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Management of Senile Atopic Dermatitis in Geriatric Outpatient Clinic Dermatovenereology Department Ciptomangunkusumo Hospital in 2011-2015

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Method: This is a retrospective descriptive study. Secondary data was obtained from CiptoMangunkusumo Hospital medical record.

Result: In five year period, there were 54 senile AD patients with female predominance. Most patients were in 60-69 years old group (63%) and 31 of 54 patients were unemployed or already retired (57.4%). The most common type of onset was senile onset, which found in 45 patients (83.3%).

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Conclusion: On observation, the number of senile AD cases are increasing along with the increasing number of geriatric population and it should not be underestimated. Proper management of senile AD may improve patients' quality of life.

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I. INTRODUCTION

Senile atopic dermatitis (AD) is a chronic relapsing skin disorder, which manifests as dry skin, itching, and various forms of eczematous inflammation which persists until elderly or with the first onset in elderly.¹ The number of cases is relatively small thus the prevalence data of senile AD remains limited until now. However, this number is increasing in industrialized countries.^{2,3} One study shows that the prevalence of AD in adult and elderly is 1 to 3%.⁴ Other shows the prevalence of AD in > 50 years old patients is 1.5 to 10%.⁵ However, in Indonesia, the prevalence of senile AD is not available yet.

Diagnosis and treatment of skin related diseases in elderly remain a challenge to dermatologists because of the atypical clinical manifestations due to aging skin. Geriatric patients also tend to have several health problems, altered body organ functions, and history of previous medications, which make diagnosing and treating skin-related diseases even more complicated. Therefore, a study regarding this topic in geriatric outpatient clinic Dermatovenereology Department CiptoMangunkusumo Hospital in 2011-2015 is needed to know the prevalence and patients' profile as well as the treatment of choice.

II. METHOD

This is a retrospective descriptive study, using secondary data obtained from CiptoMangunkusumo Hospital medical record. Data was taken from February 2016 until all was obtained. The subject were all patients, male and female ≥ 60 years old and clinically diagnosed as senile AD patients, who came to geriatric outpatient clinic dermatovenereology department CiptoMangunkusumo Hospital during 2011-2015. Those below 60 years old and with inactive medical record were exclude from this study.

The obtained data is then processed, analyzed, and critically appraised without statistical tests using IBM SPSS Statistic v.21. The data is described as socio-demographydata which consist of the year of visit, sex, age group, occupation, comorbidity, and history of atopy/allergy. The data are also described as special characteristics, such as the type of onset, severity, and treatment, then presented in tables and diagrams form with a narrative description.

III. RESULT

There were 54 cases of senile atopic dermatitis in geriatric outpatient clinic Dermatovenereology Department CiptoMangunkusumo Hospital during 2011-2015. Table 4.1 describes the sociodemographic characteristic of subjects.

Thirty-two of the 54 subjects (59.3%) are female and the rest, 40.7%, are male. Most patients belong in age group 60-69 years old (N=34, 63%). Thirty one of

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54 subjects are unemployed or already retired, 19 subjects are still doing domestic work as housewives, and only four still have active occupation.

Senile AD is classified into three groups based on the type of onset, which is senile onset, recurrent or continuation from adult form AD, and recurrent with

classical AD in childhood. In this study, majority of the cases were senile onset AD (N=45, 83.3%). Eight cases (14.8%) were continuation from adult form AD and only one case (1.9%) was a recurrent case with history of classic AD in childhood.

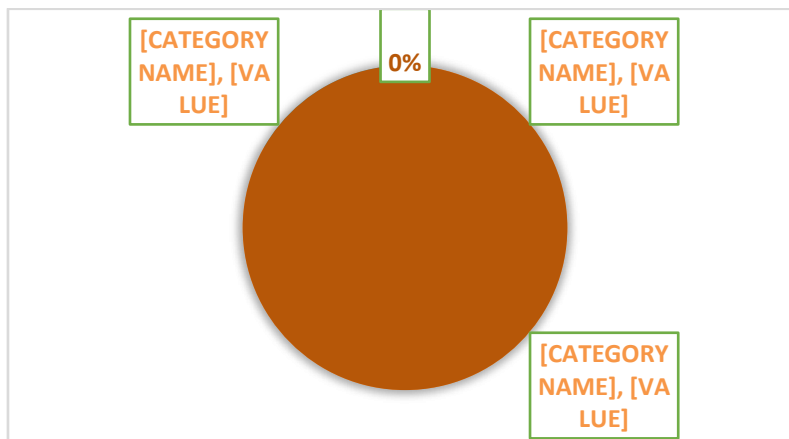


Image 4.1: Pie diagram showing senile AD type of onset percentage

Based on severity, most cases (58%) were classified as a moderate senile AD and treated with

intermittent use of mid-potency topical corticosteroid, as well as regular application of emollient.

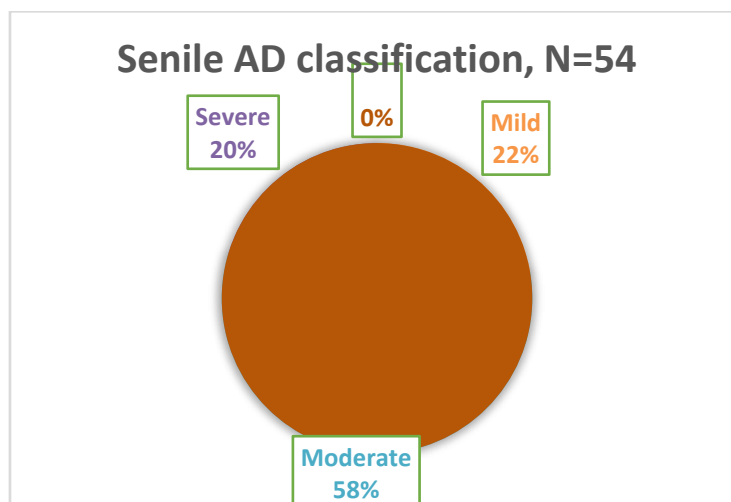


Image 4.2: Pie diagram showing senile AD classification based on severity percentage

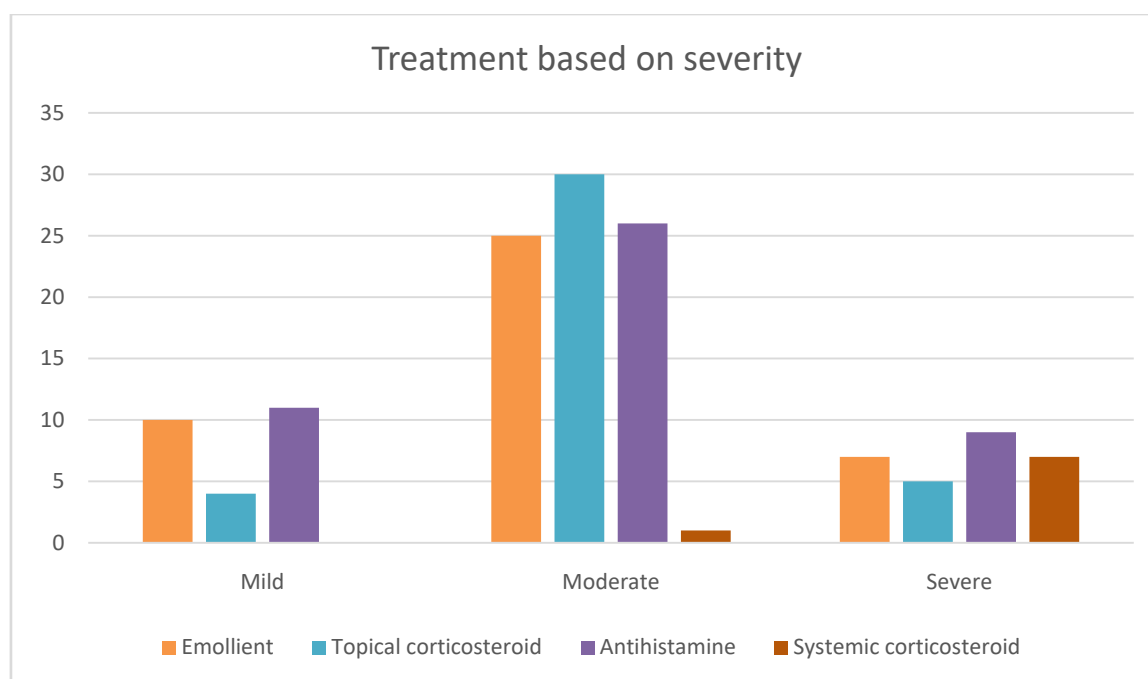


Image 4.3: Bar chart showing treatment of choice based on senile AD severity

IV. DISCUSSION

The subject of this study are all patients aged 60 years and older who came to geriatric outpatient clinic Dermatovenereology Department CiptoMangunkusumo Hospital and diagnosed with atopic dermatitis. The most common chief complaint is itch or pruritus. There were fifty-four patients in five years period, from January 2011 to December 2015. The most number of cases was recorded in 2012, as many as 20 cases (37%) and more than half of the total subjects belong to the age group 60-69 years old (N=34, 63%).

From the results, the number of female patients is more than male patients with almost 3:2 ratio. This result is different from Tanei⁶, which most senile AD patients found are male with 3:1 ratio to female. In other studies conducted in Japan, a male predominance was also found.⁷ In contrast, several studies of adult AD have indicated that the prevalence in women is higher than men.^{8,9} It is concluded that gender difference in the prevalence of senile AD is uncertain, our result probably because, in Indonesia, the number of female elderly is higher than male.¹⁰

The clinical findings of senile AD are basically similar to those in adult AD, except localized lichenification in the folds of the elbows and knees.¹ Variable and uncommon clinical findings of senile AD maybe due to individual differences in immune function, epithelial barrier function and environmental factors among elderly people associated with aging.⁶ In contrast to infantile or childhood AD, only 17 (31.5%) of the 54 subjects have history of atopy or allergy on him/herself or on the family.

There are three classification of senile AD based on the type of onset, which are senile onset, recurrent or continuation from adult AD, and recurrent with classical AD in childhood. In this study, majority of the cases were senile onset AD (N=45, 83.3%). Eight cases (14.8%) were continuation from adult AD and only one case (1.9%) was a recurrent case with history of classic AD in childhood. The recurrence rate of AD in the senile phase in patients with history of childhood AD is still unknown. One study from Sweden shows that AD persisted in 59 to 68% patients who had history of adult AD, however this was noted after 25 to 41 years of follow up.⁸

Up until now, there is no 100% life-long cure for AD.⁶ Regardless of age, the successful approach to the management of AD requires a combination of interventions and treatments. A tailor-made medicine for AD is needed to treat each patient with different conditions, especially the elderly. The treatment aims to identify and eliminate triggering factors, protect and improve the skin barrier, as well as anti-inflammatory measurements.^{1,6}

Intermittent use of topical corticosteroid, along with a regular application of moisturizers and emollients, have been the standard management of the disease. Similar to our study, in mild to moderate cases of senile AD, the treatment comprises of emollient and topical corticosteroids. Antihistamines were also used as the first choice in oral therapy. It can inhibit release of chemical mediators and the sedative effects could also effective for intense itching that causes sleep disturbance.⁶

In elderly, avoidance of environmental triggering factors is often considered difficult. Moreover, because of their decreased activity daily living with aging and

lifestyle, they failed to apply topical medication sufficiently. Therefore, systemic corticosteroid may be used for moderate to severe cases of senile AD with close monitoring of adverse events such as hypertension, gastric ulcer, cataract, osteoporosis, and diabetes mellitus.⁶

V. CONCLUSION

The number of geriatric population is increasing every year, so is the related disease, and AD should not be underestimated. The successful approach to the management of AD requires a combination of interventions and treatments. A tailor-made medicine for AD is needed to treat each patient with different conditions, especially in the elderly. The data obtained in this study can be used as information, as well as advice, both for clinicians and patients to improve the management of patients which may increase patient's quality of life. The result could also be used for further research on senile AD.

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APPENDIX 1

Table 4.1: Overview of the Sociodemographic Characteristics of Senile AD Patients in Geriatric Outpatient Clinic Dermatovenereology Department CiptoMangunkusumo Hospital in 2011-2015

Variables	N	%
Sex		
Male	22	40.7
Female	32	59.3
Age group		
60-69	34	63.0
70-79	13	24.1
80-89	5	9.3
>90	2	3.7
Occupation		
Retired/unemployed	31	57.4
Housewife	19	35.2
Entrepreneur/ employee	4	7.4
Comorbidities		
Present	40	74.1
Not present	14	25.9
History of atopy/ allergy		
Present	17	31.5
Not present	37	68.5