

30. SKIN DISEASE

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30.2	Introduction	
30.2.1	The skin is frequently affected by disease, whether as primary disease of the skin itself or as a secondary effect of other conditions. There are an enormous number of different skin diseases and their classification is complex but this is not important in this context as the effects of skin disease often follow similar patterns whatever the cause.	
30.2.2	The severity of skin conditions varies enormously. At one extreme there may be nothing more than a small patch of redness on a finger resulting from a sensitivity to a particular metal in a ring. At the other extreme weeping blisters may cover an individual from head to foot, resulting in fluid loss to a degree which may be life threatening.	
30.2.3	Some conditions resolve, never to return, when the cause is discovered and removed, as in the case of specific allergy, whilst others follow a relapsing course throughout life requiring long-term treatment.	
30.3	Care Needs	
30.3.1	Even when skin disease is widespread and severe, in the absence of complications an affected adult should, to a very large extent, be able to cope with any necessary treatment unaided. Local treatment of the skin itself may require the application of lotions, creams, ointments, sprays, powders, or dressings. Only when the disease affects areas of skin which the individual cannot reach or when the hands are affected is there likely to be a need for attention. Even then, this may be brief and confined to mornings and evenings only. There is unlikely to be a need to treat the skin condition during the night hours.	
30.3.2	If skin disease is secondary to other conditions there may be additional problems that make treatment more difficult. There may also be secondary problems caused by the skin disease, or by general treatments, particularly when oral steroid preparations are used. Such additional problems may have an effect on the overall disability.	
30.4	Mobility Considerations	

30.4.1 Mobility needs may arise when the soles of the feet are badly affected, and in those rare instances where the lower limbs have to be extensively bandaged. In addition, some skin diseases, particularly psoriasis, may be associated with a widespread form of arthritis. Involvement of the joints of the lower limbs in such cases might well give rise to mobility needs [See Chapter 6].

30.5 Duration of Need

30.5.1 By the time adult life is reached the skin disease may be long-standing and all available avenues of treatment may well have been explored. However, it is unusual for skin disease to be so serious that an adult is severely disabled by it for any length of time.

30.6 Further Evidence

30.6.1 If disability appears to be severe a factual report from the GP or hospital may help to assess the level of need. An examining medical practitioner report may also be useful in this respect.