

The Fragility of Skin

For most of our lives, we take our skin—its elasticity, its warning signs at the threat of injury, how quickly it heals—for granted. All that changes as we age. For example:

- Skin becomes thinner and more fragile as we age.
- Elasticity decreases so that there is less “give” to the skin and it can tear.
- Glands don’t produce oil as effectively, leading to dryness, scaliness and itchiness.
- Elderly skin doesn’t always inflame the way a younger person’s skin does and so irritants such as perfumed soap may be applied over and over before warning signs appear.
- Skin cells don’t renew themselves as often.
- Small blood vessels break down, which means blood circulation declines and wounds don’t heal as quickly.
- Poor appetite leads to not getting enough of the nutrients vital to normal skin tissue growth and replacement.
- Wound healing is affected by the blood’s reduced ability to clot, as well as changes in sleep that decrease the growth hormone that helps the healing process.
- As an elderly person’s immune system weakens, he/she runs the risk of more infections, including viral and fungal types.

These age-related risks are cause enough for concern. However, many residents of long-term care homes suffer from a variety of health problems and therefore spend much of their time in a wheelchair or in bed. When you add to this the fact that elderly skin can take less than 30 minutes to begin developing pressure sores from sitting or lying, it makes sense that our long-term care home staff place skin care among the top of their priorities.

Since it is by far, much easier to prevent a wound than to heal one, much of the staff’s efforts go toward doing just that.

First, we do our best to encourage residents to eat the well-balanced meals prepared for them. Good nutrition goes a long way towards ensuring healthy skin.

Second, we make sure staff in all disciplines— recreation, nursing, pharmacy— understand the effects of age and disease on skin and build protection and prevention into the daily care they provide residents.

Third, as often as possible, staff take the pressure off a resident’s shoulders, ears, buttocks, heels, elbows and back of head. Also, as healthcare aides bathe and provide hands-on care to residents, they are in a prime position to detect problems early. Reddened areas on fair-skinned people and purplish areas on dark-skinned people are the first signs of pressure points.

Fourth, Extendicare uses mild soap products, gives less frequent and cooler baths and showers, and applies oils or other moisturizers after bathing. If pressure sores do develop, staff move into a strict program of “wound care” that first and foremost seeks to avoid infection.

Families can help prevent problems, too. Watch closely for reddened or purplish areas on the elderly person’s skin (do not rub these areas) and advise staff of what you see. Touch residents gently; well-meant but over-enthusiastic efforts to assist a resident to a sitting position, for example, can cause serious injury. Even removing a band-aid can tear the skin of some elderly people. Watch for rough edges, like fingernails. When purchasing or fitting clothing for your relative, avoid pins, sharp edges and tight elastic.

If you have any questions about skin care, please speak to the director of care.