Assisting the Older Woman with Cosmetics

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Introduction

Many women use cosmetics to enhance physical appearance and promote self-esteem. American society and media encourage women to look younger through the use of beauty products. A large segment of the population generally ignored by the beauty industry, however, is the group aged 65 and older. That trend will change as this group increases in number and the impact of its buying power is perceived by the industry.

There is little information currently available that is pertinent to the needs and physiological changes of the older woman. The purpose of this article is to acquaint the nurse with knowledge of the basic principles of cosmetics and the physiological changes from aging to help the older client in the appropriate use of cosmetics. Through this, hygiene habits and feelings of self-esteem can be promoted.

Cosmetics have been defined by the U.S. Food and Drug Act as: (1) articles intended to be used as a component of any such articles: except that such term shall not include soap.

The major functions of cosmetics are to cleanse the skin, allay skin troubles, cover imperfections, and beautify.

Historical Background

The use of cosmetics has its roots in the early history of man. Malachite, a copper ore, was used as an eyeshadow in Egypt as long ago as 5000 BC. Tombs from 3500 BC have yielded alabaster vases of many sizes containing fragrant unguents. Women emphasized their eyebrows, lashes, and lids by blackening them with kohl, a lead ore. Henna was used to dye the palms of hands, soles of feet, and the fingernails. Lip salves containing large amounts of lead have been found in tombs. The use of cosmetics reached its zenith in Egypt during Cleopatra's reign (51-30 BC).

During the initial days of conquest, Romans displayed little interest in cosmetics and perfumes. Much of their interest came from the Greeks who were very knowledgeable in the use of cosmetics and perfumes. Large supplies of cosmetics were obtained from Roman-conquered Arabia. Romans used white lead and chalk to whiten their skin and kohl to blacken their eyelids and lashes. They applied rouge to cheeks and lips. Depilatories and salves for blemishes were at their disposal. Galenus, a physician of second century Rome, is said to have invented cold cream.

The Romans also enjoyed bathing. Large, luxurious buildings called lavatoria were erected for the sole purpose of bath-taking. Opulence in bathing reached great heights during Nero's reign (54-68 AD). His wife, Poppaea, bathed in the milk of asses. Large trains of asses were taken with her on journeys to ensure adequate supplies. The appearance of the teeth also was considered extremely important. Dentifrices employing stag horn, wolf's head, and pumice stone were popular.

Little progress and experimentation with cosmetics took place during the Dark Ages due to prosecution by religious authorities of any activity that appeared to be related to witchcraft. Later, knights returning from the Crusades brought back spices and toilet articles used by women in harems. These items were in great demand, especially in England, France, and Italy.

During the reign of Elizabeth I of England (1558-1603), both men and women of her court used perfumes and cosmetics. Toilet articles were kept in specially made boxes called Sweet Coffers. Noblewomen washed their faces with wine to give themselves fair Complexions. Some even bathed in milk and wine in search of the perfect complexion.

By the late 18th century, all social classes had access to cosmetics. They were so popular that an act was passed in 1770 by the English Parliament to protect men from being tricked into marriage by the use of "artificial adornments.

Cosmetic use remains very popular today. Beauty products are commonplace in most households. However, men's products are limited primarily to skin cleansers, conditioners, and fragrances. Unisex hairstyling and permanent waving have gained in popularity with men in recent years. The American image of the macho, rugged individual does not encourage cosmetic use among the general male population; however, women are encouraged to use cosmetics while making the results as natural looking as possible. The older adult generally has been ignored by the beauty industry and discouraged by society from using cosmetics. After
all, the ads tell us that only the young are beautiful.

**Physiological Changes of Skin**

The skin is the body’s largest organ. It provides protection from and adaptation to the environment. The general physical and psychological health of an individual is reflected in the condition of the skin. Blushing, cyanosis, and scaling are just some clues that the skin provides regarding the functioning of internal processes.

The epidermis is the outermost layer of the skin. It is nonvascular but contains sensory nerve terminals. There are four layers of epidermis; the outermost is the horny layer or the stratum corneum. Keratin, a water-repellent protein, is contained in this layer and provides protection by keeping the skin impermeable to many substances. Melanin, formed by special cells called melanocytes, is deposited in the epidermis. The amount of melanin produced determines the pigmentation of one’s skin. The “flesh” color of the skin, however, is given by blood reflected through the epidermis. Several factors that affects this color are the thickness of epidermal layers, the state of constriction or dilatation of the blood vessels, and the level of oxygenation of the blood.

The dermis is the second layer of skin and is thicker than the epidermis. It consists of fibrous connective tissue. The epidermis receives support and nourishment from the dermis. Blood and lymphatic vessels, nerves, sebaceous glands, and sensory nerve endings are found in the dermis. Under the dermis lies the subcutaneous fatty tissue. The amount of this fatty tissue, dependent on genetic makeup and nutritional status, varies from one individual to another. Its function is to provide insulation, store energy, and act as a shock absorber.

Researchers currently are engaged in the attempt to discover the process of aging of the skin. Many of the findings indicate a wide variation in the aging process among the population. Kligman succinctly states, “neonates tend to be alike, and diversity develops with age.” Duplication of previous research and longitudinal studies with large numbers of people are needed to uncover the pattern of aging.

Despite the elusive nature of the aging process, researchers have noted the same changes in the epidermis. The epidermis thins and flattens, although there is no decrease in the number of cell layers. The epidermis continues its protective function regardless of age and degree of exposure to the sun. Epidermis that is exposed, such as the face and neck, undergoes structural changes as early as a person’s 20s. Unexposed skin experiences the same changes, but at a more gradual rate. The loss of suppleness has been attributed to the decrease of its water-holding capacity. However, Kligman reports, “the ability of the horny layer to restrain diffusional water loss did not decline with age.” His research further reports that the water content of skin was greater in the aged although the collagen content was decreased. He concludes that the supple, resilient qualities of skin that disappear with age are due to complex interactions.

The dermis also decreases in size with aging. Women have thinner skin and less dense collagen than men. The papillary vessels in the dermis atrophy with age, thus decreasing the epidermal source of nutrition. This lack of blood supply has far-reaching consequences. Aged skin has retarded inflammatory responses to irritating substances and external stresses. Without an efficient inflammatory response, tissue breakdown from noxious agents is inevitable.

The elastic fibers throughout the dermis lose their elasticity because of fragmentation that occurs with aging. The degeneration of the elastin network in the dermis may explain why the skin does not recover readily from small stresses. The amount of subcutaneous fatty tissue decreases with age, causing an inefficiency in its function as shock absorber, making even small stresses to the skin significant.

**Implications**

The results of aging to the skin, then, are wrinkling, sagging, folding, and dryness. The older adult has very special needs that can be met with the proper use of beauty products. The nurse can assess the needs and changes in the client’s hygiene habits and help correct any deficiencies. The assessment may take place in a long-term care facility, senior day center, hospital, or community.

Because dryness of the skin occurs readily in the older adult, the nurse should discourage frequent bathing with hot water and soap. This objective may be counter to the belief of many older adults that “there’s nothing like plain soap and water” to keep one clean. Explaining the changes in the skin and promoting the use of proper products are necessary.

Cold cream’s function is to cleanse the skin. It consists of emulsions of fat or oil. When applied to the face, cold cream removes skin debris, old make-up, and dust. Used after the application of soap, it neutralizes any drying effects. The skin is left in a supple condition. Lanolin, found in skin creams similar to cold creams, joins to the natural fats of the skin. Lanolin is considered a food source to skin with a deficiency of natural fat. Facial creams also help to provide a matte appearance to the complexion. When facial creams are applied sparingly, they do not block pores. Creams of good quality cleanse skin and provide another important feature — protection from the sun. Exposure to the sun promotes damage to the skin.

The nurse should promote the use of tepid water in bathing, an adequate oral fluid intake, and protection of the skin from the sun, wind, and the cold to minimize dryness. Effective sunscreens and sun blocks are available and their use should be encouraged.

Products that are unscented and allergy-tested are good choices. Pruritus is a common complaint of older adults. The most common cause is dry skin (xerosis) but the use of hormonal creams and irritating ingredients in cosmetics should be held in suspicion until they are ruled out as culprits. Dermatologists specializing in geriatric skin should be consulted if xerosis, pruritus, and tissue breakdown persist.

Frequent comments regarding
TABLE 1
HOW TO ASSIST THE OLDER ADULT IN CLEANSING FACIAL SKIN

Technique 1
1. Use mild, allergy-tested soap and tepid water. Never rub, scrub, or pull on the skin. Keep soap away from the eyes. Scaling, redness, and itching indicate a need to discontinue the use of the product.

Technique 2
1. Use cold cream to loosen old make-up and grime. Pat a small amount with fingertips to forehead, cheeks, chin, and nose. Distribute in circular motion using upward strokes on throat and cheeks.
2. Rinse thoroughly with tepid water. Pat skin with upward motion.
3. Apply a mild astringent on a cotton ball to forehead, cheeks, nose, and throat. It should never tingle, burn, or leave the skin red.
4. Apply a moisturizer ( bland, lanolin-containing emollient) in small amounts to face and throat using circular motion.

TABLE 2
WHAT TO REMEMBER WHEN ASSISTING THE OLDER ADULT WITH MAKE-UP

1. Good source of light and magnifying mirror are necessary.
2. Less is better! Always use cosmetics sparingly.
3. Wipe the face lightly with a tissue or a cotton ball to remove excess make-up after its application.
4. Always pat the face when drying or applying make-up.
5. Keep astringents, foundations, rouge away from eyes.
6. Protect the skin, lips, and eyes from wind, sun, and cold by using sunscreens, sunglasses, hats, and appropriate clothing.
7. Maintain an adequate oral fluid intake.
8. Seek the advice of a beauty consultant when selecting a color and/or a product.
9. A healthy, positive mental attitude provides a glow that cosmetics enhance, not replace.
10. Underlying internal diseases (i.e., hepatic, cardiac) affect the condition of the skin. Prompt medical and nursing attention for assessment and diagnosis is essential.

Cosmetic use by older adults are "they look so made up" or "they look like clowns." Often the older woman is unaware of these complaints for several reasons. The application of make-up becomes a habit. The woman buys the same foundation, rouge, and lipstick year after year without realizing that the colors are too rich or too strong for her current skin tone and hair color. The same amount and color often is applied even though the complexion acquires a pallor due to shrinkage in the vascular system underlying the epidermis. A change in visual status also may contribute to the heavy application of lipstick and rouge. There is a yellowing of the lens, a natural process of aging, that affects color vision. Blue and green tend to appear faded while red and yellow are well visualized, causing an inadvertent heavy use of rouge.

The nurse can help the older woman understand skin and visual changes and help her plan cosmetic use. The client should be encouraged to use the knowledge and expertise of beauty consultants and salespersons in department stores and boutiques when selecting colors. If limited mobility is a problem to residents of a long-term care facility, representatives of various beauty lines often are willing to visit the facility, display their products, and demonstrate techniques of skin care. Beauticians and people with a flair for color also make excellent resources. It cannot be stressed enough, however, that the application of cosmetics begins only after there is an understanding of proper cleansing techniques and the functions of various products. (See Tables 1 and 2).

Conclusions

The nurse can assess skin care habits and the use of cosmetics readily. From the assessment, information and advice is tailored to meet the individual's needs. Proper skin care and an understanding of physiological changes forms the framework of appropriate cosmetic use. Correct information also protects the older client from false claims, unrealistic expectations, and unnecessary expenditures.

Self-esteem and pride in one's physical appearance have no age limit.

References