

# Aging Exerts Its Toll From Alopecia to Xerosis

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SAN ANTONIO — Older women are at increased risk for a number of skin conditions including alopecia, xerosis, and foot ulcers, compared with younger women, according to a presentation at a meeting of Skin Disease Education Foundation.

"The most commonly seen dermatologic disorders in older women are not cosmetic, they are medical. They are medical because they are secondary to decreased barrier function, decreased estrogen, and increased photodamage," Dr. Wendy E. Roberts said.

"We are all familiar with the look of aging skin. When we look at a dull, gray-white color, it is due to heaps of corneocytes on the skin. The skin cycle increases in length with aging and the skin loses its ability to exfoliate," said Dr. Roberts, who is in private practice in Rancho Mirage, Calif.

Seborrheic keratosis, hyperkeratosis, nail diseases, and varicose or spider veins are other common dermatologic complaints in this population, as are solar



COURTESY DR. WENDY E. ROBERTS

**Decreased sebaceous and eccrine activity contributes to xerosis.**

lentiginos, she said, adding that they can be treated with cryotherapy or lasers.

Stasis dermatitis, also known as gravity dermatitis, is a sign of skin barrier dysfunction in older women and indicates impaired circulation of the lower extremities. Dr. Roberts suggested prescribing emollients as a treatment. Another common presentation is stellate or hypopigmented scars from torsional stress in photodamaged skin with a weak dermal-epidermal junction.

Nutrition can be a "major problem" in the elderly, particularly those in their 8th-10th decades, Dr. Roberts said. Many of these women simply eat less and/or their medications cause appetite loss.

Medications also cause diffuse alopecia in older women. Review their medication intake, Dr. Roberts suggested, because there are so many medications with alopecia as a side effect. Examples include cytostatic agents, anticoagulants, hormones, and anticonvulsants.

The primary cause of alopecia is female pattern baldness. After ruling out hyperandrogenism, consider treatment with minoxidil, Dr. Roberts said. Although the 2% solution is FDA approved for women, she recommended off-label use of the 5% solution 2-3 times per week.

Minoxidil 5% is contraindicated in women of childbearing potential. Although she cited a warning for increased

risk of facial hypertrichosis with either the 2% or 5% solution, Dr. Roberts said, "I love it, especially when women are just starting to thin." Topical retinoids solutions and hair transplants are other options.

"Purpura is a major complaint in my practice," Dr. Roberts said. In this population, purpura stem from decreased interdigitations of the dermal papilla and decreased arteriole elastic tissue content, which leads to increased fragility. There is no effective treatment, Dr. Roberts said, al-

though topical vitamin K cream can speed recovery. She stresses prevention with sun protection, vitamin C supplementation—"which is all around good for blood vessels"—and exercise.

Women with xerosis, on the other hand, often have no chief complaint, Dr. Roberts said. "Women often accept xerosis and pruritus as 'part of getting old.'" Decreased sebaceous activity, eccrine activity, and altered desquamation contribute to xerosis in aging skin. Decreased sebaceous activity

with aging increases the risk for dry skin, so review bathing habits, she suggested.

Discuss use of moisturizers for xerosis, Dr. Roberts said. "I take the time to find out what is in the stores so I know what to recommend." Also talk with patients about ultraviolet protection, which might contribute to a higher prevalence of rosacea in this age group. "Many older women think by age 70 they have already done all the damage in terms of avoiding UV exposure." ■

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