dermatology

TREATMENT FOR DRY SKIN

Dry skin occurs most often in the winder and in the elderly but can develop during any season and in any age group. Severe dry skin can lead to eczema and can worsen too many other skin conditions including psoriasis.

Humidity: Increase indoor humidity during dry winter months with either the use of a portable humidifier or modifying your furnace to include a forced air humidifier.

Showers: Keep showers brief. Use warm water but not hot. Limit soap use to face, neck, underarms and groin areas. Type of soap is not important, but rather that its use is limited to areas where oil and bacteria is accumulated. Even mild soaps will dry out the skin.

Baths: Keep baths very short (less than 5 minutes) or extend to a 45 minute soak. Baths that are 10 - 20 minutes may actually dry the skin by removing protective oils yet 45 minute or more baths hydrate the skin. Avoid bubble baths but bath oils are acceptable as they provide additional lubrication and soften the skin.

Moisturizers: Use Vanicream, Cetaphil, Eucerin, Vaseline or Moisturel for moisturizing. Heavy and greasy ointments are best although these preparations are sometimes cosmetically unacceptable. They seal the skins top layer and help retain moisture in the skin layers following a long bath. Fragrance free creams and lotions are recommended.

Other tips: Avoid using rubbing alcohol, calamine lotion and Benadryl lotion. Avoid hot showers. Eczema resulting from severe skin dryness may require medicated creams and moisturizers. Dryness of the skin is not affected by water intake or diuretics. The above information applies to dryness of the skin below the neck. Dryness of the facial skin is more complex and requires individual evaluation.