

Reading the signs of fragile, elderly skin

A vital organ, the skin protects us from injury and infection. However, as it ages, the skin becomes thinner and more fragile.

The skin of elderly residents is at particular risk because aging skin:

- heals slowly and is prone to friction and shearing
- can be susceptible to degradation causing irritation, itching, infection or pain
- is sensitive to excessive moisture and prolonged contact with urine and feces

Incontinence increases with age and incontinence-associated dermatitis has been estimated to occur in 7% to 11% of incontinent nursing home residents.¹ Incontinent residents are also more susceptible to pressure ulcers:

- urinary incontinence increases the incidence of pressure ulcers more than 5 times
- fecal incontinence increases their incidence more than 20 times.^{2,3}

As well as consuming considerable medical and caregiver resources, incontinence and its associated conditions can have a considerable impact on an individual's psychological wellbeing.

Urinary and fecal incontinence are co-morbid conditions affecting more than 50% of nursing home residents.⁵

Prevention is key

Many of these issues can be prevented or minimized with routine care and management. For example, the incidence of pressure ulcers, which are expensive to manage, can be reduced by as much as 50% by following proper care routines.⁶⁻⁸

In addition to clinical benefits, a good hygiene routine can help residents feel comfortable, refreshed and healthy as well as supporting their self-esteem, independence and overall quality of life.

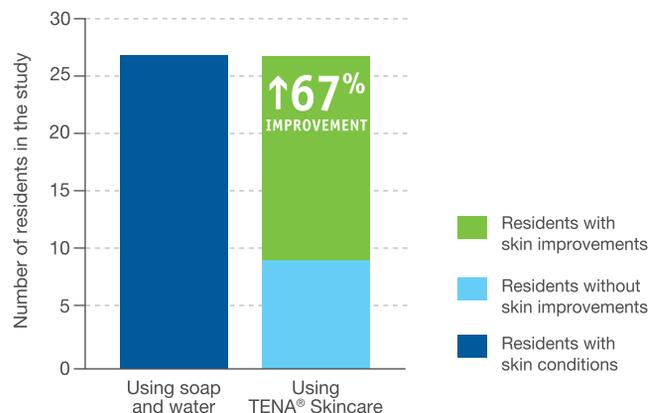
An optimal skin care regime following episodes of incontinence helps to prevent the occurrence of incontinence associated dermatitis; it should include gentle cleansing, moisturizing and the use of a skin barrier or protectant if necessary.⁴

Discover the optimal approach

Effective and gentle, the TENA® Skincare range helps you meet the challenge of preventing the many skin health issues faced by your residents.

TENA® Skincare improved skin conditions for a significant number of residents

Two-thirds of the elderly residents benefitted from improvements in their skin's condition* when using the TENA® Skincare system vs. soap & water.



Study included 27 residents of a long-term care facility over a two-month period. TENA® Skincare products used were Cleansing Cream, Body Wash & Shampoo, and disposable wet and dry wipes; these replaced textile wash gloves, liquid soap and water. *Skin conditions evaluated were skin dryness, scratch sores, skin rashes and skin maceration.⁹

TENA® Skincare is a range of dermatologically tested products, it has three categories that can be tailored to meet the individual needs of your residents.

Cleanse (no rinse) For frequent cleansing and moisturizing during continence care when soap and water may otherwise dry the skin.

Cleanse (rinse off) Gentle cleansing during a shower or bath and an occasional supplement to a no-rinse cleaning routine.

Soothe Ideal to help soothe chapped and sensitive skin.

Sample it for yourself

Reformulated and refreshed, this is an excellent time to try the TENA® Skincare range. To request a sample, further information or to place an order please contact us: 1-800-510-8023, www.tenacares.ca.



This article has prepared by TENA® Skincare.

1. Bliss DZ et al. (2006). Prevalence and correlates of perineal dermatitis in nursing home residents. *Nurs Rev*, 55, 243-251. 2. Department of Health (DOH) (2000). London. 3. Le Lièvre S. (2001). *Br J Community Nurse*, 6(4): 180-185. 4. Bardsley A. (2013). Prevention and management of incontinence-associated dermatitis. *Nursing Standard*, 27(44): 41-46. 5. Leung FW. (2008). Urinary and Fecal Incontinence in Nursing Home Residents *Gastroenterol Clin North Am*, 37(3), 697. 6. Gunningberg L. (2004). Risk, prevalence and prevention of pressure ulcers in three Swedish health-care settings, *Journal of Wound Care*, 13(7), 286-290. 7. Cole L. (2014). A three-year multiphase pressure ulcer prevalence/incidence study in a regional referral hospital, *Ostomy Wound Management*, 60(5), 16-26. 8. Lyder CH et al. (2002). A comprehensive program to prevent pressure ulcers in long-term care: exploring costs and outcomes. *Ostomy Wound Management*, 48, 52-62. 9. Data on file, TENA Solutions Case Study #3.

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