



## Skin Care: Changes with Aging

Peak Development Resources, LLC  
P.O. Box 13267  
Richmond, VA 23225

Phone: (804) 233-3707  
Fax: (804) 233-3705  
Email: editor@peakdev.com

*Peak Development for... Home Health Aides®* and *Competency Assessment Tool for Home Health Aides®* are components of a site license for the Peak Development Resources Competency Assessment System for Home Health Aides® and may be reproduced for this individual facility only. Sharing of these components with any other freestanding facility within or outside the licensee's corporate entity is expressly prohibited.

The information contained in *Peak Development for... Home Health Aides* is intended only as a guide for the practice of home health aides supervised by licensed personnel. It is the responsibility of the reader to understand and adhere to policies and procedures set forth by the employing institution. The editor and publisher of this newsletter disclaim any liability resulting from use or misuse of information contained herein. Professional guidance from licensed personnel should be sought.

Copyright © 2020

After reading the newsletter, the home health aide should be able to:

1. Describe the function of skin and its three main layers.
2. Identify common changes in skin with aging.
3. Discuss appropriate skin care for elderly clients.

The skin is the largest organ in the human body. And, like other body organs, it undergoes significant changes with aging. Because the skin is a vital organ and essential for life, it is important to provide monitoring and care, to keep it functioning well throughout all life stages.



This newsletter will discuss the skin care needs of elderly clients, including skin structure and function and common changes with aging. The role of the home health aide in helping to prevent and relieve skin issues associated with aging will also be covered.

### The Skin— Function and Structure

The skin provides a number of essential functions for the body. It is a major sensory organ, allowing us to feel touch, pain, pressure, heat and cold. This provides warning of hazards from extreme temperatures or possible trauma. The skin is our body's main barrier protection from the possibly harmful effects of the outside world, by keeping out bacteria and other substances that could cause infection or damage to body organs.

The skin makes vitamin D, an essential nutrient, from sunlight. It keeps moisture in the body so that body cells can perform their many functions, and helps to regulate body temperature. It is also an organ

of excretion, eliminating wastes from the body through the sweat glands.

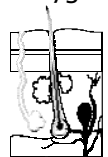
There are three main layers of the skin:

**Epidermis:** This is the top layer that you see when looking at your skin. It is the thinnest layer, but it is generally tough and protective. The epidermis continuously creates new skin cells, which are pushed up to the skin surface and eventually shed. It also contains immune cells that help to prevent infection. The eyelids have the thinnest layer of epidermis, while the palms and soles have the thickest. There are no blood vessels in the epidermis.

**Dermis:** This lies under the epidermis, and is the thickest skin layer. It is made of strong, elastic tissue called collagen, providing structure and support to the skin. The dermis contains blood vessels, nerve endings, hair follicles, and oil and sweat glands.

**Hypodermis, or subcutaneous layer:** This is a fatty layer made of loose connective tissue and fat, along with blood vessels, glands and nerves. This layer serves as an energy source, provides insulation and padding, and helps to regulate body temperature.

These skin layers receive oxygen and nutrients from a large network of blood vessels in the area. This is essential to keep the skin cells alive and functioning.



### Skin Changes with Aging

As aging progresses, significant changes occur in the structure and function of the skin. The skin layers become thinner, making the skin more transparent and easily damaged. The layers hold less water and fat, and the oil and sweat glands have reduced function. This results in rough, dry, itchy skin. There is a decrease in the proteins that give the skin layers support, resulting in wrinkles and increased risk for tear injuries. The blood vessels in the dermis and hypodermis decrease, causing decreased circulation. This results in reduced oxygen and nutrients to the tissues, causing poor skin healing. The blood vessels also become thinner and more fragile, leading to easy bruising. In addition to these normal changes, factors such as smoking and sun exposure can cause earlier and more severe aging of the skin.

Along with the normal aging process, there are factors that place the elderly at increased risk for skin problems, such as skin breakdown, poor wound healing, and infection. These include:

- weakness
- limited mobility or cannot reposition self
- spends most of time in bed or chair
- current skin damage, such as pressure ulcers, bruises or tears
- malnutrition
- dehydration
- obesity
- urinary or fecal incontinence
- edema
- nerve problems that cause loss of feeling, often caused by diabetes or stroke
- medications that weaken the immune system, such as steroids and chemotherapy

### Keeping Skin Healthy

While the effects of aging cannot be stopped, good care can help to protect the skin and maintain its function. To protect the skin and prevent injury, handle the client's skin very gently. When bathing, use mild, non-soap cleansers and warm (not hot) water, and do not rub or scrub. Dry the skin thoroughly by patting gently. Apply a moisturizing lotion or cream, if directed by the nurse. Bathing should be done only as often as needed. This may be a few times a week, rather than daily, to help prevent skin dryness.

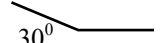


Clients who have incontinence need frequent skin care. Make sure to clean the skin thoroughly

and promptly when wet or soiled. Use a mild, non-soap cleanser and a gentle touch to prevent irritation. After cleaning, application of a skin barrier cream is helpful to provide protection.



Pressure injuries are a major concern with elderly clients, especially those with limited mobility. To prevent these, reposition the client at least every two hours, and more often if red areas develop. Notify the nurse promptly if there are red areas that do not go away, or if breaks in the skin occur. Keep the bed linens clean and free of wrinkles. Position the head of the bed flat or no higher than 30°, except when the



client is eating or drinking. This helps to prevent skin damage from shearing, when the skin layers are pulled across each other. Also be aware of the many types of protective equipment available. Clients at risk for pressure ulcers may benefit from special mattresses, foam cushions, sheepskin pads, or heel and elbow protectors.

Many elderly clients suffer discomfort from itchy skin, called pruritis. If the client complains of itching, or you notice scratching or irritation from scratching on the body, let the nurse know so that the cause can be determined and appropriate treatment ordered.

Pruritis can be managed by a variety of methods. Keeping the skin clean and well-moisturized, and using a room humidifier, can help to relieve itching due to dryness. A cool room temperature often reduces itching more than a warm environment. Other helpful measures include cool compresses and use of firm pressure over the affected area. Clothing and bed linens should be soft, loose and light. The client's nails should be kept short if scratching occurs. Soft gloves worn at night may be helpful to avoid skin injury and infection due to scratching.

Each day when working with your clients, look for signs of any skin problems, such as redness, rashes, itching, bruises, or tears. Let the nurse know promptly if there are any concerns or complaints. For clients who tend to get bruises or skin tears, wearing long sleeves and pants may be helpful to reduce injury. Also, good nutrition, sufficient protein intake, and proper hydration help to prevent skin injury and promote healing. Notify the nurse if your client's intake of food or fluids is poor.

Good skin care for your elderly clients helps to promote comfort and prevent injury and infection.



## Skin Care: Changes with Aging

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Directions: Place the letter of the one best answer in the space provided.

- \_\_\_\_ 1. Functions of the skin include all of the following EXCEPT:
  - A. temperature regulation
  - B. elimination of wastes
  - C. protection from trauma and infection
  - D. production of Vitamin C
  
- \_\_\_\_ 2. The thickest skin layer, containing sweat and oil glands, is the:
  - A. hypodermis
  - B. epidermis
  - C. dermis
  - D. ectodermis
  
- \_\_\_\_ 3. Which of the following skin layers provides padding and insulation?
  - A. hypodermis
  - B. epidermis
  - C. dermis
  - D. ectodermis
  
- \_\_\_\_ 4. The skin tends to become thinner and dryer with age.
  - A. True
  - B. False
  
- \_\_\_\_ 5. Skin healing tends to be slower in aging skin mainly due to:
  - A. increased sun sensitivity
  - B. reduced circulation
  - C. decreased supportive proteins
  - D. reduced function of sweat glands

- \_\_\_6. Risk factors for skin breakdown and other skin problems include:
- A. dehydration
  - B. edema
  - C. loss of feeling due to diabetes or stroke
  - D. all of the above
- \_\_\_7. Daily bathing is important to help keep the skin of elderly clients healthy.
- A. True
  - B. False
- \_\_\_8. To decrease the risk of skin damage from shearing, most of the time the head of the bed should be raised no higher than:
- A. 15°
  - B. 30°
  - C. 45°
  - D. 75°
- \_\_\_9. Itching is also referred to as:
- A. prudent
  - B. prurigo
  - C. pruritis
  - D. prunus
- \_\_\_10. Mrs. R is a client who suffers from itching on her arms and legs due to skin dryness. Which of the following measures is NOT likely to help relieve this?
- A. using a mild, non-soap cleanser for bathing
  - B. putting a humidifier in the room
  - C. keeping the room warm, rather than cool
  - D. applying moisturizer after her bath

