

## PREFACE



Approximately 13% of Americans today are aged 65 years or older. It is predicted that this proportion will increase to 20% in the decades ahead. Individuals 85 years and older are society's fastest-growing age cohort. These demographics constitute an enormous challenge to society and to the seniors themselves. Among these are prevention and treatment of dermatologic disorders, as problems related to the skin are essentially universal in this age group. Indeed, the average individual has at least two skin diseases that compromise quality of life but that would benefit from medical or surgical intervention. The present and immediate past issues of the *Clinics in Geriatric Medicine* provide up-to-date information regarding the pathophysiology, prevention, and treatment of the more common dermatologic disorders observed in the elderly.

Skin diseases may be fatal. Examples reviewed in both issues include the blistering disorder pemphigus vulgaris, which compromises skin barrier, increasing the risk for sepsis, and for which the necessary immunosuppressive therapies themselves pose enormous risks in the elderly. Malignant melanoma and cutaneous T-cell lymphoma, both with dramatically increased age-specific incidence among the elderly, are additional examples. Cutaneous signs and symptoms also may be indicative of life-threatening systemic disease. More often, however, skin disorders detract from quality of life through physical discomfort, social ostracization, or both.

Fortunately, our understanding of normal and pathologic aging processes in skin has evolved remarkably over the past 20 years. A coherent intellectual framework for approaching the all-too-common skin disorders of the elderly is now available. Effective treatments exist for many disorders deemed refractory only a decade ago. It is the responsibility of all physicians . . . as well a source of great professional gratification . . . to assist their elderly patients in realizing the full benefit of these advances.

The first of this two-issue series describes the age-associated changes in the structure and function of normal skin that predispose it to injury and disease. The demographics of aging and skin disease also are reviewed, as are noninvasive techniques for assessing changes in skin appearance and function. Subsequent articles discuss the age-associated changes that result from chronic sun exposure and hormonal deficiencies following menopause, as well as presently available surgical and laser therapies to correct such changes, and finally diagnostic and

therapeutic approaches to skin malignancies, the most devastating and medically significant consequence of photoaging in skin.

The second issue covers diagnosis and treatment of selected age-associated dermatoses. Specific topics include skin manifestations of internal malignancy, photodermatoses, drug eruptions and other adverse drug effects in aged skin, papulosquamous disorders in the elderly, bullous pemphigoid and other blistering diseases, stasis dermatitis and leg ulcers, infestations and infections, fungal infections of skin and nails, xerosis and pruritus, and hair loss and hirsutism in the elderly.

Continued investigation into the basic processes of aging itself, as well as into the specific pathophysiology of age-associated skin diseases, should lead to ever more effective means of prevention and treatment for geriatric dermatoses. Translation of this new knowledge into improved health and comfort of our older citizens, however, relies solidly on the commitment of practicing geriatricians and other health care providers who must assimilate these advances to benefit their patients. In recognition of this crucial fact, these issues are dedicated to you, the reader.

BARBARA A. GILCHREST, MD  
*Guest Editor*

Department of Dermatology  
Boston University School of Medicine  
609 Albany Street, J-507  
Boston, MA 02118