



? Why do the elderly itch?

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replies.

Some systemic diseases are associated with itching and must be considered in the context of chronic pruritus. Certainly, established renal failure is associated with itching, and determination of renal function is appropriate in patients with chronic pruritus. Itching also frequently complicates cholestasis, and assessment of alkaline phosphatase and transaminases may be appropriate in the evaluation of pruritus. Iron deficiency may produce itching. Hematologic disease, such as polycythemia rubra vera, is also a consideration in chronic pruritus. Hyperthyroidism is associated with itching (yet hypothyroidism is not). These are not common causes, therefore, consider the possibility of systemic disease.

A major contributor is dry skin (Figure 1). This picture of xerosis in the elderly can be seen as a manifestation of “skin failure”. Xerosis seems to produce itching through “microfissures”.

Skin is dry, as it lacks the ability to retain water. Moisturizers restore this barrier. For the most part, creams are preferred over lotions because they create a better “film”.

Topical steroids treat inflammatory skin disease and can be very helpful, however, they are not called for in managing non-inflamed xerotic skin. Pruritus in the elderly can often persist despite efficient moisturization and correction of xerosis.

Management in patients without skin disease amenable to topical steroids, or those whose pruritus is not corrected with simple moisturization, is a challenge. Dermatologists will frequently employ ultraviolet light as an

efficient means of dealing with itch. This may not be an option for the elderly in the community who lack mobility. Some patients respond to the use of centrally acting agents. Serotonin in particular seems to be an important mediator of itch centrally. Agents, such as paroxetine and mirtazapine, seem to be helpful in some patients whose itching is presumptively “central” in origin. For the most part, histamine is not an important mediator of itch (except in urticaria), and antihistamines are not especially helpful for itching (except in cases of urticaria). Doxepin is widely used for itching, but its antipruritic effects seem to be related to activity in the blockade of a number of neurotransmitters. [CME](#)

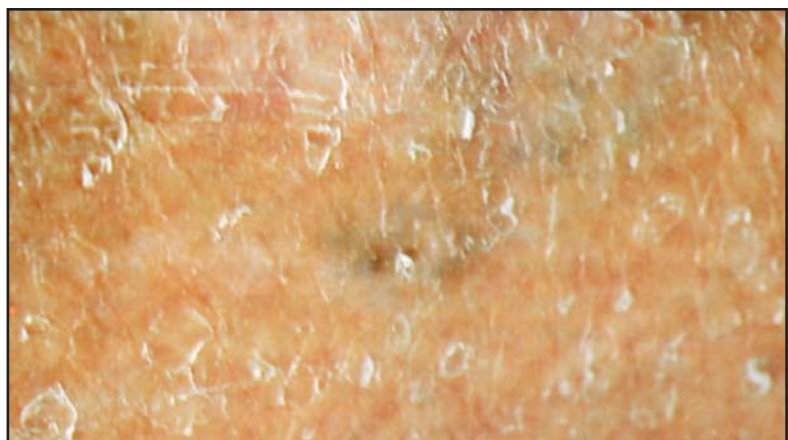


Figure 1. An elderly patient's dry skin with some scaling.