

International Journal of Health Science

Acceptance date: 11/02/2025

Submission date: 20/01/2025

PREVALENCE OF DERMATOPATHIES IN THE ELDERLY IN PRIMARY HEALTH CARE: A NARRATIVE REVIEW

Manuela Rodrigues de Lima

Municipal University of São Caetano do Sul
(USCS), São Paulo- SP

<http://lattes.cnpq.br/8453631181597689>

Sofia Franco Thomaz de Assis

Municipal University of São Caetano do Sul
(USCS), São Paulo- SP

<http://lattes.cnpq.br/1192067411203502>

Giulia Alves Dos Santos

Municipal University of São Caetano do Sul
(USCS), São Paulo- SP

<http://lattes.cnpq.br/1967312574512333>

All content in this magazine is
licensed under a Creative Com-
mons Attribution License. Attri-
bution-Non-Commercial-Non-
Derivatives 4.0 International (CC
BY-NC-ND 4.0).



Abstract: Primary Health Care (PHC) is the first level of health care and plays an essential role in health promotion and disease prevention, aiming to guarantee the principles of the Unified Health System (SUS) in Brazil. In the current context of population aging in Brazil and globally, dermatological complaints stand out as a frequent demand among elderly people assisted in PHC. Skin ageing, classified as intrinsic and extrinsic, results from physiological and environmental factors, which increases the prevalence of conditions such as xerosis, pressure ulcers and dermatitis. This study aims to analyze the prevalence of dermatopathies in the elderly in primary care, emphasizing the prevalence of conditions, the pathophysiology of senescence and the particularities of skin diseases in the context of health. The methodology adopted was a narrative review on the prevalence of dermatopathies in the elderly with a focus on Primary Health Care. The research used the PICO strategy, with descriptors related to the elderly (Aged, Older people), Primary Health Care (SUS), dermatopathies (Skin Disease) and prevalence (Prevalence, Incidence). The searches were carried out on the BVSalud, LILACS, PubMed/MedLine and Cochrane Library databases, resulting in 192 articles. The initial screening was conducted using the Rayyan application, which identified and excluded 154 duplicates, leaving 114 articles. After applying relevance criteria, 10 articles were selected. Complementary searches in databases such as DATA SUS and SciELO added a further 5 articles, bringing the total to 15. The articles were fully assessed by the researchers in order to extract data in line with the study's objectives. Epithelial ageing is a complex biological process that results in significant changes in the skin of the elderly, making it more susceptible to dermatological diseases. Several theories explain these phenomena, including cellular senescence, telomere shortening

and mutations in mitochondrial DNA, which compromise cell regeneration and increase oxidative stress. With ageing, there is a decrease in the production of essential substances such as cholesterol and collagen, affecting the skin barrier, skin elasticity and cell repair capacity. These changes make the skin more vulnerable to injury and reduce its capacity for regeneration and immune defense. These physiological changes explain the higher incidence of dermatopathies among the elderly, such as xerosis (the prevalence of xerosis in the elderly varies between 29.5% and 58.3%), onychomycosis, solar melanosis and dermatitis, which are also influenced by comorbidities such as diabetes, venous insufficiency and hypertension. In addition, polypharmacy, common among the elderly, contributes to the appearance of drug eruptions. The lack of guidance on skin care in health services, especially in primary care, is also a precursor to the high prevalence of dermatological conditions. The article highlights the importance of early diagnosis and ongoing care to prevent and treat skin diseases, improving the quality of life of the elderly and minimizing the social and psychological impact of dermatopathies.

Keywords: Primary care, elderly, dermatopathies.

GENERAL INFORMATION

RESEARCH TITLE

Prevalence of dermatopathies in the elderly in primary health care: a narrative review

PRINCIPAL INVESTIGATORS

Manuela Rodrigues de Lima, Sofia Franco Thomaz de Assis, Giulia Alves Dos Santos.

ADVISOR

Juliana Nobre Sampaio, graduated in medicine from the Marília Medical School - FAME-MA (2004). Postgraduate in dermatology from the Souza Marques Foundation (2008-2010) and Postgraduate in Nutrology from ABRAN (2016). Master's in Family Health ProfSaude - UNA-SUS/Unifesp. She teaches Family and Community Medicine in the clinical and internship cycles at Universidade Cidade São Paulo-UNICID and Universidade de São Caetano do Sul- USCS Campus Bela Vista. Experience as a doctor and general practitioner in PHC (since 2005). Specialist in Family and Community Medicine by the SBMFC.

INTRODUCTION

BACKGROUND

The Pan American Health Organization (2023), in commemoration of the 75th anniversary of the creation of the World Health Organization, recalls the definition of health established by the organization, that the term health refers to a state of complete physical, mental and social well-being and not just the absence of disease. In this context, Primary Health Care (PHC) stands out as the first level of care in the health system. According to the Ministry of Health (2024), PHC is made up of a set of actions aimed at both the collective and the individual, covering health promotion, protection, prevention, diagnosis, treatment, rehabilitation, harm reduction and health maintenance. Its aim is to ensure comprehensive care, with a positive impact on the health of the population it serves.

In Brazil, Primary Health Care functions as the important gateway to the Unified Health System (SUS) and as the main organizer of the SUS Care Network. It is developed with the highest degree of decentralization and capillarity, taking place in the place closest to people's lives and the daily environment

of these individuals, their families and their communities. This proximity allows the principles of the SUS, such as universality, accessibility, continuity of care, comprehensiveness, accountability, humanization and equity, to be put into practice. PHC organizes service flows and filters demands, from the simplest to the most complex, as described by the Pan American Health Organization (2024).

Primary Health Care (PHC) offers comprehensive and accessible care, centered on the population it serves, with the capacity to meet between 80% and 90% of a person's health needs throughout their life. This aspect highlights the importance of the comprehensive care model, focused on people as a whole, and not just on the treatment of specific diseases or conditions. Thus, PHC must be based on equity, guaranteeing care without distinctions of race, age, religion, political ideology or economic and social condition.

The 1988 Constitution guarantees that everyone should have the right and easy access to health care in Brazil. With the structuring of the Health System, through Primary Health Care (PHC), this legal guarantee acts effectively and efficiently in addressing the main causes of risk to the population's health and well-being. In addition, PHC plays a crucial role in tackling emerging challenges that could compromise future health and well-being, according to information from Services and Information Brazil (2018).

Primary Health Care professionals provide care to patients from different economic backgrounds, genders, age groups and socio-cultural conditions. Within this broad spectrum of care, it can be seen that dermatological complaints represent a high demand among users who access the SUS, among whom this study highlights the elderly population, according to Menegon et al. (2023).

Brazilian legislation defines the elderly as people aged 60 or over. In 2020, the United Nations General Assembly established the

global strategy proposed by the World Health Organization (WHO) for the “Decade of Healthy Ageing (2021-2030). This initiative, which Brazil has joined, seeks to promote better living conditions for the elderly population, considering the current context of demographic ageing, as highlighted by the Pan American Health Organization (2023).

Population ageing represents one of the phases of the demographic transition, resulting from a reduction in birth and mortality rates, associated with an increase in life expectancy and a change in social thinking about motherhood. This phenomenon, initially observed in developed countries, was highlighted by the Department of Epidemiology at the University of São Paulo (USP). However, the dynamics of demographic transition observed in developed countries have become a global trend, as is also the case in Brazil.

The huge growth of the elderly population in Brazil has been a major change in society's current outlook. In 2022, the IBGE estimated that the elderly population over the age of 60 represented 15.6% of the country's total, with expectations of growth of up to 23.5% by 2050, according to data from the IBGE (2022).

Ageing brings emotional and physical changes to human beings. With this in mind, in 2023, the Ministry of Health (2023) launched the Guide to Care for Older People in Brazil, with the aim of improving care for this age group in order to screen, stratify, record and better guide shared care, which strengthens and guarantees the principles required for Primary Health Care to function fully.

According to Dinato et al. (2008), aging can be senescent (physiological) or senile (pathological). In senescence, motor, psychological and organic changes are within the norm without compromising homeostasis and balance; in senility, the changes result in imbalance, damage to the body and constitute some pathology.

According to Motta (2013), aging is associated with various physiological changes in the body of the elderly. In the visual system, there is a reduction in pupil diameter, a slower pupil reaction, dysfunction of the extraocular muscles and a reduction in retroocular fat, leading to a reduction in stimulus perception, color discrimination and visual acuity. There are also changes in body composition, with an increase in body fat and a decrease in lean mass. In the cardiovascular system, there are changes such as a decrease in the number of myocytes, a reduction in cardiac compliance, replacement of muscle tissue by connective tissue and fat, thickening of the middle layer of vessels and an increase in the rigidity of their walls.

There are also changes in the respiratory, renal and gastrointestinal systems, as well as in the skin and its appendages. In terms of dermatological changes, there is impaired healing, reduced skin tension and proliferative capacity, greater susceptibility to ulcers and pressure sores, altered thermoregulation and reduced photoprotection. These changes occur due to a 50% increase in turnover time (cell renewal) in the epidermis, the presence of a thinner junction between the dermis and epidermis, a drop of 10 to 20% per decade in melanocytes, a reduction in microvasculature, among other factors.

Dermatopathy is the generic term used to refer to skin diseases. This study focuses on dermatological conditions affecting the elderly population, considering the current context of demographic transition, both in Brazil and globally, in which the proportion of elderly people has increased exponentially. According to Pineda et al. (2015), skin ageing is classified as intrinsic and extrinsic. Intrinsic aging results from natural physiological changes in the senescence process, while extrinsic aging is caused by external factors, such as exposure to ultraviolet (UV) rays, smoking and environmental pollution.

The accumulative damage caused over the years by exposure to toxic environmental agents has a significant impact on the skin of the elderly, the main factors being ultraviolet radiation and tobacco. Thus, various alterations occur in skin function, including changes in permeability, angiogenesis, healing, immune function, lipogenesis, vitamin D production and sweating. Consequently, the geriatric population is more likely to suffer from conditions such as xerosis, contact dermatitis, pressure ulcers, nail changes, alopecia, adverse drug reactions and bullous diseases, among others, as stated by Navarrete-Dechent et al. (2025).

According to Oliveira et al. (2010), one in four consultations at the Basic Health Unit (UBS) where they carried out their research involved a dermatological complaint, showing that skin-related conditions are recurring reasons for various types of consultations, in line with what Schofield et al. (2011) said in their study. This data demonstrates the importance of identifying and properly managing these conditions, especially considering the impact that skin problems have on the general health, emotional well-being, social relationships and quality of life of elderly patients.

In Brazil, sociodemographic data highlights the importance of racial diversity, which significantly influences the effects of UV solar radiation on the population. These differences impact on skin ageing patterns and the prevalence of dermatopathies to varying degrees between racial groups, according to the article by Smith et al. (2001). In this way, the importance of the present study is highlighted, as it addresses topics that are generally neglected by previous research.

The main dermatopathies in the elderly population vary widely. They are influenced by factors such as gender, economic conditions, social aspects, racial issues and access to primary care. These variables corroborate the need for unique approaches in the management of dermatological diseases in the elderly.

OBJECTIVE

GENERAL OBJECTIVE

The aim of this narrative review was to analyze the prevalence of dermatopathies in the elderly in primary health care, with the aim of expanding knowledge on the subject and promoting the appreciation of dermatological diseases in the context of Brazilian public health.

SPECIFIC OBJECTIVES

To promote greater recognition of the field of geriatric dermatology by highlighting its importance in primary care;

To highlight the greater predisposition of the elderly to certain dermatoses;

To point out the high prevalence of skin diseases and their appendages in the elderly, emphasizing their often treatable nature;

Encourage studies on geriatric dermatology within the Brazilian public service;

Contribute to the prevention, early identification and appropriate management of skin pathologies in the elderly population.

METHODS

This study is a narrative review of the prevalence of dermatopathies in elderly people treated in primary health care. In order for the study to be conducted, a research proposal was first created based on the PICO search system: "Prevalence of dermatopathies in the elderly in primary health care". Based on this, the research strategy was structured as follows: the elderly as the target population (Aged, Older people and Geriatric Patients), Primary Health Care as the Index Test (Primary Health Care and SUS), Dermatopathies as the outcome (Skin Disease) and Prevalence in order to obtain quantitative data (Prevalence and Incidence), the complete formation can be found in Annex 1.

Once the search strategy was set up, we started looking at the main databases with guaranteed public access, making it possible to create a study that was easily accessible to the reader: BVSalud, LILACS, PubMed or MedLine and the Cochrane Library. Based on this, a strategy was used in each database, which resulted in 106 articles in BVSalud, 20 articles in LILACS, 64 articles in MedLine and 2 articles in the Cochrane Library, giving a total of 192 articles.

After obtaining 192 articles, the digital application 'Rayyan' was used to help analyze and detect duplicates. The platform identified 154 duplicate articles. Exclusion was carried out manually, prioritizing the maintenance of the article with greater detail in the abstract or free access. After this initial filtering stage, 114 articles were selected for evaluation.

The next step was to choose the articles to be used based on the objectives of this study. After a preliminary analysis, it was found that few addressed the expected content, so a criterion of relevance was established, in which for the article to be chosen for in-depth analysis and inclusion, the studies had to address the target population and the outcome, i.e. the elderly and dermatoses, leaving Primary Care as optional, in order to obtain a greater number of studies. The selection process was carried out without masking and discussed between the authors of this study, who in the end jointly concluded on the inclusion of 10 articles.

A detailed reading of the chosen articles revealed major gaps when it came to data related to Brazil, both in the epidemiological area of dermatological diseases and in the age range. As a result, external searches were carried out on Brazilian Federal Government websites, such as Datas SUS, and on the SciELO platform, which has large numbers of indexed national articles, resulting in 5 relevant articles.

In total, after screening and with the external addition of articles to improve the quality of this study, 15 articles were chosen for careful analysis. The in-depth examination involved a

complete reading of all the articles accessible free of charge, checking for compliance with the previously established objectives, highlighting and removing data that would be useful for the discussion and development of the study, as well as contributing to the theoretical basis set out earlier in the introduction.

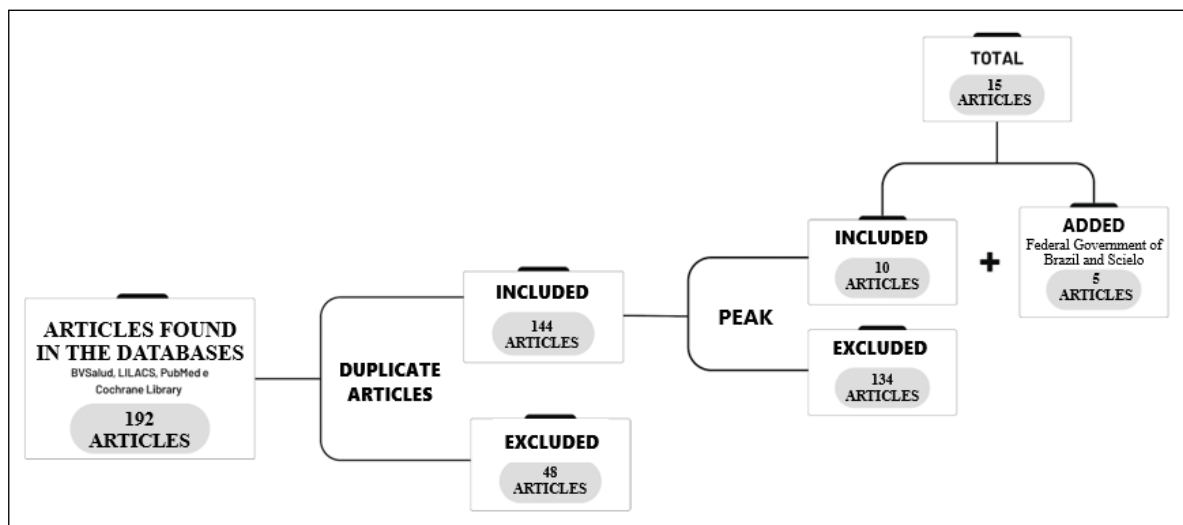
In addition, with regard to ethical aspects, this study did not require submission to the Research Ethics Committee, as established by Resolution 510 of the National Health Council of April 7, 2016. Even so, it should be noted that the principles of transparency and rigor were followed, guaranteeing due credit to the authors of the works analyzed.

Finally, the articles were summarized using the Google Docs tool, which made it easy for the members to access and share the information they had obtained, which made it easier to prepare the discussion; one article was excluded because it didn't meet the accessibility criteria. The following diagram illustrates the steps taken to obtain the 15 articles in simplified form.

DISCUSSION

According to Navarrete-Dechent et al. (2013), most skin changes are the result of molecular and cellular changes that are not yet fully understood by science. We know that there are theories to explain skin ageing, such as the theory of cellular senescence, reduced DNA repair capacity, telomere shortening, mitochondrial DNA mutation and oxidative stress.

According to Navarrete-Dechent et al. (2013), these changes have a direct impact on the skin of elderly patients. For example, there is a reduction in the production of cholesterol and fatty acids, which are essential for the integrity of the skin barrier and for water retention by the epithelial tissue. At the same time, collagen synthesis decreases, leading to a loss of elasticity and firmness. And on a cellular level, proteins such as p21 and p16, when overexpressed, limit tissue renewal and alte-



Organization chart 1. Organization of the research methodology. Source: Own authorship.

rations in the TGF- β pathway impair collagen production and the maintenance of the extracellular matrix.

Also based on the evidence of Navarrete-Dechent et al. (2013), these changes in epithelial tissue result in more vulnerable skin, with less capacity for repair, reduced angiogenesis and the number of immune cells, as well as impaired sebaceous glands. The ability to synthesize vitamin D is also reduced, and thermoregulation becomes less efficient. There are also changes in skin pigmentation due to the uneven distribution of melanin, especially in areas exposed to solar radiation, according to another study by Navarrete-Dechent (2013).

Another point highlighted by Navarrete-Dechent et al. (2013) is that these factors culminate in an increase in the susceptibility of the elderly to skin lesions. When combined, they not only explain the physiological ageing of the skin, but also highlight the importance of understanding these transformations in order to improve the quality of life of this population. Dermatopathies have a significant impact on the social relationships of the elderly, as they often cause discomfort due to the exposure of visible lesions. This situation can thus directly affect the self-esteem and, consequently, the interpersonal relationships of the elderly.

According to the research by Vieira and Araújo (2018), carried out in primary care and which assessed the prevalence of dermatoses in elderly people, an important factor in the appearance of skin diseases is the patient's medical history, including comorbidities such as diabetes, poor arterial perfusion, venous insufficiency and hypertension. These factors make pathological processes more likely to become chronic. Chronic wounds are those that do not progress adequately in the healing process, preventing functional and anatomical recovery in an average period of three months. Among these wounds, pressure injuries, diabetic ulcers and chronic vasculogenic ulcers are the most prevalent.

A significant problem affecting the elderly population is polypharmacy. This factor is common due to pre-existing illnesses and the continuous use of medication, and is a precursor to dermatopathies such as drug eruptions. These eruptions occur due to decreased renal excretion and hepatic metabolism with the use of drugs. In addition, the large quantity of drugs administered facilitates the appearance of adverse reactions, which can manifest themselves through the skin and its appendages. (Navarrete-Dechent et al. 2013)

Other factors contributing to the increase in the incidence of skin diseases include the lack of information in the public health system, particularly in primary care, which is responsible for preventive actions and acts as the gateway to the health system. Initial diagnoses should therefore be carried out effectively, with the aim of reducing the rates of preventable diseases such as solar melanosis. During the research carried out, it was observed that 90% of the elderly people seen at a popular clinic in the state of São Paulo had this condition. Approximately 50% of the elderly patients at this clinic had not received any guidance on skin care in consultations prior to the survey, which reinforces the deficient reality of geriatric care, especially in a context where most patients have comorbidities that are precursors to skin changes (Mariani et al., 2019).

Although they don't appear as frequently as other dermatopathies, neoplasms are also a constant concern for the elderly population, especially when you consider prolonged exposure to the sun without sunscreen and the light skin phototype that is common to many patients. The incidence of non-melanotic cancer is 18 to 29 times higher than melanoma cases, which can be considered positive, since melanoma is a more lethal type of cancer (Akdenis et al., 2019).

A table was drawn up and is attached below, showing the main dermatoses found in the articles selected for this narrative review (table 1).

After reviewing the previously selected articles, which covered different regions and varied socio-economic backgrounds, a table was drawn up to analyze the data. The results showed that xerosis is the most prevalent dermatopathy among the elderly population, followed by onychomycosis, solar melanosis, dermatitis and skin infections.

It is important to note that endemic ectoparasitoses such as tungiasis affect part of the population of Marajó but have not been mentioned in articles from other places, for exam-

ple. On the other hand, abscess-generating skin infections are common in tropical, middle- to low-income countries, as presented by Thean et al. (2021). This data from foreign countries is relevant to Brazil because the research site has similar characteristics to those in Brazil, which allows this type of skin pathology to be more closely associated with certain regions.

The exact etiology of xerosis is unknown, but it is most likely a secondary reaction to keratinization and a decrease in the amount of lipid content of the stratum corneum and lamellar bodies in the interphase of the stratum granulosum of the skin of the elderly, resulting in altered skin barrier. (Navarrete-Dechent et al., 2013)

According to Paul et al. (2011), the prevalence of xerosis in a population sample of 756 patients was 55.6%, while according to Smith et al, as cited by Navarrete Dechent (2013), the prevalence was 58.3%. Finally, Navarrete (2013) states that the prevalence of xerosis varies between 29.5 and 58.3%.



Xerose- Afya Papers. Available at: <<https://papers.afya.com.br/blog/xerose-cutanea-pre-cisa-investigat>>. Accessed on: 20 Jan. 2025.

Onychomycosis, or tinea Unguium, is often caused by dermatophytes, but can also be caused by *Candida* and non-dermatophyte fungi. There are four distinct types: distal subungual, proximal subungual, superficial white and *Candida*. It is a pathology that needs assertive diagnosis, as other diseases can resemble onychomycosis, such as psoriasis, irritant dermatitis and trauma (Weinberg et al., 2004).

Dermatopathies Selected articles	Solar mela- nosis	Xero- sis	Ony- chomy- cosis	Actinic Kerato- sis	Der- matitis	Abs- cess	Skin infec- tions	Pressure injuries	Andro- genic Alopecia	Tungiasis ectopara- sitosis
Dinato, 2008. 2	■									
Navarrete-Dechent, 2013. 13		■	■		■					
Vieira, 2018. 25								■		
Mariani, 2019. 6	■									
Navarrete-Dechent, 2013. 14		■								
Pineda, 2015. 20							■			
Weinberg, 2004. 27			■							
Menegon, 2023. 7					■					
Smith, 2001. 23				■						
Thean, 2021. 24						■				
Akdeniz <i>et al.</i> , 2019. 1									■	
Gbingie, 2019. 3							■			
Paul, 2011. 19		■								
Heulkelbach, 2003. 4										■

Table 1- survey of the main dermatoses according to 15 selected articles - authorship itself

When considering the article by Siragusa et al., as cited by Navarrete Dechent et al., (2013), onychomycosis is the most prevalent with a rate of 10%. Also, according to Weinberg et al. (2004), onychomycosis is one of the most frequent diseases in the elderly population, although no statistical data is presented.



Onychomycosis- Available at: <<https://www.mdsaude.com/dermatologia/micose-de-unha-onicomicose/>>. Accessed on: 20 Jan. 2025.

Due to the accumulation of sun exposure throughout life without proper care, the skin of geriatric patients starts to have large amounts of spots that are called solar melanosis, which are not malignant or pre-malignant lesions but cause aesthetic discomfort for many individuals. (Mariani et al.,2019)

Dinato et al., (2008), reported that the prevalence of solar melanosis was 53.3% of the sample of 280 elderly people examined. (2019), 90% of elderly patients at a private clinic had solar melanosis.



Solar melanosis (age spots). Available at: <<https://fatimavieira.com/index.php?p=melanoses-solares>>. Accessed on: 20 Jan. 2025.

According to Yalçın et al, also cited by Navarrete Dechent et al, (2013), dermatitis was the most frequent skin process with a prevalence of 20%, among which 50% were contact dermatitis, 21% neurodermatitis, 15 seborrheic, 6% stasis and only 1% dyshidrotic eczema. Menegon et al. (2023) states that the main diseases treated are dermatitis, with an unknown prevalence.



Dermatitis- BALTAR, A. Saúde e Bem Estar - Advances in treatment for severe atopic dermatitis. Available at: <<https://tvnativoos.com.br/wfe/saude-e-bem-estar-tratamento-da-dermatite-atopica-grave-tem-avancos/>>.

Accessed on: January 20, 2025.

Some predictors of skin infections, especially bacterial ones, include pressure ulcers, open wounds and ulcers in general. According to a survey carried out by B. Pineda et al.,(2015), 67% of dermatological consultations in the centers analyzed had skin infections as the main reason. In addition, the study by Gbinigie et al. (2019) also highlights the prevalence of these bacterial infections, although it does not provide specific quantitative data.



Skin infections- MARACCINI, G. Erysipelas: what it is, symptoms and main forms of treatment. Available at: <<https://www.cnnbrasil.com.br/saude/erisipela-o-que-e-sintomas-e-principais-formas-de-tratamento/>>.

Accessed on: January 20, 2025.

A Brazilian study conducted by Oliveira et al. (2010) revealed that around 10% of users who sought care at Basic Health Units (UBS) had a dermatosis as the main reason. In addition, one in four patients seen at these units reported complaints or dermatological findings that required medical advice or intervention.

According to Menegon et al. (2023), factors such as lack of knowledge, social stigma and fear related to dermatological conditions can lead to the population neglecting to seek medical attention. Furthermore, in health-care settings, there is a tendency to underestimate apparently simple complaints when the clinical inspection examination is not carried out properly. This scenario results in relevant conditions being under-recorded, since more detailed clinical examinations are usually only carried out in the presence of visible lesions, systemic diseases with dermatological manifestations or high risk for dermatoses.

CONCLUSION

In conclusion, it was observed that the factors contributing to dermatopathies in the elderly are varied, including the natural process of senescence, which results in the shortening of telomeres and alterations in DNA, reducing the skin's regenerative capacity. The decrease in the production of cholesterol and fatty acids compromises the integrity of the skin barrier, increasing susceptibility to injury. In addition, the reduction in the ability to synthesize vitamin D can result in an uneven distribution of melanin and make thermoregulation inefficient. Polypharmacy, common due to multiple comorbidities in this population, aggravates the risk of drug eruptions, while conditions such as diabetes and systemic vascular insufficiency contribute to the appearance of chronic ulcers and pressure injuries.

Understanding these factors and promoting the dissemination of information on skin care and prevention in Primary Health Care

is essential to avoid complications and improve the quality of life of the elderly. However, when Primary Health Care is not effective, up to 50% of elderly patients fail to receive adequate guidance on the care needed to prevent dermatopathies, leaving them vulnerable to factors that compromise skin health. This gap in geriatric care is highlighted in the study by Mariani (2019). Prolonged exposure to the sun without protection, for example, has been associated with a significant increase in the incidence of skin neoplasms, such as melanoma and non-melanotic cancer, whose incidence rate can be up to 29 times higher. In many cases, these conditions could be prevented with a more effective Primary Care approach to health promotion and disease prevention.

It is important to note that prevalence studies play a crucial role in identifying the

distribution of diseases in the population. However, there is a lack of appreciation and encouragement for this type of research. By bringing together data from various case studies, it is possible to build up a population epidemiological profile which is of great importance for defining health strategies, both at an individual and collective level.

Finally, it can be concluded that factors such as lack of knowledge, inadequate care and social stigma make it difficult for the elderly to access dermatological care. The underestimation of dermatological complaints and insufficient clinical examinations also contribute to the under-reporting of important conditions. This highlights the importance of promoting research, raising awareness and guaranteeing access to quality health care through effective action in Primary Health Care.

REFERENCES

1. AKDENIZ, M. et al. Prevalence and associated factors of skin cancer in aged nursing home residents: A multicenter prevalence study. *PLOS ONE*, v. 14, n. 4, p. e0215379, 22 abr. 2019.
2. DINATO, S. L. M. et al. Prevalência de dermatoses em idosos residentes em instituição de longa permanência. *Revista da Associação Médica Brasileira*, v. 54, n. 6, p. 543–547, dez. 2008.
3. GBINIGIE, O. A. et al. Limited evidence for diagnosing bacterial skin infections in older adults in primary care: systematic review. *BMC geriatrics*, v. 19, n. 1, p. 45, 2019.
4. HEUKELBACH, J. et al. Parasitic skin diseases: health care-seeking in a slum in north-east Brazil. *Tropical medicine & international health: TM & IH*, v. 8, n. 4, p. 368–373, 2003.
5. IBGE. Censo 2022: número de pessoas com 65 anos ou mais de idade cresceu 57,4% em 12 anos | Agência de Notícias. Disponível em: <https://agenciadenoticias.ibge.gov.br/agencia-noticias/2012-agencia-de-noticias/noticias/38186-censo-2022-numero-de-pessoas-com-65-anos-ou-mais-de-idade-cresceu-57-4-em-12-anos>.
6. MARIANI, A. C. et al. Prevalent skin and dermatoses care in older adults treated at a private clinic and its relationship with comorbidities. *Revista Brasileira de Geriatria e Gerontologia*, v. 22, p. e190226, 15 jun. 2020.
7. MENEGON, G. G.; MENEGON, G. G.; CARVALHO, L. DO C. Prevalência de Dermatoses em Atendimento Médico em uma Estratégia de Saúde da Família de uma Cidade do Sul do Brasil. *Brazilian Journal of Implantology and Health Sciences*, v. 5, n. 5, p. 5213–5232, 12 dez. 2023.
8. MINISTÉRIO DA SAÚDE. Saiba mais sobre a APS. Disponível em: <https://www.gov.br/saude/pt-br/composicao/saps/saiba-mais-sobre-a-aps>.
9. MINISTÉRIO DA SAÚDE. Atenção Primária à Saúde - SAPS. Disponível em: <https://www.gov.br/saude/pt-br/composicao/saps>.

10. MINISTÉRIO DA SAÚDE. Saúde da pessoa idosa. Disponível em: <https://www.gov.br/saude/pt-br/assuntos/saude-de-a-a-z/s/saude-da-pessoa-idosa>.
11. MINISTÉRIO DA SAÚDE. Conheça o Guia de Cuidados para a Pessoa Idosa lançado pelo Ministério da Saúde. Disponível em: <https://www.gov.br/saude/pt-br/assuntos/noticias/2023/julho/conheca-o-guia-de-cuidados-para-a-pessoa-idosa-lancado-pelo-ministerio-da-saude>.
12. MOTTA, L. B. Saúde da Pessoa Idosa. Disponível em: <https://ares.unasus.gov.br/acervo/html/ARES/1309/1/Fisiologia%20do%20envelhecimento.pdf>.
13. NAVARRETE-DECHENT, C. et al. Características de la piel del adulto mayor y condiciones dermatológicas asociadas a la edad: revisión de la literatura. *Revista chilena de dermatología*, p. 13–22, 2013.
14. NAVARRETE-DECHENT, C.; CONSTANZA DEL PUERTO TRONCOSO, M.; HASSON NISIS, A. Geriatria y dermatología: revisión de la literatura. *Piel. Formación continuada en dermatología*, v. 28, n. 3, p. 154–160, 1 mar. 2013.
15. OLIVEIRA, T. F.; MONTEGUTI, C.; NEVES, E. Prevalência de problemas dermatológicos durante uma clínica assistencial no interior do Brasil. *Anais Brasileiros de Dermatologia*, v. 85, n. 6, p. 947–949, 1 dez. 2010.
16. ORGANIZAÇÃO PAN-AMERICANA DA SAÚDE. Dia Mundial da Saúde 2023 - Saúde para todos - OPAS/OMS. Disponível em: <https://www.paho.org/pt/campaigns/world-health-day-2023-health-for-all>.
17. ORGANIZAÇÃO PAN-AMERICANA DA SAÚDE. Atenção primária à saúde - OPAS/OMS. Disponível em: <https://www.paho.org/pt/topicos/atencao-primaria-saude>.
18. ORGANIZAÇÃO PAN-AMERICANA DA SAÚDE. Envelhecimento Saudável. Disponível em: <https://www.paho.org/pt/envelhecimento-saudavel>.
19. PAUL, C. et al. Prevalence and risk factors for xerosis in the elderly: a cross-sectional epidemiological study in primary care. *Dermatology (Basel, Switzerland)*, v. 223, n. 3, p. 260–265, 2011.
20. PINEDA B., SEBASTIÁN et al. Consulta dermatológica geriátrica: comparación epidemiológica entre tres centros de salud. *Revista chilena de dermatología*, p. 254–257, 2015.
21. SCHOFIELD, J. K. et al. Skin conditions are the commonest new reason people present to general practitioners in England and Wales. *British Journal of Dermatology*, v. 165, n. 5, p. 1044–1050, 22 set. 2011.
22. SERVIÇOS E INFORMAÇÕES DO BRASIL. Constituição Federal reconhece saúde como direito fundamental. Disponível em: <https://www.gov.br/pt-br/constituicao-30-anos/textos/constituicao-federal-reconhece-saude-como-direito-fundamental>.
23. SMITH, E. S.; FLEISCHER, A. B.; FELDMAN, S. R. Demographics of aging and skin disease. *Clinics in Geriatric Medicine*, v. 17, n. 4, p. 631–641, nov. 2001.
24. THEAN, L. J. et al. Prospective surveillance of primary healthcare presentations for scabies and bacterial skin infections in Fiji, 2018–2019. *The American journal of tropical medicine and hygiene*, 2021.
25. VIEIRA, C. P. B.; DE ARAÚJO, T. M. E. Prevalence and factors associated with chronic wounds in older adults in primary care. *Revista da Escola de Enfermagem da USP*, v. 52, n. 0, 20 dez. 2018.
26. YUNES, J. A. Dinâmica populacional dos países desenvolvidos e subdesenvolvidos. *Revista de Saúde Pública*, v. 5, n. 1, p. 129–150, jun. 1971.
27. WEINBERG, J. M.; VAFAIE, J.; SCHEINFELD, N. S. Skin infections in the elderly. *Dermatologic Clinics*, v. 22, n. 1, p. 51–61, jan. 2004.