

Preface Geriatric dermatology



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Guest Editor

The demographic imperative has reached the shores of dermatology. My great desire in editing and contributing to this issue of the *Dermatologic Clinics* is to add to the preparation that we as dermatologists need to care for our aging population in the years ahead.

After World War II, we built more schools, trained more teachers, and created more playgrounds to gear up for the explosive birth rate. The post-World War II generation not only has more members than any other generation, it will also live longer. By 2020, those aged 65 years and older will comprise one fourth of the United States population, and this demographic change will be even more significant in less developed countries.

Our time has come. It is our duty to care for the aging boomers. As a specialty, we are in enormous need of increasing our skills to respond to this unprecedented demographic shift. Over the last several decades, dermatologists have enjoyed a sustained achievement in basic scientific knowledge and proven effectiveness of clinical interventions. We need to be at the top in providing specialized care and health care delivery for older adults. We must be at the forefront of prevention and treatment

of skin diseases and be able to recognize the dermatologic signs of chronic systemic disease so often noted in the elderly.

Many diseases, including psoriasis and onychomycosis, have been the subject of great interest in the pharmaceutical industry, and the time from discovery of new therapies to clinical application has become relatively short. All therapeutic costs and benefits must be weighed, of course, with the patient in mind. The ethical standards and actions of treating our elderly directly reflect the character of our great specialty. Perhaps nowhere can this be seen to a greater extent than in the rise in cosmetic enhancements that our elderly population has demanded of us.

I wish to thank the authors that have contributed to this issue. I encourage readers to keep current on advances within geriatrics and geriatric dermatology, because the science presented in our meetings and literature will impact clinical dermatology in enormous ways in the coming decades.

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