

Aesthetic Medicine in the *Golden Years*

With the fastest growing age demographic in the developed world being age 65 and above, the older patient is thus a vital part of an aesthetics practice. **DR DEBBIE NORVAL** advises on how best to embark on a sensitive and age-appropriate aesthetics plan for the elderly patient.



It is a myth that older people don't seek aesthetic treatments. In fact, healthy grooming is as important as healthy eating, regular exercise, social engagement and maintaining a keen mind. Looking their best promotes both physical and mental health, as well as a sense of self-worth, in the elderly – thereby reducing the feeling of being invisible, unimportant and undervalued.

Modern society is obsessed with youth, beauty and achievement, with an increased focus on physical appearance as a vehicle for self-expression and identity. Youth is now valued more highly than age and life experience. This contrasts with the past where age and wisdom were revered, respected and admired. Nowadays, many regard the physical signs of ageing as a threat to self-continuity and a pathological condition. They react to ageing like it is a disease that needs to be cured – instead of a natural, normal and time-honoured part of life.

Treating the older patient

Now, since the holistic aesthetic practice will have a growing number of older patients, it is essential for the aesthetic practitioner to have a sensitive and age-appropriate plan for the elderly. A thorough medical history is vital, as older patients have a more complicated medical history and a greater chance of chronic illnesses like hypertension, congestive cardiac failure and diabetes. A drug history is also important, as many will be on anticoagulants and other medications that might affect aesthetic treatments and outcomes, and increase side effects.

When assessing an older patient, the aesthetic practitioner might feel overwhelmed as to where to begin. Let the patient be the guide. The most important question to ask an older patient is: what specifically is bothering them? This will give the practitioner an understanding of the patient's expectations and a starting point for treatment. My experience with the elderly is that they have realistic expectations and don't expect to turn back time. They often voice a fear of looking plastic, bloated and overtreated. They notice the desperation of those who are trying to look 20 years younger and see how artificial and distorted this can be. Most of my patients just want to look the best they can for

their age. There are usually a couple of concerns such as a mole or a spider vein, and starting with these simple and achievable interventions brings great delight and satisfaction... and plenty of word-of-mouth referrals!

Another helpful tip is to focus on the older patient's natural strengths. Highlight their best features, e.g. great cheek bones or beautiful eyes, instead of wasting their time and precious money on an area that is unlikely to show any improvement.

Older patients additionally have different perceptions of ageing and there is less expectation of perfection. Crow's feet (smile lines) and crinkly eyes may be seen as a sign of contentment and happiness. Meanwhile, cheek corrugations are simply seen as laugh lines, while a softer body makes for a cuddlier grandparent. However, there will be specific problems that the patients will want to address. Very common in the older patient is the request to look less tired, anxious or cross. Negative emotions that become etched on the face can be successfully treated with botulinum toxin and dermal fillers. These support underlying tissues and reduce the activity of overactive muscles like the procerus, corrugator supercilii and depressor anguli oris – thus softening an angry-looking frown and reducing the unhappy downward pull on the mouth. Older patients will need more than one treatment, and so it is essential to communicate that treatments are part of a process and will take time. Planning future appointments according to the patient's budget and goals is helpful.

Addressing various skin conditions

Common vascular conditions in the older patient include telangiectasias, cherry angiomas, varicose veins and spider angiomas. Often the older

patient has been told by well-meaning doctors that these are harmless and that they should "live with it". Yet these small problems can be unsightly and bothersome. Treating them is possible and brings much joy to the patient. Bruising, vascular compromise and chronic venous insufficiency are also common, and therefore patients having injectables are more susceptible to bleeding – especially if they are taking blood-thinning medication.

In addition, keratotic lesions such as Actinic Keratosis, Seborrhoeic Keratosis (senile warts), skin tags and Dermatitis Papulosa Nigra (DPN) are prevalent in the older demographic. These are simple to remove without the need for surgery or scarring, and a good aesthetic practitioner should arm themselves with the correct equipment to treat these benign lesions. Since keratotic lesions are a stigma of age, removing them makes a significant difference to self-image. Untreated Actinic Keratosis has the risk of evolving into Squamous Cell Carcinoma, so treatment is essential.

As for Seborrhoeic Keratosis, these are the most frequent benign neoplasm and can be numerous and unsightly. They vary in size shape and colour, and have a "stuck-on" appearance. The surface may be flat, velvety, smooth or warty in consistency. Treatment is simple and, yet again, most patients have been told to live with them. The eruption of innumerable

widespread Seborrhoeic Keratoses may indicate an underlying malignancy such as adenocarcinoma (Leser-Trelat sign).

More importantly, the aesthetic practitioner must be able to recognise Basal Cell Carcinoma, Squamous Cell Carcinoma and Malignant Melanoma – all more common as people live longer – and either treat or refer to the appropriate specialist.

Your ethical duty as a practitioner

The aesthetic practitioner needs to protect the older patient from the pressures of social media and advertising. These unrealistic and unachievable expectations could lead vulnerable patients to spend significant portions of their savings and pensions on procedures that cannot turn back time. Our role is to guide patients on the most realistic and appropriate treatments that will make a positive difference.

We also must take into account that as patients age, there is less focus on the body and more on the face. In addition to skin, muscle, ligamentous, fat pad and bony changes on the face, there are changes to the teeth, nails and hair. "Getting old is not for sissies" is a true South African saying, and so we should aim to lift the pressure on the elderly. As Mark Twain so aptly pointed out, "Wrinkles should merely indicate where smiles have been."

In closing

Aesthetic practitioners can help our beloved older patients embrace the natural ageing process, yet still maintain a sense of control. We can help them feel they are valued members of society, looking and feeling as refreshed, healthy and lovely as possible. **A2**

Article based on Dr Debbie Norval's report titled: *Aesthetic Medicine in the Golden Years*, presented at the AMCSA 2017 Congress



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