer, DO, FAOO, Dr. and Dr. Spiller,
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