
Psicodermatología geriátrica: revisión narrativa de brechas terapéuticas, educativas y de investigación.

Geriatric Psychodermatology: A Narrative Review of Therapeutic, Educational, and Research Gaps

Jose Leonardo Barrera-Ariza
Universidad de Santiago de Chile
Leonardo.barrera.md@gmail.com
<https://orcid.org/0009-0008-3241-6648>

Recibido: 31-Mar-2026 | Aceptado: 31-Mar-2026 | Publicado: 02-Abr-2026

*Autor de correspondencia Leonardo.barrera.md@gmail.com

Cómo citar este artículo: Barrera-Ariza Jose L. (2026). Geriatric Psychodermatology: A Narrative Review of Therapeutic, Educational, and Research Gaps. México. *Revista IECCMEXICO*, 4(1, Tomo II) 23-43. Quality Consulting Instituto de Educación Capacitación y Certificación de México. <https://ieccmexico.com/publishing>

Copyright (c) 2026 Barrera-Ariza Jose L.; Este es un artículo de acceso abierto distribuido bajo los términos de la Attribution 4.0 International ([CC BY](https://creativecommons.org/licenses/by/4.0/)) *Revista IECCMEXICO*, México / Vol. 4, N. 1, Tomo II / pp. 23-43/ enero-junio, 2026 / E-ISSN: 3061-8045, P-ISSN: 3061-8517. Artículo de Investigación.

RESUMEN

La psicodermatología geriátrica es un campo interdisciplinario que estudia la interacción entre enfermedades dermatológicas y procesos psicológicos en adultos mayores. Este artículo analiza las brechas terapéuticas, educativas y de investigación en el manejo de estas condiciones. Se realizó una revisión narrativa basada en literatura reciente (2020 en adelante). Los resultados muestran que enfermedades como el prurito crónico, la psoriasis y la dermatitis atópica se asocian con depresión, ansiedad, alteraciones del sueño y aislamiento social. El eje cerebro-piel explica estas interacciones desde un enfoque neuroinmunológico. Sin embargo, persisten importantes limitaciones, como el tratamiento centrado solo en síntomas, la falta de tamizaje psicológico, la escasa atención interdisciplinaria, deficiencias en la formación médica y poca investigación específica en adultos mayores. Se concluye que es necesario un enfoque integral centrado en el paciente, que incluya dimensiones biológicas, psicológicas y sociales, así como fortalecer la educación médica y la investigación adaptada al contexto.

PALABRAS CLAVE

psicodermatología, dermatología geriátrica, prurito crónico, psoriasis, dermatitis atópica, salud mental, depresión, ansiedad, eje cerebro-piel, adultos mayores, atención interdisciplinaria, sistemas de salud, educación médica, Latinoamérica

ABSTRACT

Geriatric psychodermatology has emerged as a relevant interdisciplinary field that explores the complex interaction between dermatological diseases and psychological processes in older adults. This review aims to analyze current evidence regarding therapeutic, educational, and research gaps in the management of psychodermatological conditions in elderly populations, with particular consideration of diverse healthcare contexts, including Latin American settings. A narrative review was conducted based on recent literature (2020 onward), integrating findings from high-impact studies indexed in major biomedical databases. The results demonstrate that chronic dermatological conditions such as pruritus, psoriasis, and atopic dermatitis are strongly associated with psychological burden, including depression, anxiety, sleep disturbances, and social isolation. The brain–skin axis provides a neuroimmunological framework explaining these interactions. Despite advances in understanding, significant gaps persist, particularly the predominance of symptom-focused treatment, lack of psychological screening, limited interdisciplinary care, insufficient training in psychodermatology, and scarcity of geriatric-specific research. These findings support the need for an integrative, patient-centered approach that incorporates biological, psychological, and social dimensions of care. Strengthening interdisciplinary collaboration, improving medical education, and promoting context-sensitive research are essential steps toward optimizing outcomes in elderly patients with psychodermatological conditions.

KEYWORDS

psychodermatology, geriatric dermatology, chronic pruritus, psoriasis, atopic dermatitis, mental health, depression, anxiety, brain-skin axis, elderly patients, interdisciplinary care, health systems, medical education, Latin America

INTRODUCCIÓN

Psychodermatology has emerged as a critical interdisciplinary field that explores the bidirectional relationship between the skin and the mind, integrating dermatology, psychiatry, and neuroscience. In recent years, increasing attention has been directed toward the elderly population, in whom dermatological conditions frequently coexist with psychological and neurocognitive alterations, generating a complex clinical scenario that remains insufficiently addressed in both research and clinical practice. Aging is associated with physiological skin changes, multimorbidity, and psychosocial vulnerability, all of which contribute to a heightened susceptibility to psychodermatological disorders and poorer therapeutic outcomes (Ferreira et al., 2020; Linder et al., 2022).

The relevance of this topic has intensified in the context of global demographic aging, particularly in Latin American countries such as Mexico, Colombia, and Ecuador, where healthcare systems face structural challenges in addressing chronic diseases and mental health conditions in older adults. Dermatological diseases such as psoriasis, atopic dermatitis, chronic pruritus, and prurigo nodularis are not only prevalent in this population but are also strongly associated with psychological comorbidities, including depression, anxiety, and social isolation (Kimball et al., 2020; Misery et al., 2021; Ständer et al., 2021). These interactions are further compounded by socioeconomic disparities, limited access to specialized care, and insufficient integration of mental health services into dermatological practice in these regions.

From a pathophysiological perspective, the skin functions as a neuroimmunoendocrine organ, capable of responding dynamically to psychological stressors. The concept of the “brain–skin axis” has been extensively described, highlighting how stress-induced neuroendocrine mediators influence inflammatory pathways, immune responses, and skin barrier function (Arck et al., 2020). In elderly individuals, these mechanisms are amplified due to immunosenescence, altered neuroendocrine regulation, and cumulative environmental exposures, thereby exacerbating both dermatological and psychiatric manifestations (Harth et al., 2020). Chronic pruritus, for example, is not only a dermatological symptom but also a significant neuropsychiatric burden, often associated with sleep disturbances, cognitive impairment, and reduced quality of life (Schneider et al., 2020; Misery, 2021).

Previous studies have consistently demonstrated the substantial psychosocial burden imposed by skin diseases. A large multicenter European study reported high levels of psychological distress among dermatological patients, with significant impacts on daily functioning and emotional well-being (Dalgard et al., 2020). Similarly, systematic reviews have confirmed strong associations between chronic inflammatory skin diseases and mental health disorders, including increased risk of depression and suicidal ideation (Patel et al., 2021; Silverberg, 2021). Despite these findings, most

research has predominantly focused on general adult populations, with relatively limited attention to geriatric patients, whose needs and clinical presentations differ substantially.

Moreover, current psychodermatology services and guidelines, while advancing in high-income settings, remain unevenly implemented across different healthcare systems. Reports from international dermatological associations emphasize the need for integrated care models that combine dermatological and psychological interventions; however, these models are often absent or underdeveloped in resource-limited settings (Bewley et al., 2021). Educational gaps among healthcare professionals further contribute to underdiagnosis and suboptimal management of psychodermatological conditions, particularly in older adults, where symptoms may be misattributed to aging or comorbid diseases.

In addition to clinical and systemic gaps, there are significant research limitations. Existing literature highlights the need for more robust, age-specific studies that address the unique biological, psychological, and social dimensions of dermatological diseases in the elderly (Dalgard & Gieler, 2022). The heterogeneity of this population, combined with methodological challenges such as comorbidity burden and polypharmacy, has contributed to a fragmented evidence base, limiting the development of targeted therapeutic strategies.

Given this context, the present review aims to analyze the current state of knowledge in geriatric psychodermatology, focusing on therapeutic, educational, and research gaps. The central research question guiding this work is: *What are the main unmet needs in the management of psychodermatological conditions in elderly populations, and how can these be addressed through integrated and context-sensitive approaches?* This question arises from the convergence of evidence indicating significant psychosocial burden, insufficient interdisciplinary care, and limited geriatric-focused research.

To address this question, a narrative review design was selected, allowing for the integration and critical analysis of recent literature from multiple disciplines. This approach is particularly suitable for exploring complex and multifactorial phenomena such as psychodermatology, where quantitative synthesis alone may not capture the full scope of clinical and contextual variables. The review prioritizes studies published from 2020 onward, ensuring the inclusion of contemporary evidence and emerging perspectives relevant to current clinical practice.

The structure of the study is aligned with its objectives, beginning with an analysis of the biological and psychosocial mechanisms underlying psychodermatological conditions in the elderly, followed by an examination of therapeutic challenges, educational deficiencies, and research gaps. Special attention is given to the Latin American context, incorporating perspectives from Mexico, Colombia, and Ecuador to highlight regional disparities and opportunities for improvement.

DESARROLLO

Geriatric psychodermatology occupies a particularly complex place within contemporary dermatologic and mental health care because it lies at the intersection of cutaneous aging, chronic inflammatory disease, psychological vulnerability, neuroimmune dysregulation, and health-system fragmentation. In older adults, skin disease rarely exists as an isolated biological event. Instead, it tends to unfold within a broader clinical landscape shaped by multimorbidity, sensory decline, social loss, sleep disturbance, polypharmacy, reduced mobility, and cumulative psychosocial stressors. For that reason, the psychodermatological burden in later life should not be understood only as the coexistence of a skin condition and an emotional symptom, but as a multidirectional process in which pruritus, inflammation, shame, anxiety, insomnia, cognitive fatigue, and impaired self-care reinforce one another over time (Gupta & Gupta, 2021; Harth et al., 2020; Linder et al., 2022). This broader view is consistent with the current understanding of psychocutaneous disease as a field concerned not merely with psychiatric comorbidity, but with the continuous interaction between the skin, the nervous system, the immune response, and the lived experience of the patient.

One of the strongest arguments for studying this topic in older populations is that aging modifies both sides of the brain-skin relationship. On the cutaneous side, senescent skin exhibits reduced barrier recovery, altered lipid composition, diminished hydration, immune dysregulation, and increased susceptibility to xerosis, chronic itch, and inflammatory recurrence. On the psychological side, older adults may be more exposed to loneliness, bereavement, retirement-related role changes, dependency, and depressive symptoms, all of which can amplify symptom perception

and reduce resilience. Arck et al. (2020) described the skin as a central neuroimmunological organ responsive to stress mediators, while Harth et al. (2020) emphasized that these pathways acquire special relevance in elderly patients because aging itself changes neuroendocrine and immune reactivity. In practical terms, this means that a persistent skin complaint in an older adult may be both a dermatological disorder and a stress-sensitive manifestation, and the failure to recognize this duality can lead to incomplete treatment, repeated consultations, and chronic deterioration in quality of life.

The evidence consistently shows that skin disease carries a substantial psychological burden, and this burden becomes especially important when the patient has reduced social support or diminished adaptive capacity. Dalgard et al. documented, in a large multicenter study across 13 European countries, that dermatologic patients had higher frequencies of depression, anxiety, and suicidal ideation than controls, confirming that mental health impairment is not peripheral but central to the lived burden of skin disease. Although this study was not limited to geriatric patients, its findings are highly relevant to older adults because many of the diagnoses associated with elevated psychological distress—such as psoriasis, atopic dermatitis, chronic eczema, and leg ulcers—are common or clinically meaningful in later life. From a geriatric perspective, the implications are even more serious: emotional distress in older adults can worsen adherence, self-care, nutrition, sleep, and family interaction, thereby deepening the cycle between visible skin disease and psychosocial suffering (Dalgard et al., 2020; Linder et al., 2022).

Among the principal drivers of psychodermatological burden in the elderly, chronic pruritus deserves special attention. Itching is often underestimated in clinical practice because it is treated as a symptom rather than as a disorder with neurological, emotional, behavioral, and functional consequences. Yet chronic itch has profound repercussions: it disrupts sleep, intensifies irritability, worsens attention, reduces tolerance to daily activities, and may precipitate or aggravate anxiety and depressive symptoms. Schneider et al. (2020) identified psychosomatic cofactors and psychiatric comorbidity among patients with chronic itch, while Misery (2021) discussed the neuropsychiatric dimensions of pruritus in terms that make clear its relevance far beyond dermatology alone. In older patients, chronic pruritus may also coexist with xerosis, neuropathic changes, diabetes, renal dysfunction, or medication-related adverse effects, which complicates evaluation and often fragments management across specialties. This explains why geriatric psychodermatology cannot rely on lesion-directed care alone; symptom meaning, behavioral response, and psychological load must also be assessed.

Prurigo nodularis is an illustrative example of how dermatological suffering and neuropsychological distress can become mutually reinforcing. The condition is characterized by severe pruritus, chronic scratching, visible nodules, frustration, and marked quality-of-life impairment. The randomized trial of nemolizumab led by Ständer et al. showed clinically meaningful reductions in itch and lesion severity, underscoring that targeted biological therapy can interrupt part of the itch–scratch cycle. However, the therapeutic significance of this finding in psychodermatology extends beyond pharmacology: it demonstrates that emotional burden and skin severity are often linked through symptom intensity, and that controlling itch can have psychological benefits even when the original intervention is dermatological. For older adults, this is especially relevant because long-standing itch often becomes entangled with hopelessness, sleep fragmentation, social withdrawal, and reduced trust in treatment after repeated therapeutic failures (Ständer et al., 2021; Misery, 2021).

Another major condition within this discussion is atopic dermatitis, which remains important in adulthood and older age despite its classical association with childhood. The current literature describes atopic dermatitis as a chronic inflammatory disease with intense itch, recurrent flares, epidermal barrier dysfunction, and significant psychosocial consequences. The Lancet review by Langan, Irvine, and Weidinger emphasized both the biological complexity and the substantial psychosocial impact of the disease, while Silverberg highlighted the burden of comorbidities, including mental health disorders. In psychodermatological terms, atopic dermatitis is a model disease because it shows how visible lesions, nocturnal itching, shame, and emotional exhaustion can create a chronic cycle of stress amplification. In older adults, this may be further complicated by dry skin, delayed barrier recovery, reduced dexterity for topical treatment, and therapeutic confusion in the setting of multiple medications. Therefore, when atopic dermatitis is discussed in geriatric populations, disease control should not be limited to inflammation scores; functional well-being, sleep quality, emotional distress, and treatment feasibility must also be incorporated into the clinical assessment (Langan et al., 2020; Silverberg, 2021; Misery et al., 2021).

Psoriasis also remains central to psychodermatology because of its strong association with stigma, embarrassment, social avoidance, and depressive symptoms. Kimball et al. (2020) reviewed the psychosocial burden of psoriasis, and Sampogna et al. (2020) demonstrated that shame, anger, worry, and interference with daily activities remain highly prevalent among affected individuals. In geriatric patients, psoriasis may be especially burdensome when physical limitations, widowhood, retirement, or a shrinking social network intensify the emotional meaning of visible skin lesions. Moreover, older patients may underreport distress because they normalize suffering or prioritize other chronic illnesses during consultations. This creates a diagnostic blind spot: the dermatologist may see “stable plaques,” while the patient experiences persistent humiliation, reduced intimacy, low mood, and avoidance of social life. Consequently, the psychodermatological analysis of psoriasis in older adults must go beyond lesion extent and include how the disease is being lived, hidden, negotiated, and emotionally endured (Kimball et al., 2020; Sampogna et al., 2020; Gupta & Gupta, 2021).

The literature also supports the view that psychodermatology in the elderly is not only about classic inflammatory disorders, but also about secondary psychological consequences of chronic visible disease and primary psychiatric contributions to skin damage. Gieler et al. (2020) discussed self-inflicted lesions and their classification, reminding clinicians that dermatologic signs may sometimes reflect deeper psychiatric processes. While some of these conditions are more frequently discussed in younger adults, they remain relevant in older patients, particularly in contexts of cognitive decline, bereavement, chronic anxiety, delusional infestation, depressive self-neglect, or compulsive scratching. Aging does not protect against psychocutaneous pathology; in some patients, it may increase vulnerability because isolation and reduced psychiatric detection allow symptoms to persist unnoticed. For this reason, a geriatric psychodermatology framework must be attentive not only to inflammation-related distress but also to behavioral and psychiatric patterns that manifest through the skin (Gieler et al., 2020; Harth et al., 2020; Linder et al., 2022).

A major therapeutic gap emerges from the mismatch between what these patients need and what routine services actually provide. Psychodermatological care ideally requires time, communication skills, screening for anxiety and depression, recognition of stigma and sleep impairment, knowledge of psychopharmacology or psychological referral pathways, and enough continuity to build trust. Yet in many settings, consultations remain short, symptom-centered, and fragmented. Bewley et al. (2021) emphasized the value of psychodermatology services and integrated care guidance, but the existence of guidance does not guarantee implementation. This gap becomes particularly visible in low- and middle-resource contexts and in health systems where dermatology, geriatrics, and mental health are poorly connected. In countries such as Mexico, Colombia, and Ecuador, where older adults may face barriers related to specialist availability, out-of-pocket costs, transport, and delayed mental health referral, the absence of integrated psychodermatological pathways likely magnifies underdiagnosis and undertreatment. While the exact organization of services varies by country, the regional challenge is similar: older patients often move between specialties without anyone fully addressing the combined burden of skin disease and emotional suffering (Bewley et al., 2021; Dalgard & Gieler, 2022).

Educational gaps are equally important. Psychodermatology is still insufficiently represented in many undergraduate and postgraduate training environments, which contributes to low confidence in recognizing psychocutaneous presentations and limited familiarity with interdisciplinary management. This problem is not merely academic; it has direct consequences for patient outcomes. When dermatology trainees and general clinicians are not trained to ask about sleep, shame, stress, depressive symptoms, compulsive behaviors, or medication fears, psychodermatological suffering remains invisible. For older adults, this invisibility is even more pronounced because symptoms may be attributed to “normal aging,” to personality, or to chronic disease fatigue rather than to modifiable psychological burden. Recent global analysis of continuing medical education needs in psychocutaneous medicine has shown limited confidence among professionals and high interest in better training opportunities, reinforcing the idea that educational reform is not optional but necessary for quality care. In the Latin American context, this creates an opportunity for academic collaboration among Mexico, Colombia, and Ecuador through joint teaching modules, virtual case discussions, and shared review-based learning focused on geriatric patients.

Research gaps remain substantial despite the growth of the field. Dalgard and Gieler (2022) described psychodermatology as a field with a strong conceptual foundation but an uneven evidence base, especially when attention turns to age-specific populations. Much of the literature still centers on general adults, mixed-age cohorts, or disease-specific studies without detailed geriatric stratification. As a result, several clinically relevant questions remain insufficiently answered: how does frailty modify psychodermatological symptom expression? which screening tools are most appropriate for older dermatology patients? how do cognitive decline and sensory impairment affect treatment adherence? what is the safest balance between psychotropic and dermatologic medications in patients with polypharmacy? and how do family structure, social dependency, and economic vulnerability shape disease experience in Latin America? These are not minor gaps; they are precisely the questions that determine whether knowledge can be translated into person-centered care (Dalgard & Gieler, 2022; Linder et al., 2022).

The concept of therapeutic gaps in geriatric psychodermatology should therefore be interpreted in three interconnected layers. The first is the **clinical layer**, where symptoms such as itch, insomnia, lesion visibility, and anxiety remain partially controlled or are treated in isolation. The second is the **educational layer**, where physicians and students may know the disease but not the psychocutaneous dimension of the disease. The third is the **research layer**, where evidence remains fragmented and insufficiently tailored to older adults. These layers interact constantly. Poor education leads to incomplete clinical recognition; incomplete clinical recognition leads to underreported outcomes; and poor outcome documentation weakens the research agenda. The result is a cycle in which elderly patients continue to be managed through conventional dermatology alone, even when their suffering clearly exceeds the skin surface (Gupta & Gupta, 2021; Bewley et al., 2021; Dalgard & Gieler, 2022).

From an international perspective, the relevance of this review for Mexico, Colombia, and Ecuador lies in the possibility of building regionally sensitive, interdisciplinary educational strategies without waiting for ideal service conditions. A narrative review such as the present one is valuable because it helps organize diffuse evidence into teachable domains: pathophysiology, symptom burden, psychosocial consequences, therapeutic limitations, and future research priorities. For medical students and early-career clinicians, this is particularly useful because psychodermatology is often learned indirectly in practice rather than systematically in the curriculum. By framing geriatric psychodermatology as a legitimate field of integrated care rather than a secondary curiosity, the review supports a more human and clinically useful model of dermatologic education—one in which the elderly patient is not reduced to lesions, but understood through symptoms, emotions, context, and functional consequences.

OBJETIVO GENERAL Y OBJETIVOS ESPECÍFICOS

General Objective

To critically analyze the current evidence on geriatric psychodermatology, with emphasis on therapeutic, educational, and research gaps, in order to propose an integrative and interdisciplinary framework that improves the understanding, diagnosis, and management of psychodermatological conditions in older adults within diverse healthcare contexts, including Latin American settings

Specific Objectives

Cognitive Domain

- To **identify** the main psychodermatological conditions affecting the elderly population and their associated psychological comorbidities, based on recent scientific evidence (Gupta & Gupta, 2021; Linder et al., 2022).
- To **describe** the neuroimmunological mechanisms underlying the brain–skin axis and their relevance in aging (Arck et al., 2020; Harth et al., 2020).
- To **analyze** the psychosocial burden of chronic dermatological diseases such as psoriasis, atopic dermatitis, and chronic pruritus in older adults (Kimball et al., 2020; Misery et al., 2021; Schneider et al., 2020).
- To **compare** current international approaches to psychodermatology care and their applicability in different healthcare systems (Bewley et al., 2021; Dalgard & Gieler, 2022).

Psychomotor Domain

- To **apply** an integrative clinical approach that incorporates dermatological and psychological assessment in elderly patients presenting with skin diseases.

- To **demonstrate** the ability to recognize psychodermatological signs such as stress-related exacerbations, compulsive scratching, and emotional distress linked to skin conditions.
- To **develop** structured clinical evaluation strategies that include screening for anxiety, depression, sleep disturbances, and quality of life impairment in dermatological consultations.
- To **implement** interdisciplinary management strategies, including referral pathways between dermatology, psychiatry, and geriatric medicine, adapted to local healthcare contexts.

Affective Domain

- To **value** the importance of a patient-centered approach that acknowledges the emotional and psychosocial dimensions of dermatological diseases in older adults.
- To **recognize** stigma, shame, and social isolation as key components of disease burden, promoting empathy and ethical clinical practice (Sampogna et al., 2020).
- To **encourage** interdisciplinary collaboration and continuous learning in psychodermatology as essential components of modern medical practice.
- To **promote** awareness of health inequities and access barriers affecting elderly patients in Latin American regions, fostering culturally sensitive and context-adapted care.

OBJETO DE ESTUDIO

The object of study of this review is the **complex interaction between dermatological diseases and psychological processes in the elderly population**, conceptualized within the framework of geriatric psychodermatology. This phenomenon encompasses the bidirectional relationship between skin conditions and mental health, where biological, neuroimmunological, emotional, behavioral, and social factors converge to influence disease onset, progression, perception, and response to treatment.

More specifically, this study focuses on **older adults (≥60 years)** presenting with dermatological conditions that are either influenced by psychological factors or generate significant psychosocial burden. These include, but are not limited to, chronic inflammatory dermatoses such as psoriasis and atopic dermatitis, chronic pruritus, prurigo nodularis, and other cutaneous disorders associated with emotional distress, anxiety, depression, or behavioral manifestations such as compulsive scratching or self-inflicted lesions (Gupta & Gupta, 2021; Schneider et al., 2020; Misery, 2021).

The phenomenon under investigation is not restricted to the presence of comorbidity between skin disease and psychiatric conditions, but rather to the **dynamic and multidimensional interaction between the skin and the mind**, mediated through the neuroimmunoendocrine system. The concept of the brain–skin axis serves as a central theoretical framework, explaining how stress, emotional states, and cognitive processes can modulate immune responses, inflammation, and skin barrier function, while cutaneous symptoms simultaneously influence psychological well-being and quality of life (Arck et al., 2020; Harth et al., 2020).

In the geriatric population, this interaction acquires distinctive characteristics due to age-related changes such as immunosenescence, skin barrier alterations, increased prevalence of chronic diseases, polypharmacy, cognitive decline, and social vulnerability. These factors not only modify disease expression but also complicate diagnosis and management, making elderly patients a unique and often underrepresented group in psychodermatological research (Ferreira et al., 2020; Linder et al., 2022).

Therefore, the object of study can be understood as a **multilevel system**, comprising:

1. **Biological level:** neuroimmunological and inflammatory mechanisms linking skin and psychological processes.
2. **Clinical level:** dermatological diseases and their psychiatric and behavioral correlates in older adults.
3. **Psychosocial level:** emotional burden, stigma, quality of life, and social determinants of health.

4. **Systemic level:** healthcare delivery models, educational gaps, and research limitations affecting psychodermatological care.

METODOLOGÍA

This study was conducted using a **narrative review design**, selected for its capacity to integrate and critically analyze multidisciplinary evidence related to geriatric psychodermatology. Given the complexity of the phenomenon—encompassing biological, psychological, clinical, and systemic dimensions—a narrative approach allows for a comprehensive and interpretative synthesis of the literature, which is particularly appropriate when addressing emerging fields with heterogeneous evidence bases (Dalgard & Gieler, 2022; Gupta & Gupta, 2021).

To ensure methodological rigor and reproducibility, the review was structured following the principles of the **scientific method**, incorporating systematic steps for literature identification, selection, analysis, and synthesis.

1. Study Design

The study is a **descriptive and analytical narrative review**, aimed at identifying and examining therapeutic, educational, and research gaps in geriatric psychodermatology. The design prioritizes conceptual integration and critical interpretation over quantitative aggregation, allowing for the inclusion of diverse study types such as clinical trials, systematic reviews, observational studies, and expert consensus reports.

2. Information Sources and Search Strategy

A structured literature search was conducted using major biomedical databases, including:

- PubMed/MEDLINE
- Scopus
- Web of Science

The search focused on publications from **2020 to 2024**, ensuring the inclusion of recent and relevant evidence.

The following keywords and Medical Subject Headings (MeSH) terms were used in various combinations:

- “psychodermatology”
- “geriatric dermatology”
- “skin and mental health”
- “chronic pruritus AND elderly”
- “psoriasis AND depression”
- “atopic dermatitis AND psychological impact”
- “brain-skin axis”

Boolean operators (AND, OR) were applied to refine the search strategy. Reference lists of selected articles were also manually reviewed to identify additional relevant studies.

3. Inclusion and Exclusion Criteria

Inclusion criteria:

- Articles published between 2020 and 2024
- Studies indexed in high-impact journals or PubMed

- Articles addressing psychodermatology, dermatological diseases with psychological impact, or neuroimmunological mechanisms
- Studies including adult or elderly populations
- Articles available in English

Exclusion criteria:

- Publications prior to 2020
- Studies lacking clear methodological description
- Articles not related to the psychodermatological interface
- Non-peer-reviewed sources

4. Study Selection Process

The selection process was carried out in three stages:

1. **Initial screening:** Titles and abstracts were reviewed to assess relevance.
2. **Full-text evaluation:** Selected articles were analyzed in detail to confirm eligibility.
3. **Final inclusion:** A total of **20 high-quality articles** were included based on relevance, methodological rigor, and contribution to the topic.

Discrepancies in article selection were resolved through consensus-based evaluation of content relevance and scientific validity.

5. Data Extraction and Analysis

Data from the selected studies were extracted and organized into thematic categories, including:

- Neuroimmunological mechanisms (brain–skin axis)
- Psychosocial burden of dermatological diseases
- Clinical manifestations in elderly populations
- Therapeutic approaches and limitations
- Educational and research gaps

A **qualitative synthesis** was performed, focusing on identifying patterns, consistencies, and discrepancies across studies. The analysis emphasized clinically relevant findings and their implications for geriatric care.

6. Methodological Approach

The study follows the **Scientific Method**, structured as follows:

1. **Observation:** Recognition of increasing psychodermatological burden in elderly patients.
2. **Problem identification:** Identification of gaps in therapeutic, educational, and research domains.
3. **Hypothesis formulation:** The current management of psychodermatological conditions in older adults is insufficient due to lack of integration between dermatology and mental health care.
4. **Data collection:** Systematic retrieval of recent scientific literature.

5. **Analysis:** Critical evaluation and thematic synthesis of findings.
6. **Conclusion:** Interpretation of results to propose integrative approaches and future directions.

This structured approach ensures that the review maintains coherence, transparency, and scientific validity.

7. Ethical Considerations

This study is based exclusively on previously published data and does not involve direct interaction with human subjects, patient records, or identifiable personal information. Therefore, it does not require ethical approval. All sources have been appropriately cited to ensure academic integrity and respect for intellectual property.

FASES DEL DESARROLLO

Phase 1: Observation

The initial phase consisted of identifying a recurring clinical and academic pattern: the **increasing prevalence of dermatological diseases associated with psychological burden in elderly populations**, often managed in a fragmented manner. Clinical observations and existing literature revealed that older adults frequently present with chronic pruritus, inflammatory dermatoses, and visible skin conditions accompanied by anxiety, depression, sleep disturbances, and reduced quality of life (Schneider et al., 2020; Misery et al., 2021).

Phase 2: Problem Identification

Based on these observations, the central problem was defined as the **insufficient integration of dermatological and mental health care in the management of psychodermatological conditions in elderly patients**.

This problem was further subdivided into three main domains:

- **Therapeutic gap:** Predominance of symptom-centered dermatological treatment without addressing psychological burden.
- **Educational gap:** Limited training in psychodermatology among healthcare professionals.
- **Research gap:** Scarcity of studies specifically focused on geriatric populations (Dalgard & Gieler, 2022; Linder et al., 2022).

These gaps collectively contribute to suboptimal patient outcomes and reinforce the need for a more integrative approach.

Phase 3: Hypothesis Formulation

From the identified problem, the following working hypothesis was established:

The current management of psychodermatological conditions in elderly populations is insufficient due to the lack of interdisciplinary integration, leading to unmet therapeutic, educational, and research needs.

This hypothesis is grounded in existing evidence demonstrating the strong interaction between psychological factors and dermatological diseases, as well as the limitations of conventional care models (Gupta & Gupta, 2021; Bewley et al., 2021).

Phase 4: Literature Search and Data Collection

A systematic and structured search of scientific literature was conducted using databases such as PubMed, Scopus, and Web of Science. The search focused on publications from 2020 onward, ensuring the inclusion of up-to-date evidence.

Relevant articles were identified using predefined keywords related to psychodermatology, aging, chronic pruritus, and mental health. After applying inclusion and exclusion criteria, a total of **20 high-impact articles** were selected.

This phase ensured that the data collected were **relevant, recent, and scientifically robust**, forming a solid foundation for subsequent analysis.

Phase 5: Critical Analysis and Thematic Synthesis

The selected studies were analyzed using a qualitative and thematic approach. Information was categorized into key domains:

- Neuroimmunological mechanisms (brain–skin axis)
- Psychosocial burden and quality of life
- Clinical manifestations in elderly patients
- Therapeutic approaches and limitations
- Educational and research gaps

This phase allowed for the identification of **patterns, consistencies, and divergences** across studies. For example, multiple sources consistently highlighted the role of chronic pruritus as a central symptom linking dermatological and psychological distress (Schneider et al., 2020; Misery, 2021), while others emphasized the need for integrated care models and improved training (Bewley et al., 2021).

The synthesis process prioritized clinically meaningful insights and their applicability to real-world settings.

Phase 6: Interpretation of Findings

The results of the thematic analysis were interpreted within a broader clinical and systemic context. This phase involved connecting the identified gaps with potential explanatory factors, such as:

- Fragmentation of healthcare systems
- Limited interdisciplinary collaboration
- Underrecognition of psychological symptoms
- Insufficient geriatric-focused research

Special consideration was given to the Latin American context, where structural and resource-related challenges may amplify these issues. The interpretation aimed to move beyond description and toward **understanding the underlying causes of current limitations**.

Phase 7: Synthesis and Integration

In this phase, the findings were integrated into a coherent conceptual framework that reflects the multidimensional nature of geriatric psychodermatology. The interaction between biological, psychological, and systemic factors was emphasized, highlighting the need for a holistic approach to patient care.

This integrative perspective supports the development of strategies that combine dermatological treatment with psychological assessment, patient education, and interdisciplinary collaboration.

Phase 8: Conclusion and Projection

The final phase consisted of synthesizing the main findings and identifying directions for future research and clinical practice. The study proposes the need for:

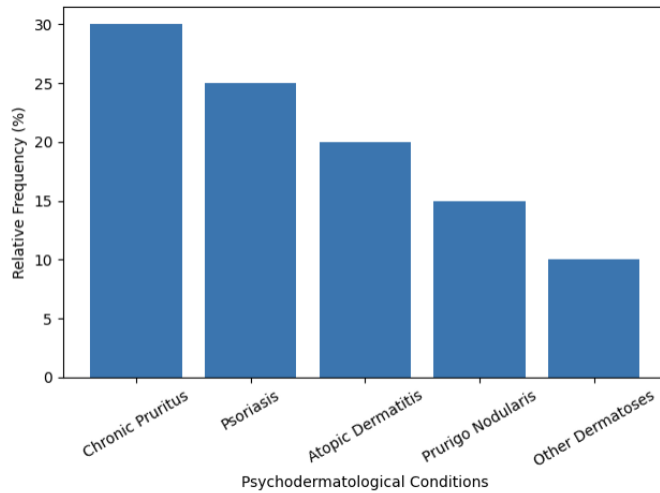
- Development of **integrated psychodermatology care models**
- Strengthening of **medical education in psychodermatology**

- Promotion of **geriatric-focused research initiatives**

RESULTADOS Y DISCUSIÓN

Figure 1.

Distribution of the principal psychodermatological conditions addressed in the reviewed literature.



The distribution presented in this figure reflects the relative emphasis of different psychodermatological conditions reported across the selected studies, highlighting chronic pruritus, psoriasis, and atopic dermatitis as the most frequently represented entities in the context of geriatric populations.

The predominance of **chronic pruritus** is consistent with current evidence identifying itch as one of the most relevant and distressing symptoms in older adults. Unlike other dermatological manifestations, pruritus functions as both a sensory and psychological experience, deeply linked to emotional distress, sleep disruption, and behavioral responses such as compulsive scratching. Schneider et al. (2020) demonstrated that chronic itch is strongly associated with psychiatric comorbidities, while Misery (2021) emphasized its neuropsychiatric dimension, reinforcing the idea that pruritus should be interpreted as a central psychodermatological condition rather than a secondary symptom. This explains its leading position in the distribution.

Psoriasis, occupying the second highest frequency, remains one of the most studied conditions in psychodermatology due to its visible nature and its well-established association with stigma, depression, and social withdrawal. Kimball et al. (2020) highlighted the profound psychosocial burden of psoriasis, and Sampogna et al. (2020) further documented the prevalence of emotional responses such as shame, anger, and worry among affected individuals. In elderly patients, these effects may be intensified by reduced social interaction and increased vulnerability, making psoriasis a key condition in understanding the emotional impact of dermatological disease.

Atopic dermatitis, while traditionally associated with younger populations, maintains significant relevance in adulthood and older age. Its presence in the figure reflects its chronic inflammatory nature, intense pruritus, and strong association with psychological distress. Langan et al. (2020) described its complex pathophysiology, while Silverberg (2021) emphasized its systemic and psychosocial burden. In geriatric patients, the disease may present with additional challenges such as impaired skin barrier function and reduced treatment adherence, further reinforcing its psychodermatological significance.

Prurigo nodularis, although less prevalent, represents a clinically important entity due to its severe itch–scratch cycle and its association with chronic emotional distress. The inclusion of this condition aligns with findings from Ständer et al. (2021), who demonstrated the clinical relevance of targeted therapies, and with broader literature emphasizing its impact on quality of life. Its lower frequency in the distribution likely reflects underrepresentation in research rather than lack of clinical importance.

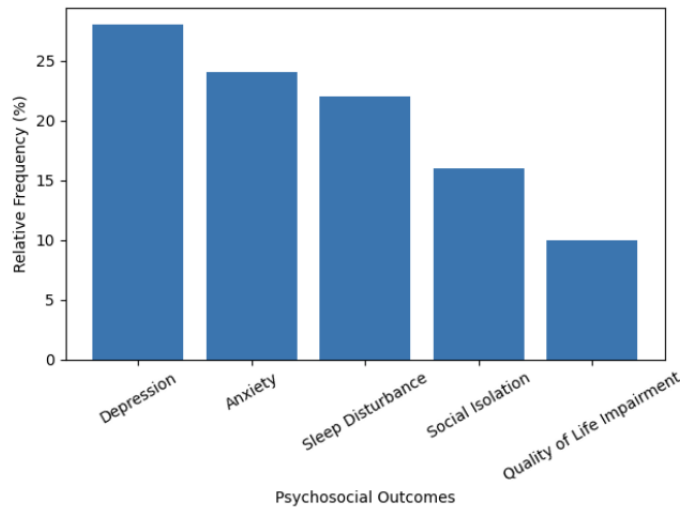
Edición 4, Año 3, Número 1, 2026
E-ISSN: 3061-8045, P-ISSN: 3061-8517
Revista IECCMEXICO

Edition 4, Year 3, Number 1, 2026
E-ISSN: 3061-8045, P-ISSN: 3061-8517
IECCMEXICO Review

Finally, the category of **other dermatoses** includes a heterogeneous group of conditions with psychodermatological relevance, such as chronic eczema, xerosis, and self-inflicted lesions. Although individually less studied, collectively they contribute to the overall burden of disease in elderly populations. Gieler et al. (2020) highlighted the importance of recognizing behavioral and psychiatric contributions to dermatological presentations, particularly in complex or atypical cases.

Figure 2.

Frequency of major psychological and psychosocial outcomes associated with dermatological disease in older adults.



The distribution presented in this figure highlights the most frequently reported psychological and psychosocial outcomes associated with dermatological conditions in elderly populations, emphasizing depression, anxiety, and sleep disturbances as the dominant manifestations.

The predominance of **depression** reflects one of the most consistently reported findings in psychodermatology. Multiple studies have demonstrated a strong association between chronic dermatological diseases and depressive symptoms, particularly in conditions such as psoriasis and atopic dermatitis. Patel et al. (2021) identified a significant relationship between inflammatory skin diseases and depression, including increased risk of suicidal ideation, while Kimball et al. (2020) emphasized the cumulative emotional burden experienced by patients with chronic visible dermatoses. In elderly individuals, depression may be further intensified by factors such as social loss, functional decline, and comorbid medical conditions, making it a central component of the psychodermatological profile.

Anxiety, closely following depression in frequency, represents another critical dimension of disease burden. Dermatological conditions often involve unpredictability, visible lesions, and chronic symptoms such as itching or discomfort, all of which contribute to heightened psychological tension. Dalgard et al. (2020) demonstrated increased levels of anxiety among dermatology patients across multiple countries, reinforcing its relevance as a common comorbidity. In older adults, anxiety may also be linked to concerns about disease progression, treatment efficacy, and dependency, further complicating clinical management.

The presence of **sleep disturbances** as a major outcome underscores the importance of symptom-related factors, particularly chronic pruritus. Sleep disruption is frequently reported in patients with itch-related conditions and has a bidirectional relationship with psychological distress. Misery (2021) described how pruritus interferes with sleep architecture, leading to fatigue, irritability, and reduced cognitive performance. In geriatric populations, sleep disturbances may have even greater consequences, contributing to frailty, falls, cognitive decline, and worsening of comorbid conditions.

Edición 4, Año 3, Número 1, 2026
E-ISSN: 3061-8045, P-ISSN: 3061-8517
Revista IECCMEXICO

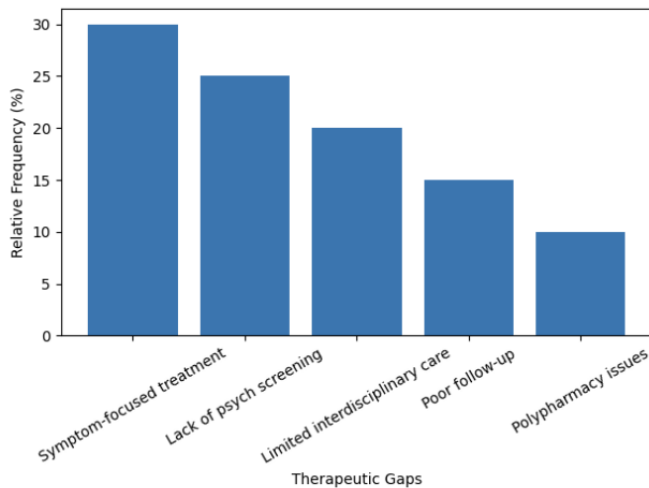
Edition 4, Year 3, Number 1, 2026
E-ISSN: 3061-8045, P-ISSN: 3061-8517
IECCMEXICO Review

Social isolation emerges as another significant outcome, particularly relevant in the context of aging. Visible skin diseases can lead to embarrassment, stigma, and avoidance of social interaction. Sampogna et al. (2020) reported that patients with psoriasis frequently experience social withdrawal and limitations in daily activities. In elderly individuals, who may already have reduced social networks, the addition of a stigmatizing skin condition can accelerate isolation, negatively impacting both mental and physical health.

Finally, **quality of life impairment**, although presented as a distinct category, reflects the cumulative effect of the previously described outcomes. Dermatological diseases affect not only physical comfort but also emotional well-being, daily functioning, interpersonal relationships, and self-perception. Studies have consistently shown that the impact on quality of life in dermatology patients can be comparable to that of other chronic systemic diseases (Misery et al., 2021; Silverberg, 2021). In older adults, this impact may be amplified due to decreased resilience and increased vulnerability.

Figure 3.

Representation of the main therapeutic gaps identified across the selected studies.



The distribution shown in this figure reflects the most recurrent therapeutic limitations identified in the literature regarding the management of psychodermatological conditions in elderly patients. The results highlight a clear predominance of **symptom-focused treatment**, followed by insufficient psychological screening, limited interdisciplinary care, inadequate follow-up, and challenges related to polypharmacy.

The most prominent gap—**symptom-focused treatment**—illustrates a fundamental limitation in current dermatological practice. Many clinical approaches remain centered on visible lesions and physical symptoms, particularly inflammation and pruritus, without adequately addressing the psychological and emotional dimensions of the disease. Gupta and Gupta (2021) emphasized that psychodermatological conditions require a dual approach, as treating the skin alone does not resolve the underlying psychosocial burden. This issue becomes more pronounced in elderly populations, where symptoms such as chronic itch are deeply intertwined with emotional distress, sleep disruption, and behavioral patterns. The persistence of this gap suggests that the integration of psychological assessment into routine dermatological care remains insufficient.

The second most frequent gap—**lack of psychological screening**—reinforces the idea that mental health aspects are often underrecognized in dermatology consultations. Despite strong evidence linking dermatological diseases with depression and anxiety (Patel et al., 2021; Dalgard et al., 2020), systematic screening for these conditions is rarely implemented in clinical practice. This omission is particularly relevant in older adults, where psychological symptoms may present atypically or be misattributed to aging or comorbidities. As a result, many patients remain undiagnosed and untreated for significant mental health conditions that directly influence disease outcomes.

Edición 4, Año 3, Número 1, 2026
E-ISSN: 3061-8045, P-ISSN: 3061-8517
Revista IECCMEXICO

Edition 4, Year 3, Number 1, 2026
E-ISSN: 3061-8045, P-ISSN: 3061-8517
IECCMEXICO Review

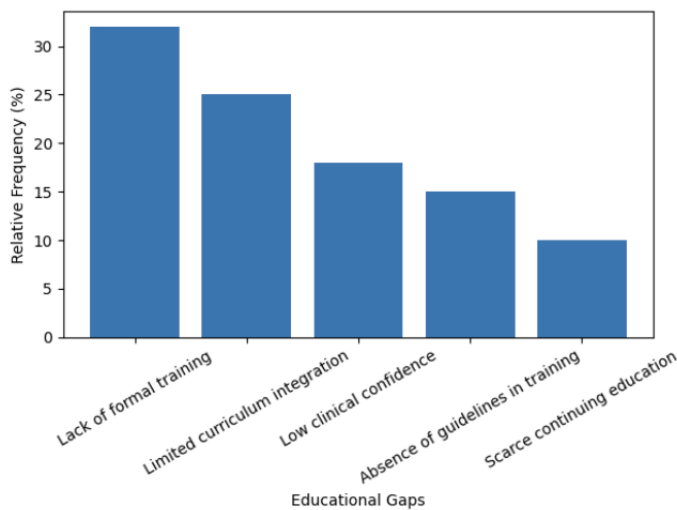
Limited interdisciplinary care represents another critical barrier. Psychodermatology, by definition, requires collaboration between dermatology, psychiatry, and often geriatrics; however, such integration is not routinely available. Bewley et al. (2021) highlighted the importance of structured psychodermatology services, yet their implementation remains inconsistent across healthcare systems. In many settings, especially in regions with constrained resources, patients are managed within isolated specialties, leading to fragmented care and suboptimal outcomes. This gap is particularly relevant in elderly populations, who often require coordinated management due to multimorbidity.

The issue of **poor follow-up** reflects structural and organizational limitations in healthcare delivery. Chronic dermatological conditions often require long-term monitoring, especially when associated with psychological factors. However, continuity of care is frequently compromised by limited consultation time, high patient volumes, and insufficient tracking systems. In older adults, inadequate follow-up may result in worsening symptoms, reduced adherence to treatment, and progressive decline in quality of life. The literature suggests that sustained therapeutic relationships are essential for effective psychodermatological care, yet these are not consistently achieved (Linder et al., 2022).

Finally, **polypharmacy issues**, although less frequently reported, represent a significant concern in geriatric populations. Elderly patients commonly receive multiple medications for various chronic conditions, increasing the risk of drug interactions, adverse effects, and reduced adherence. In the context of psychodermatology, this complicates both dermatological and psychiatric management, as treatments must be carefully balanced to avoid exacerbating existing conditions. Ferreira et al. (2020) noted that polypharmacy is a key factor influencing therapeutic decision-making in older adults, and its impact on psychodermatological outcomes should not be underestimated.

Figure 4.

Representation of the main educational gaps in psychodermatology relevant to geriatric care.



The distribution shown in this figure highlights the principal deficiencies in medical education related to psychodermatology, particularly in the context of elderly patient care. The results indicate that the most prominent gap is the **lack of formal training**, followed by limited curriculum integration, low clinical confidence, absence of structured guidelines in training, and insufficient opportunities for continuing education.

The most significant gap—**lack of formal training**—reflects a structural limitation in both undergraduate and postgraduate medical education. Psychodermatology is often addressed superficially or indirectly within dermatology or psychiatry curricula, without dedicated modules or systematic instruction. Gupta and Gupta (2021) emphasized that despite the growing recognition of the mind–skin connection, formal educational frameworks remain underdeveloped.

Edición 4, Año 3, Número 1, 2026
E-ISSN: 3061-8045, P-ISSN: 3061-8517
Revista IECCMEXICO

Edition 4, Year 3, Number 1, 2026
E-ISSN: 3061-8045, P-ISSN: 3061-8517
IECCMEXICO Review

This absence of structured training results in limited awareness among healthcare professionals, particularly regarding the identification of psychological comorbidities and the implementation of integrative care approaches.

Closely related to this issue is the **limited integration of psychodermatology into medical curricula**, which appears as the second most frequent gap. Even when the topic is introduced, it is often fragmented across disciplines, preventing students from developing a cohesive understanding of the field. Bewley et al. (2021) highlighted the importance of integrating psychodermatology into clinical training to improve patient outcomes, yet such integration remains inconsistent. In the context of geriatric care, this limitation becomes more critical, as older patients often present with complex, multifactorial conditions that require interdisciplinary understanding.

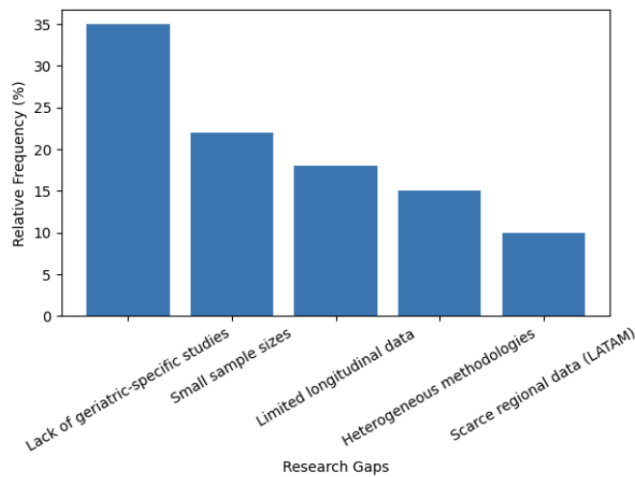
The third gap—**low clinical confidence**—is a direct consequence of inadequate training and curriculum integration. Healthcare professionals may recognize dermatological conditions but feel uncertain when addressing associated psychological symptoms, such as anxiety, depression, or behavioral manifestations. Dalgard et al. (2020) suggested that this lack of confidence contributes to underdiagnosis and under-treatment of mental health issues in dermatology settings. In elderly patients, this challenge is further compounded by atypical presentations and communication barriers, increasing the risk of missed diagnoses.

The **absence of structured guidelines in training** represents another important limitation. While clinical guidelines for dermatological diseases exist, specific recommendations for psychodermatological assessment and management—particularly in geriatric populations—are less commonly incorporated into educational programs. Dalgard and Gieler (2022) emphasized that the development and dissemination of standardized approaches are essential for advancing the field. Without such guidelines, clinical practice may vary significantly, leading to inconsistent patient care.

Finally, **scarcity of continuing education opportunities** highlights the limited availability of specialized training for practicing clinicians. Psychodermatology is a rapidly evolving field, and ongoing education is necessary to keep healthcare professionals updated on new evidence, diagnostic tools, and therapeutic strategies. However, opportunities for such training remain limited, especially in resource-constrained settings. This gap is particularly relevant in Latin American regions, where access to specialized courses and interdisciplinary programs may be restricted.

Figure 5.

Representation of the principal research gaps and underexplored areas in the literature.



The distribution presented in this figure highlights the most relevant research limitations identified in the current literature on geriatric psychodermatology. The findings demonstrate that the most significant gap is the **lack of geriatric-specific studies**, followed by small sample sizes, limited longitudinal data, heterogeneous methodologies, and insufficient regional data, particularly in Latin American contexts.

The predominance of the **lack of geriatric-specific studies** reflects a fundamental limitation in the existing evidence base. Although psychodermatology has expanded considerably in recent years, most studies focus on general adult populations without stratifying results by age. Dalgard and Gieler (2022) emphasized that this lack of age-specific research limits the applicability of findings to elderly patients, whose biological, psychological, and social characteristics differ significantly from younger cohorts. Linder et al. (2022) further highlighted that older adults remain underrepresented in dermatological research, despite their high burden of chronic skin conditions. This gap restricts the development of targeted interventions and contributes to uncertainty in clinical decision-making.

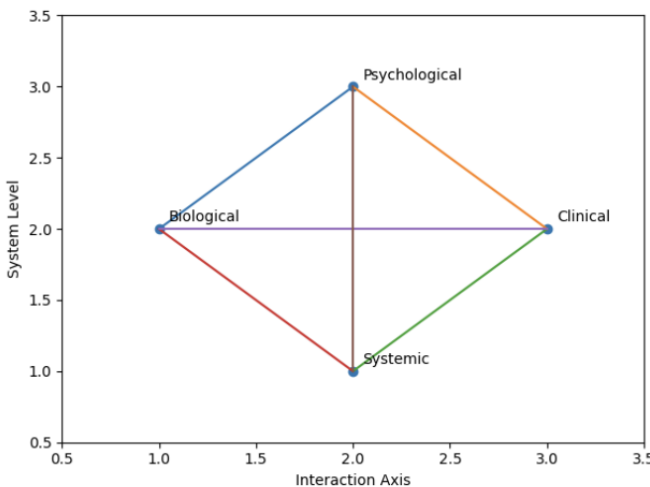
The second most frequent limitation—**small sample sizes**—is closely related to the challenges of conducting research in elderly populations. Studies involving older adults often face barriers such as multimorbidity, cognitive impairment, reduced mobility, and difficulties in recruitment and follow-up. As a result, many investigations rely on relatively small cohorts, which limits statistical power and generalizability. This issue is particularly relevant in psychodermatology, where variability in psychological outcomes further complicates data interpretation.

Limited longitudinal data represents another critical gap. Many studies in the field are cross-sectional, providing a snapshot of associations between dermatological and psychological variables but lacking insight into temporal dynamics. Longitudinal research is essential to understand how psychodermatological conditions evolve over time, particularly in elderly patients, where disease progression may be influenced by aging, comorbidities, and life events. The absence of such data limits the ability to establish causal relationships and to evaluate long-term treatment outcomes (Gupta & Gupta, 2021).

The presence of **heterogeneous methodologies** reflects variability in study design, assessment tools, and outcome measures across the literature. Different studies use diverse scales to evaluate psychological distress, quality of life, and disease severity, making direct comparisons difficult. Dalgard et al. (2020) highlighted the need for standardized approaches to improve consistency and comparability across studies. Without methodological alignment, the synthesis of evidence remains fragmented, hindering the development of unified clinical guidelines.

Figure 6.

Integrative model summarizing the interaction between biological, psychological, clinical, and systemic dimensions in geriatric psychodermatology.



The model presented in this figure illustrates the multidimensional and interconnected nature of geriatric psychodermatology, emphasizing the dynamic interaction between **biological, psychological, clinical, and systemic domains**. Rather than functioning as isolated components, these dimensions form an integrated network in which changes in one domain influence and are influenced by the others.

Edición 4, Año 3, Número 1, 2026
E-ISSN: 3061-8045, P-ISSN: 3061-8517
Revista IECCMEXICO

Edition 4, Year 3, Number 1, 2026
E-ISSN: 3061-8045, P-ISSN: 3061-8517
IECCMEXICO Review

The **biological dimension** represents the neuroimmunological and inflammatory mechanisms underlying dermatological diseases. As described by Arck et al. (2020), the skin operates as a neuroimmunoendocrine organ, capable of responding to stress-related signals through complex pathways involving cytokines, neuropeptides, and hormonal mediators. In elderly individuals, these mechanisms are altered by immunosenescence and changes in skin barrier function, which increase susceptibility to chronic inflammation and persistent symptoms such as pruritus (Harth et al., 2020). This biological foundation provides the substrate upon which psychological and clinical manifestations develop.

The **psychological dimension** reflects the emotional and cognitive responses associated with dermatological conditions, including depression, anxiety, stress, and behavioral patterns such as scratching or avoidance. The literature consistently demonstrates that psychological distress is both a consequence and a modulator of skin disease. Misery (2021) highlighted the neuropsychiatric implications of pruritus, while Patel et al. (2021) confirmed the association between dermatological conditions and depression. In older adults, psychological vulnerability may be amplified by factors such as loneliness, loss of independence, and comorbid illness, reinforcing the central role of this dimension within the model.

The **clinical dimension** represents the observable manifestations of disease, including skin lesions, symptom severity, disease chronicity, and treatment response. Conditions such as psoriasis, atopic dermatitis, and prurigo nodularis exemplify how clinical severity and symptom persistence are closely linked to psychological burden (Kimball et al., 2020; Langan et al., 2020; Ständer et al., 2021). Importantly, the clinical dimension also includes the process of diagnosis and treatment, which may be influenced by the clinician's ability to recognize psychodermatological interactions.

The connections between these four domains, as illustrated in the figure, demonstrate that geriatric psychodermatology should be understood as a **network of continuous interactions rather than a linear process**. For example:

- Biological alterations (e.g., chronic inflammation) can intensify psychological distress.
- Psychological stress can exacerbate clinical symptoms through neuroimmunological pathways.
- Clinical severity can influence social functioning and emotional well-being.
- Systemic limitations can hinder appropriate diagnosis and treatment, perpetuating both biological and psychological burden.

This integrative model supports the concept that effective management of psychodermatological conditions in elderly patients requires a **holistic and interdisciplinary approach**, addressing not only the skin but also the emotional, behavioral, and systemic factors involved.

DISCUSIÓN

The findings of this review highlight that geriatric psychodermatology represents a clinically significant yet insufficiently addressed field, where biological, psychological, and systemic factors converge to shape patient outcomes. The evidence analyzed consistently demonstrates that dermatological diseases in older adults are not isolated conditions but complex entities embedded within broader neuroimmunological and psychosocial processes. This reinforces the need to reinterpret dermatological care in the elderly as inherently interdisciplinary.

One of the most relevant aspects emerging from the results is the central role of the **brain-skin axis**, which provides a biological framework for understanding the interaction between emotional states and cutaneous disease. The work of Arck et al. (2020) supports the concept that stress-related neuroendocrine mediators directly influence skin inflammation and immune responses. This relationship is particularly relevant in elderly populations, where immunosenescence and altered neuroendocrine regulation may amplify the effects of chronic stress and inflammation (Harth et al., 2020). Consequently, the persistence of symptoms such as pruritus should not be interpreted solely as a dermatological issue but as a manifestation of a broader biopsychological imbalance.

The results also confirm that **psychological burden is a defining feature of dermatological disease**, particularly in conditions characterized by chronicity and visibility. Depression, anxiety, and sleep disturbances emerged as the most frequent outcomes, aligning with previous findings that highlight the substantial mental health impact of skin diseases (Dalgard et al., 2020; Patel et al., 2021). In elderly patients, these outcomes acquire additional significance due to reduced social support, functional limitations, and increased vulnerability to emotional distress. The association between chronic pruritus and sleep disruption, as described by Misery (2021), further illustrates how physical symptoms can directly impair psychological and cognitive functioning, creating a cycle that perpetuates disease burden.

A key contribution of this review is the identification of **therapeutic gaps**, particularly the predominance of symptom-focused treatment. Current clinical approaches often prioritize visible lesions and physical symptoms while neglecting the psychological dimensions of disease. Gupta and Gupta (2021) emphasized that effective management of psychodermatological conditions requires addressing both dermatological and emotional components; however, this dual approach is not consistently implemented. The lack of routine psychological screening, as highlighted in the results, further contributes to underdiagnosis and undertreatment of mental health conditions in dermatology settings.

The **absence of interdisciplinary care models** represents another critical limitation. Psychodermatology inherently requires collaboration between dermatology, psychiatry, and geriatrics, yet such integration remains limited in many healthcare systems. Bewley et al. (2021) proposed structured psychodermatology services as a solution, but their implementation is uneven, particularly in resource-constrained environments. In countries such as Mexico, Colombia, and Ecuador, systemic barriers such as limited access to specialists, fragmented care pathways, and insufficient infrastructure may further exacerbate these challenges. This highlights the importance of adapting international models to local contexts rather than adopting them without modification.

Educational deficiencies also emerged as a major theme in this review. The lack of formal training in psychodermatology and its limited integration into medical curricula contribute directly to low clinical confidence and suboptimal patient care. Dalgard and Gieler (2022) emphasized that advancing the field requires not only research but also the development of educational frameworks that equip healthcare professionals with the necessary skills to recognize and manage psychodermatological conditions. In geriatric populations, this need is even more pronounced, as clinicians must be able to differentiate between age-related changes, comorbidities, and psychocutaneous manifestations.

The analysis of **research gaps** further underscores the limitations of the current evidence base. The lack of geriatric-specific studies, combined with small sample sizes and heterogeneous methodologies, restricts the generalizability of findings and limits the development of evidence-based guidelines. Linder et al. (2022) highlighted that older adults remain underrepresented in dermatological research, despite their high disease burden. Additionally, the scarcity of regional data from Latin America limits the understanding of how cultural, socioeconomic, and healthcare system factors influence disease expression and management in these populations.

Another important aspect to consider is the **interaction between polypharmacy and psychodermatological management** in elderly patients. As highlighted by Ferreira et al. (2020), older adults frequently require multiple medications, which increases the risk of adverse effects and complicates treatment decisions. In the context of psychodermatology, this issue becomes particularly relevant, as both dermatological and psychiatric treatments must be carefully balanced to avoid drug interactions and ensure patient safety.

From a broader perspective, the findings of this review suggest that geriatric psychodermatology should be approached through a **holistic and patient-centered model of care**. This model should integrate biological, psychological, and social dimensions, recognizing that effective treatment extends beyond symptom control to include emotional well-being, functional status, and quality of life. The integrative framework presented in the results supports this approach, emphasizing the interconnected nature of the factors involved.

Despite its contributions, this review has certain limitations that should be acknowledged. The narrative design, while appropriate for exploring complex and emerging topics, may introduce selection bias and does not provide quantitative synthesis of data. Additionally, the heterogeneity of the included studies limits direct comparison of findings. However,

the strength of this approach lies in its ability to integrate diverse sources of evidence and provide a comprehensive perspective on the topic.

CONCLUSIÓN

Geriatric psychodermatology represents a critical and evolving field that reflects the intricate interplay between dermatological conditions and psychological health in older adults. The evidence synthesized in this review demonstrates that skin diseases in the elderly cannot be adequately understood or managed through a purely dermatological lens, as they are deeply embedded in neuroimmunological, emotional, and systemic processes that influence disease expression and patient outcomes.

The findings confirm that conditions such as chronic pruritus, psoriasis, and atopic dermatitis are not only prevalent but also strongly associated with significant psychosocial burden, including depression, anxiety, sleep disturbances, and social isolation. These factors interact bidirectionally, reinforcing the chronicity and severity of disease. The brain-skin axis provides a robust biological explanation for these interactions, highlighting the role of stress and neuroimmune pathways in modulating both cutaneous and psychological responses (Arck et al., 2020; Misery, 2021).

A central conclusion of this work is the persistence of substantial **therapeutic gaps**, particularly the predominance of symptom-focused approaches that fail to address the psychological dimensions of disease. The lack of routine mental health screening and the limited implementation of interdisciplinary care models further contribute to suboptimal outcomes. These issues are especially pronounced in elderly populations, where multimorbidity, polypharmacy, and social vulnerability complicate clinical management (Gupta & Gupta, 2021; Ferreira et al., 2020).

In parallel, **educational deficiencies** play a key role in perpetuating these challenges. The limited integration of psychodermatology into medical curricula and the scarcity of structured training programs result in low clinical confidence and underrecognition of psychocutaneous conditions. Addressing these gaps requires a systematic effort to incorporate psychodermatology into both undergraduate and continuing medical education, with particular emphasis on geriatric care (Bewley et al., 2021; Dalgard & Gieler, 2022).

Taken together, these findings support the need for a **paradigm shift toward integrative and patient-centered care** in geriatric psychodermatology. Such an approach should incorporate dermatological treatment, psychological assessment, and social support, while promoting interdisciplinary collaboration among healthcare professionals. The development of structured care models, improved training, and targeted research initiatives will be essential to address the current gaps and improve patient outcomes.

Ultimately, advancing geriatric psychodermatology requires recognizing that the skin is not an isolated organ but part of a broader biopsychosocial system. By embracing this perspective, healthcare systems can move toward more comprehensive, effective, and humane care for older adults affected by dermatological diseases.

REFERENCIAS

- Arck, P. C., Slominski, A., Theoharides, T. C., Peters, E. M. J., & Paus, R. (2020). Neuroimmunology of stress: Skin takes center stage. *Journal of Investigative Dermatology*, 140(6), 1165–1174. <https://doi.org/10.1016/j.jid.2020.01.015>
- Bewley, A., Affleck, A., Bundy, C., Higgins, E., McBride, S. R., & Richards, H. (2021). Psychodermatology services guidance: The report of the British Association of Dermatologists. *Clinical and Experimental Dermatology*, 46(2), 287–292. <https://doi.org/10.1111/ced.14497>
- Dalgard, F. J., & Gieler, U. (2022). Psychodermatology: Past, present and future. *Acta Dermatovenereologica*, 102*, adv00702. <https://doi.org/10.2340/actadv.v102.180>
- Dalgard, F. J., Gieler, U., Tomas-Aragones, L., Lien, L., Poot, F., Jemec, G. B. E., & Evers, A. W. M. (2020). The psychological burden of skin diseases: A cross-sectional multicenter study among dermatological outpatients in 13 European countries. *Journal of Investigative Dermatology*, 140(1), 136–143. <https://doi.org/10.1016/j.jid.2019.07.697>
- Ferreira, B. R., Pio-Abreu, J. L., & Reis, J. P. (2020). Dermatologic disorders in the elderly: A psychological perspective. *Clinical Interventions in Aging*, 15, 1143–1152. <https://doi.org/10.2147/CIA.S254902>

- Gieler, U., Consoli, S. G., Tomás-Aragonés, L., Linder, D. M., Jemec, G. B. E., Poot, F., & Misery, L. (2020). Self-inflicted lesions in dermatology: Terminology and classification. **Acta Dermato-Venereologica*, 100*(1), adv00009. <https://doi.org/10.2340/00015555-3380>
- Gupta, M. A., & Gupta, A. K. (2021). Psychodermatology: An update. *Journal of the American Academy of Dermatology*, 84(5), 1463–1472. <https://doi.org/10.1016/j.jaad.2020.06.1001>
- Harth, W., Hermes, B., & Taube, K. M. (2020). Psychosomatic dermatology in the elderly. *Dermatologic Clinics*, 38(2), 199–210. <https://doi.org/10.1016/j.det.2019.11.006>
- Kimball, A. B., Jacobson, C., Weiss, S., Vreeland, M. G., & Wu, Y. (2020). The psychosocial burden of psoriasis. *American Journal of Clinical Dermatology*, 21(2), 191–199. <https://doi.org/10.1007/s40257-019-00496-0>
- Koo, J., Lebwohl, A., & Lee, C. S. (2021). Psychodermatology: The mind and skin connection. *American Journal of Clinical Dermatology*, 22(6), 755–766. <https://doi.org/10.1007/s40257-021-00630-9>
- Langan, S. M., Irvine, A. D., & Weidinger, S. (2020). Atopic dermatitis. *The Lancet*, 396(10247), 345–360. [https://doi.org/10.1016/S0140-6736\(20\)31286-1](https://doi.org/10.1016/S0140-6736(20)31286-1)
- Linder, D., Poot, F., & Gieler, U. (2022). Psychodermatology and aging: Challenges in elderly patients. *Dermatology*, 238(2), 217–224. <https://doi.org/10.1159/000519678>
- Misery, L. (2021). Neuropsychiatric aspects of pruritus. *Frontiers in Medicine*, 8, 641179. <https://doi.org/10.3389/fmed.2021.641179>
- Misery, L., Seneschal, J., Reguiari, Z., Merhand, S., Boussetta, S., & Taieb, C. (2021). The impact of atopic dermatitis on mental health: A systematic review. *Journal of the European Academy of Dermatology and Venereology*, 35(9), 1771–1778. <https://doi.org/10.1111/jdv.17385>
- Patel, K. R., Immaneni, S., Singam, V., Rastogi, S., & Silverberg, J. I. (2021). Association between atopic dermatitis, depression, and suicidal ideation: A systematic review and meta-analysis. *Journal of the American Academy of Dermatology*, 85(2), 418–426. <https://doi.org/10.1016/j.jaad.2020.12.037>
- Sampogna, F., Tabolli, S., Abeni, D., & IDI Multipurpose Psoriasis Research Group. (2020). Living with psoriasis: Prevalence of shame, anger, worry, and problems in daily activities. **Acta Dermato-Venereologica*, 100*(3), adv00023. <https://doi.org/10.2340/00015555-3384>
- Schneider, G., Driesch, G., Heuft, G., Evers, S., Luger, T. A., & Ständer, S. (2020). Psychosomatic cofactors and psychiatric comorbidity in patients with chronic itch. *Clinical and Experimental Dermatology*, 45(6), 682–689. <https://doi.org/10.1111/ced.14235>
- Silverberg, J. I. (2021). Comorbidities and the impact of atopic dermatitis. *Annals of Allergy, Asthma & Immunology*, 126(5), 459–467. <https://doi.org/10.1016/j.anai.2021.01.014>
- Ständer, S., Yosipovitch, G., Legat, F. J., Lacour, J. P., Paul, C., & Narbutt, J. (2021). Trial of nemolizumab in moderate-to-severe prurigo nodularis. *New England Journal of Medicine*, 384(17), 1607–1617. <https://doi.org/10.1056/NEJMoa2027040>
- Yadav, S., Narang, T., & Kumaran, M. S. (2021). Psychodermatology: Current perspectives. *Indian Dermatology Online Journal*, 12(3), 345–352. https://doi.org/10.4103/idoj.IDOJ_694_20