Background: Many changes occur in the ageing skin, thus making it more susceptible to damage. Indeed, ageing skin is more prone to dryness (xerosis) and pruritus. The aim of this audit was to assess emollient prescribing in elderly inpatients on long stay wards.

Objective: There are limited national guidelines on emollient prescribing in elderly inpatients, however it is generally recommended that emollients should be prescribed for all patients with a diagnosed dermatological condition or when skin integrity is at risk through xerosis or pruritus (recommendations from NICE, SIGN and the British Association of Dermatologists). Therefore, the audit standard was that all patients with symptoms (i.e. flakiness, pruritus, dryness) and signs (i.e. xerosis, oedema, ulcers) should be prescribed emollients.

Materials and Methods: Data was collected prospectively and included 84 patients (30 male and 54 female), ages between 65-104. Drug charts and medical notes were used to assess current and previous emollient prescriptions. A teaching intervention, targeted at geriatric clinicians, on emollient prescribing in the elderly was conducted.

Results: 70% of patients reported dry skin and 37% reported itch in the initial audit. In the re-audit, 43% of patients reported dry skin and 24% itch. Similarly, the initial audit found that 72%, 30% and 14% of patients had dry skin, oedema and ulcers, respectively. Thus, 86% patients warranted emollients however only 24% were prescribed emollients in the initial audit. Upon re-audit, 45% of patients suffered xerosis, 21% from oedema and 5% of patients suffered from ulcers. Therefore, in the re-audit, 76% warranted emollients and 44% of patients were prescribed emollients.

Conclusions: This audit shows that care of the ageing skin is often forgotten. The results show that the teaching intervention was successful as emollient prescribing had increased by nearly two-fold, thus indicating improved awareness and care of the ageing skin.