

## AWARENESS OF PEOPLE OVER THE AGE OF 60 ABOUT INFECTIOUS SKIN DISEASES AND PREVENTION MEASURES

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Infectious skin diseases significantly reduce the quality of life in people over the age of 60 and can be considered age-related due to involutive skin changes and aging of the body. Older people with a difference in the clinical picture of the disease from the classical manifestations are more susceptible to individual dermatoses. The elderly are most at risk of contracting scabies. The aim of the work is to analyze the awareness of people over the age of 60 about infectious skin diseases and their prevention measures. A multicenter, cross-sectional study was conducted using an online questionnaire in 2023–2025. The number of respondents over the age of 60 was 41 respondents, and all respondents were retirees in terms of social status. The study was conducted on the basis of Pirogov University and the Federal Medical Research Center of the FMBA of Russia, where, in case of hospitalization, patients were examined by a dermatovenerologist, and laboratory diagnostics were performed if infectious dermatoses were suspected. Some of the respondents did not demonstrate adherence to the principles of a healthy lifestyle: alcohol consumption is the highest among the risk factors for developing chronic noncommunicable diseases (75.0% for men and 40.0% for women). Respondents also note a high level of stress in daily life, 87.8%. The Internet is a source of information about a healthy lifestyle and the prevention of skin diseases for 34.1% of respondents. Among the surveyed respondents, there is a group of 20.0% who are insufficiently informed about "healthy skin" issues. Educating various groups of the population, increasing the level of medical literacy and medical activity can become a reserve for reducing the incidence rate and maintaining the incidence rate within controlled values.

**Keywords:** scabies, public awareness, healthy skin, prevention

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## ИНФОРМИРОВАННОСТЬ ЛИЦ В ВОЗРАСТЕ СТАРШЕ 60 ЛЕТ О ЗАРАЗНЫХ БОЛЕЗНЯХ КОЖИ И МЕРАХ ИХ ПРОФИЛАКТИКИ

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Заразные болезни кожи существенно снижают качество жизни у людей в возрасте старше 60 лет и могут рассматриваться как возраст-ассоциированные в связи с инволютивными изменениями кожи и старением организма. Отдельным дерматозам более подвержены люди старшего возраста, при этом у них клиническая картина заболевания отличается от классических проявлений. Наиболее подвержены риску заражения чесоткой пожилые люди. Целью работы было проанализировать информированность лиц в возрасте старше 60 лет о заразных болезнях кожи и мерах их профилактики. В 2023–2025 гг. проведено многоцентровое поперечное исследование с использованием онлайн-опросника. Число опрошенных лиц старше 60 лет — 41 человек, по социальному статусу все опрошенные являлись пенсионерами. Исследование проводили на базе Пироговского университета и ФЦМН ФМБА России, где в случае госпитализации пациентов осматривал врач-дерматовенеролог, а при подозрении на заразные дерматозы проводилась лабораторная диагностика. Часть опрошенных не продемонстрировала приверженность принципам здорового образа жизни: среди факторов риска развития хронических неинфекционных заболеваний наиболее высокие показатели демонстрирует употребление алкоголя (75,0% у мужчин и 40,0% у женщин). Помимо этого респонденты отмечают высокий уровень стресса в повседневной жизни (87,8%). Источником информации о здоровом образе жизни и профилактике заболеваний кожи для 34,1% респондентов является Интернет. Среди респондентов присутствует группа лиц (20,0%), недостаточно информированных по вопросам «здоровой кожи». Просвещение различных групп населения, повышение уровня медицинской грамотности и медицинской активности могут стать резервом для снижения уровня заболеваемости и поддержания уровня заболеваемости в пределах контролируемых значений.

**Ключевые слова:** чесотка, информированность населения, здоровая кожа, профилактика

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From 2010 to 2019, the absolute number of diseases of the skin and subcutaneous tissue among seniors (age above 60) has increased in Russia [1]. Making medical assistance and preventive measures more readily available to elderly people is one of the urgent and important tasks for the national healthcare system. In this population group, the epidermal barrier repair capabilities deteriorate, the immune system malfunctions, and neurodegenerative disorders develop, which translates into atypical and severe course of infectious dermatoses, especially against the background of other somatic diseases [2, 3]. Infectious skin diseases, scabies in particular, are socially significant, therefore, healthcare professionals should learn and factor in the level of awareness and the maturity of the respective prevention skills among seniors [4]. Knowing the gaps in elderly patients' awareness of infectious skin diseases allows medical staff to better educate them on prevention measures and skin self-examination, and to tailor care to their real needs.

This study aimed to analyze awareness of infectious skin diseases and their prevention among people aged over 60.

## PATIENTS AND METHODS

This cross-sectional study used an online questionnaire "The Core Role of Primary Prevention of Skin Diseases of Various Origins," which was designed and tested by the specialists of the Pirogov University. The respondents took an anonymous online survey (56 questions) in 2023–2025. The survey took about 20–25 minutes; the participants used their own devices to fill it out. The results were analyzed by a dermatovenerologist. The questions were single- or multiple-choice.

The questions were developed on the basis of a literature review that investigated the awareness about skin diseases of various origins (including scabies) among people aged 60 years and above. By their social status, all respondents were retirees. The questions were checked for clarity and readability by experts and laypersons, and clarified based on their feedback. The questionnaire was divided into three sections. The first

section included demographic and anamnestic data. The multiple-choice questions in the second section covered knowledge of skin diseases from various origins (including scabies), their transmission patterns, diagnosis, and clinical presentation. The third section investigated the respondents' awareness of the sources of information about skin diseases and the actions taken upon discovering symptoms of skin diseases. For participants, the study ended once they completed and submitted the online survey. The survey was created using Yandex Forms, an online service that also handled data collection. The resulting dataset was then formatted in Microsoft Excel 2016 (Microsoft, USA), and analyzed by the authors of the study.

## Study design

The study was conducted in 2023–2025; it involved 41 people (6 men and 35 women). All the respondents were over 60, the mean age was  $67 \pm 0.61$  years (from 63 years to 71 years).

## Inclusion and exclusion criteria

Inclusion criteria: age over 60 years; signed voluntary informed consent form; correctly completed questionnaire; and retiree status (the studied population group). Exclusion criteria: lack of signed voluntary informed consent form and a completed questionnaire; age below 60 years; status of a healthcare professional.

## Statistical analysis

Statistical data processing was performed using Statistica 10.0 (StatSoft; USA) and MS Office Excel 2016 (Microsoft; USA).

The normality of the distribution was analyzed using the Kolmogorov–Smirnov, Lilliefors, and Shapiro–Wilk tests. For non-normally distributed data, we report the median (Me), first quartile (Q1), third quartile (Q3), and 95% confidence intervals (95% CI). The chi-square test ( $\chi^2$ ) was used to assess

**Table 1.** Characteristics of respondents, Me, %

Indicators	Participants of the study		Significance
	Male	Female	
	6	35	
Total, <i>n</i> , %	41		100%
Age, Me [1Q; 3Q]	67 [63; 71]		Variance 1
Chronic diseases, <i>n</i> , % [95% CI]	27; 65.9% [52.0–80.0]		
Continued intake of medications, <i>n</i> , % [95% CI]	33; 73.2% [60.0–86.0]		
Low level of physical activity, <i>n</i> , % [95% CI]	13; 31.7% [18.0–46.0]		
Moderate stress level in daily life, subjective assessment, <i>n</i> , % [95% CI]	36; 87.8% [77.0–97.0]		
Daily and frequent consumption of high-calorie and/or unhealthy foods, <i>n</i> , % [95% D]	12; 29.3% [16.0–43.0]		
Average sleep time in hours, Me [1Q; 3Q]	7 [6; 6]		
Average daily water consumption, L, Me [1Q; 3Q]	1 [1; 2]		
Alcohol consumption, <i>n</i> , % [95% D]	3; 50.0% [50.0–100.0]	14; 40.0% [20.0–60.0]	$\chi^2 = 7.333$ $p = 0.033$ between men and women
Smoking, <i>n</i> , % [95% CI]	1; 16.7% [5.0–45.0]	8; 22.9% [3.0–43.0]	$\chi^2 = 0.555$ $p = 0.800$ between men and women
Presence of pets, <i>n</i> , % [95% CI]	17; 41.5% [26.0–57.0]		

**Table 2.** Risk factors for skin diseases and respondents' awareness of their prevention, %

Indicators	Retirees
Family history of skin diseases, <i>n</i> ; % [95% CI]	5; 12.2% [2.0–23.0]
Personal history of skin diseases, <i>n</i> ; % [95% CI]	13; 31.7% [18.0–46.0]
Allergic reactions to drugs, food products or other substances, <i>n</i> ; % [95% CI]	13; 31.7% [18.0–46.0]
Chronic skin diseases, <i>n</i> ; % [95% CI]	2; 4.9% [1.0–9.0]
Unaware of where a dermatovenerologist's office is, <i>n</i> ; % [95% CI]	4; 9.8% [1.0–18.0]
Have never been to a dermatovenerologist's appointment, <i>n</i> ; % [95% CI]	24; 58.5% [43.0–73.0]
Unaware of having skin diseases, <i>n</i> ; % [95% CI]	5; 12.2% [2.0–23.0]
Unaware of which skin diseases are contagious, <i>n</i> ; % [95% CI]	2; 4.9% [1.0–9.0]
Not interested in the subject of health preservation, <i>n</i> ; % [95% CI]	2; 4.9% [1.0–9.0]
Not ready to discuss the subject of health with anyone, <i>n</i> ; % [95% CI]	9; 22.0% [10.0–32.0]
Seek health-related advice online, <i>n</i> ; % [95% CI]	14; 34.1% [20.0–48.0]
Seek health-related advice from a medical doctor, <i>n</i> ; % [95% CI]	31; 75.6% [62.0–89.0]
Believe that skin diseases can be prevented, <i>n</i> ; % [95% CI]	25; 60.9% [45.0–75.0]
Believe that they will not get skin diseases if they are prevented, <i>n</i> ; % [95% CI]	6; 14.6% [5.0–25.0]
Believe that they cannot get skin diseases, <i>n</i> ; % [95% CI]	5; 12.2% [2.0–23.0]
Unaware that scabies is a contagious skin disease, <i>n</i> ; % [95% CI]	5; 12.2% [2.0–23.0]
Believe that scabies can be prevented, <i>n</i> ; % [95% CI]	25; 60.9% [45.0–75.0]
Believe that scabies can be treated with a cream/hormonal cream/remedy recommended by a pharmacist, <i>n</i> ; % [95% CI]	2; 4.9% [1.0–9.0]
Unaware that pediculosis is a contagious skin disease, <i>n</i> ; % [95% CI]	8; 19.5% [8.0–30.0]
Believe that pediculosis can be prevented, <i>n</i> ; % [95% CI]	17; 41.5% [26.0–57.0]
Believe that pediculosis can be treated with a cream/hormonal cream/remedy recommended by a pharmacist, <i>n</i> ; % [95% CI]	18; 43.9% [29.0–59.0]
Unaware that mycosis is a contagious skin disease, <i>n</i> ; % [95% CI]	25; 60.9% [45.0–75.0]
Believe that mycosis can be prevented, <i>n</i> ; % [95% CI]	16; 39.0% [24.0–54.0]
Unaware that molluscum contagiosum is a contagious skin disease, <i>n</i> ; % [95% CI]	26; 63.4% [48.0–78.0]
Believe that molluscum contagiosum can be prevented, <i>n</i> ; % [95% CI]	9; 22.0% [10.0–32.0]

the significance of the differences between unrelated groups. The differences were considered significant at  $p \leq 0.05$ .

## RESULTS

### The main results of the study

The survey included questions aimed at identifying risk factors for chronic noncommunicable diseases (Table 1).

According to the survey, 65.9% of respondents have chronic diseases. The most common are arterial hypertension, coronary heart disease, and type 2 diabetes mellitus. Other

results: 73.2% of the participants take medications on a regular basis; 31.7% reported a low level of physical activity; 87.8% assessed their routine stress level as "average"; 29.3% admitted consuming high-calorie and unhealthy foods daily and often; and 27% complained of only 5–6 hours of nightly sleep. Some respondents had bad habits: 16.7% of men and 22.9% of women were smokers. Most participants noted that they rarely drink alcohol, and reported drinking 1 liter of water per day on average (insufficient amount). As for pets, 41.5% of the respondents have them.

In general, the survey revealed a picture typical of the studied population [5].

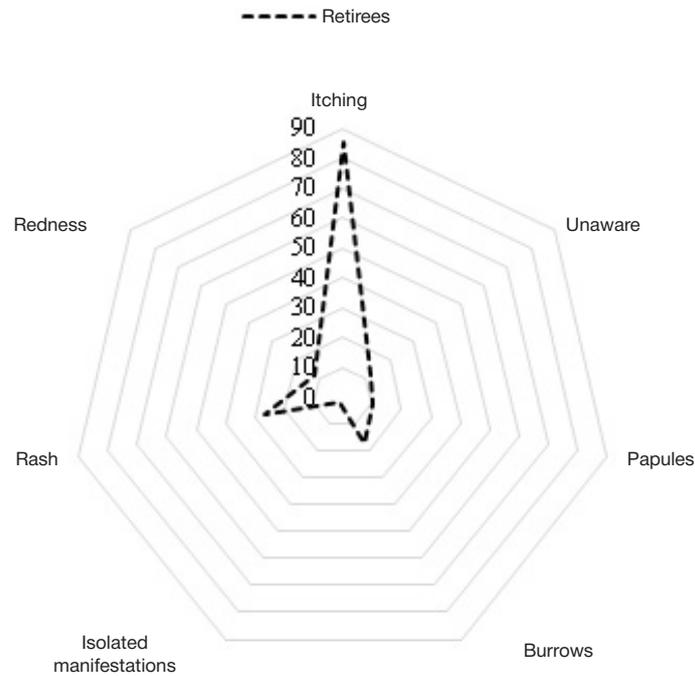


Fig. 1. Awareness of respondents about scabies symptoms, %

As the survey results show, 31.7% of respondents have a history of skin diseases, including 4.9% with chronic varieties — predominantly atopic dermatitis; another 31.7% mentioned a history of skin diseases in their families; and another 31.7% reported allergic reactions to drugs, food products, and other substances (Table 2).

The participating seniors showed insufficient interest in medicine. This is evident from some respondents' reported lack of interest, their reluctance to discuss the topic, unawareness of the dermatovenerologist's office location, no prior visits to a dermatovenerologist, and general ignorance of skin diseases, including contagious ones.

At the same time, 75.6% of respondents noted that the main source of health information for them is a medical doctor, and 34.1% of the participants seek for health-related advice online.

Nearly two-thirds of respondents (60.9%) assume skin diseases are preventable; 14.6% believe prevention fully protects them from contracting one; and 12.2% think they fundamentally cannot get a skin disease.

Among survey participants, 4.9% assumed scabies was noncontagious and planned to treat it with pharmacist-recommended cream. For pediculosis, 19.5% believed it could not be transmitted and were also willing to use a cream suggested in a pharmacy. Some respondents replied that they would not do anything (isolated cases).

Most of the seniors surveyed know that a symptom of scabies is severe itching. However, only 27% of the respondents know about rash, and as low as 17% are aware of burrows (Fig. 1).

Seventy-three percent of respondents consider it necessary to consult a dermatovenerologist at the first signs of skin diseases.

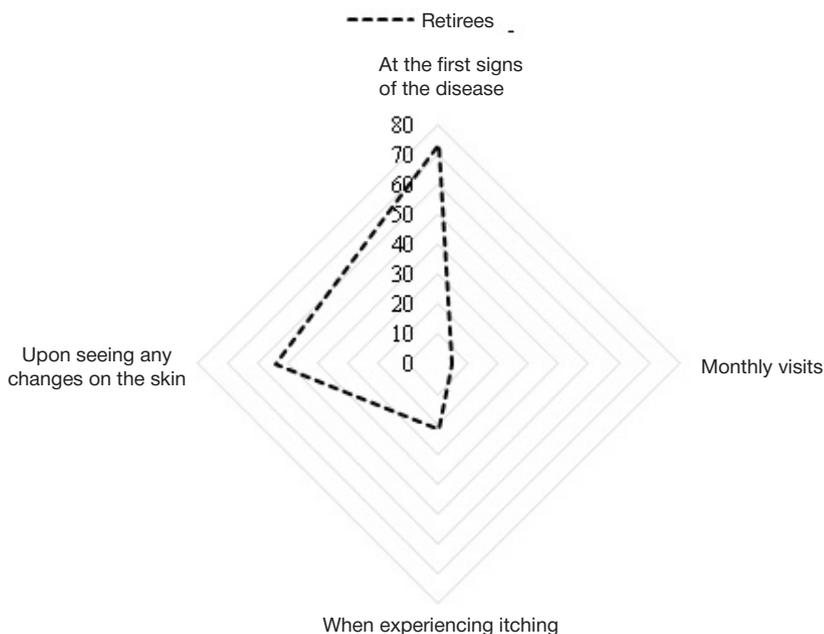


Fig. 2. Respondents' visits to a doctor when scabies is suspected, %

However, the participants were not fully informed about the symptoms of contagious skin diseases, which undermines their ability to seek assistance "at the first sign" (Fig. 2). A quarter (25%) of the surveyed seniors expressed their readiness to schedule a routine check-up with a dermatovenerologist.

Thus, part of the seniors surveyed are not sufficiently aware of what healthy skin is and what diseases can develop on it.

## DISCUSSION

An increase in life expectancy has led to more cases of chronic diseases, including skin diseases — which is interesting given the rise of multimorbidity in old age [6].

In addition to somatic diseases, aging causes certain pathomorphological and functional changes in the skin, with involutive processes there contributing to the development of age-related disorders, which points to the need to improve the practiced prevention and treatment methods [7, 8].

A survey of dermatovenerologists showed that they need more details about the patterns of rendering medical assistance to seniors in their field [9]. Many medical specialists (84.1%) noted the need to expand knowledge about the psychology of the elderly and the specifics of providing medical care for skin diseases associated with multimorbid conditions [10].

At the same time, when discussing infectious skin diseases, it should be noted that the pathomorphosis of scabies caused by diagnostic errors is a factor in the formation of spreading family foci. Other contagious dermatoses (molluscum contagiosum, mycoses, pediculosis) can be prevented by measures designed for senior populations, and timely treatment can reduce the risk of a severe course. The epidemiological significance of such diseases stems from their high invasive potential, which indicates the need to improve the complex of diagnostic, therapeutic, and preventive measures [11–13].

Insufficient knowledge and skills among the population for finding and using essential medical and other information can hinder timely access to care and a healthy lifestyle [5]. It is necessary to assess the ability of various population groups to effectively interact with the healthcare system

and improve the health literacy of the public, which is quite low in many countries [14]. Analysis of the survey data revealed critical behavioral errors in patients who suspect they have a skin disease. Such errors can be categorized as follows: unwillingness to take an interest in their own health and visit a specialist doctor; confidence that skin diseases cannot be contracted; seeking medical advice from a pharmacist at a pharmacy. A pharmacist can sell certain medications without a doctor's prescription or confirmed diagnosis. This leads to missed clinical cases and, for contagious diseases, sustains local infections and triggers epidemiological outbreaks.

Since our research shows that some older participants lack sufficient knowledge about "healthy skin" issues, hygienic education is needed to prevent family outbreaks. This should account for how skin diseases progress amid multimorbidity in old age. Contact with a pathogen can infect the skin, so prevention measures against contagious skin diseases can stop the disease before it develops. Early diagnosis and medical treatment prevent epidemiological outbreaks.

## Study limitations

The limitations of this study include its conduct in the Moscow region and the small sample size. The latter complicates identifying significant relationships between lifestyle and awareness of infectious skin disease contagiousness/prevention among seniors over 60.

## CONCLUSIONS

The survey confirmed that older people are not sufficiently informed about the infectious skin diseases prevention measures. Hygienic education for older people (e.g., through the Healthy Skin school), along with efforts to boost medical knowledge and activity, can serve as a reserve for reducing incidence rates and keeping them at controlled levels in the studied cohort. In the future, a thorough analysis of the reasons for the lack of awareness of older people about "healthy skin" issues is needed in order to develop preventive measures.

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