

**EPIDEMIOLOGY** 

## THE IMPACT OF SENILE XEROSIS ON DAILY LIFE

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INTRODUCTION: Senile xerosis results from the alteration of the skin barrier with age. This impairment appears particularly important during the elderly.

METHOD: This French multicentre, prospective, observational study included 81patients with a diagnosis of senile xerosis, assessed by a dermatologist. Short-Form SF-12v2 Health Survey (SF12) and the Dermatology Life Quality Index (DLQI) were evaluated during outpatient dermatology consultations.

RESULTS: 81 subjects were included: mean age =  $79\pm11,7[72.1-77.4]$ ); sex ratio F/M = 59%/41%.

Among these patients, 83% reported sleep disturbance and 51% that senile xerosis impacted their sleep quality, 74% suffered from pruritus, associated with discomfort in most of the cases (95%). 63% reported a long history of pruritus (for 408 days on average) and 73% of patients acknowledged that pruritus was intermittent and associated with heat feeling (49%) and pain (16%).

Almost 50% of patients stated that they had no more confidence in daily care, 56% hesitated to buy some therapies not covered by their health insurance and 51% considered that their skin dryness was responsible for high costs.

39% admitted that skin dryness impacted their daily lives. The mean total DLQI score was 4.1 and the mean SF12 scores for the physical dimension and the mental dimension were respectively46±9 [43.7-48.2] and 43,9±9,9[41.6-46.2].

This study confirms the major impact of senile xerosis on patients' daily life, being responsible for pruritus and sleep disturbance. Patients' quality of life, evaluated by the SF12 is impaired in both its physical and psychological dimensions. The DLQI score does not show a major deterioration suggesting the limitation of this dermatological questionnaire for the evaluation of dermatosis in elderly subjects particularly those who no longer have any professional activity.





