



24 *To the Editor:* We appreciate the interest of Sreekantaswamy and colleagues in our previous work<sup>1</sup>.  
25 Our recent study<sup>2</sup> found that skin diseases were surprisingly common in older people, and in the  
26 vast majority of participants the skin findings warranted further care. Dr Sreekantaswamy and col-  
27 leagues point out that the benefits of the total body skin examination (TBSE) have not yet been  
28 comprehensively elucidated. However, we regard the TBSE as important, since it is the only way to  
29 recognize skin diseases in older people. As Dr Sreekantaswamy and colleagues state, previous stud-  
30 ies<sup>3,4</sup> do not support the universal use of the TBSE in skin cancer screening. However, skin malign-  
31 nancies are not the only relevant skin diseases detectable by the TBSE: As shown in our study, skin  
32 findings other than malignancies are also very common in older subjects. Many of these, such as  
33 eczemas, can cause distress, sleeplessness and discomfort. If detected by the TBSE and properly  
34 treated, topical treatment of itchy eczema can benefit the patient within a few days. The TBSE may  
35 also detect rosacea in older patients, and although this is considered a rather benign disease<sup>5</sup>, its  
36 elimination can rapidly increase the patient's quality of life. Furthermore, benign verruca on the  
37 sole can be extremely painful and lead to immobility but can be rather easily treated with mechani-  
38 cal thinning and topical solutions. Tinea pedis (which was found by the TBSE in 48.6% of our  
39 study population) is often regarded as a minor skin disorder. However, if left untreated, it can act as  
40 a portal for bacterial infection such as cellulitis<sup>6</sup> and thereby lead to a potentially life-threatening  
41 condition in older persons.

42 We agree with Dr Sreekantaswamy and colleagues that 'benign onychomycosis' (seen in 29.9% in  
43 our study population) seldom requires treatment and systemic medication of onychomycosis can  
44 sometimes cause harm rather than benefit in older people. Nevertheless, onychomycosis should not  
45 be considered solely as a cosmetic problem, because sharp and broken nails can damage the  
46 surrounding skin and thus be a risk factor for ulcers and skin infections<sup>6</sup>. We agree that true shared  
47 decision making is very important and the treatment of skin diseases in older persons should always  
48 be individualized and based on communication with the patient or next of kin. However,

49 comprehensive information regarding the patient's condition is also a vital element of the decision-  
50 making process, particularly since the benefit of treating a dermatologic disorder is often seen years  
51 later; for example, correct treatment of actinic keratosis at the time of diagnosis can prevent later  
52 progression to squamous cell carcinoma.

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54 We agree that performing a TBSE is not always easy and it is not realistic that all TBSEs be performed  
55 by a dermatologist. However, it is important for the geriatrician or general practitioner (GP) to  
56 perform at least a cursory examination of older patients' skin while assessing their general health.  
57 Most of our study subjects had a skin finding needing further treatment even though they themselves  
58 had been previously unaware of it. The performance of a TBSE during a GP/geriatrician visit is likely  
59 to minimize the delay between an intervention for a skin condition and the appearance of a benefit to  
60 the patient<sup>7</sup>. As Dr Sreekantaswamy and colleagues state, geriatricians and GPs would benefit from  
61 more extensive training in dermatology. In Finland, dermatology is among the most popular  
62 specialities when GPs follow their continuous education curricula (personal communication with  
63 Professor Juha Auvinen, University of Oulu, Unit of Primary Health Care). We also agree that  
64 dermatologists benefit from knowledge in the field of geriatrics. It is highly important to take into  
65 consideration the sociophysiologic characteristics of this population: impairments to the elderly  
66 patient's vision, memory or physical capability may limit their ability to maintain their skin health,  
67 for example through oiling their skin. To address this gap in Finland, the 2019 annual meeting of the  
68 Finnish Dermatological Society focused on geriatric dermatology. Based on our experience, we  
69 strongly agree that the level of collaboration between geriatricians and dermatologists should be  
70 increased in order to improve best practice in the treatment of skin diseases in older subjects.

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## 74 References

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