



THE AUSTRALASIAN COLLEGE  
OF DERMATOLOGISTS

## Xerosis

**Also known as ...** Xeroderma, Dry Skin, Xerosis Cutis, Asteatosis or mild form Acquired Ichthyosis

### What is Xerosis?

Xerosis is a common condition which occurs when the outer layer of the skin becomes dehydrated. The skin loses its suppleness and small splits and/or cracks appear, followed by flaking or scales. The skin can become red and itchy. Xerosis affects males and females equally and tends to occur in older people more frequently.

### What causes it?

Xerosis occurs when the skin loses moisture. It is common in winter when the cold air outside and the heated air inside creates a low relative humidity.

Bathing or hand washing too frequently can contribute to xerosis especially if one uses harsh soaps.

### What does it look like?

Xerosis can look like dry, rough patches of skin with cracks, flaking and peeling. The skin can be red and itchy.

Constant scratching and rubbing can cause the skin to become thick and leathery.

Xerosis can affect the skin on any part of the body but commonly occurs on the lower legs, arms, scalp and hands.

### What factors contribute to skin dryness?

- **Age:** Increasing age and menopause can be associated with a natural reduction of skin moisture.
- **Genetic factors:** ichthyosis
- **Skin problems:** eczema and psoriasis
- **Internal diseases:** thyroid disease, renal disease, malnutrition, diabetes
- **Medications:** diuretics, cholesterol lowering drugs, retinoids
- **Environmental factors:**
  - Cold and windy weather, dry climate
  - Long hot showers or baths
  - Excessive hand washing
  - Contact with harsh irritants such as soaps or detergents
  - Air-conditioning and heating
  - Sun exposure and sun damage.

### How is it diagnosed?

- Xerosis can be diagnosed by your dermatologist examining the skin and taking a medical history. You may need certain investigations if your doctor suspects that your dry skin is caused by an underlying medical condition.

- If a rash is present a biopsy may be necessary to help diagnose and confirm various skin diseases associated with xerosis.

#### **How is it treated?**

- Identify and treat contributing factors (see list above).
- Reduce the frequency and length of baths or showers and use lukewarm water.
- Avoid soap and use soap-free, fragrance-free cleansers or bath oil.
- Pat your skin dry with a soft towel and do not rub too vigorously.
- Apply a bland emollient or moisturiser after showering while the skin is still warm and damp. Repeat an application of moisturiser as often as necessary throughout the day. Your dermatologist can recommend a good emollient or moisturiser for you to use.
- Lips and hands may need extra attention. Lip balms need to be applied multiple times throughout the day to the lips. Similarly, thicker moisturisers or balms should be applied to hands frequently.
- Treat eczema, **psoriasis** and other skin conditions. Discuss this with your dermatologist.
- Wear cotton (or other natural fibres) next to your skin and under wool or synthetic clothing if these cause itching or irritation to the skin.
- Use a humidifier to add moisture to the air inside your home.
- If the condition becomes worse, please see your doctor or dermatologist.

#### **What is the likely outcome of the condition?**

Xerosis can be a long term and recurring problem, especially in winter. Using a non-soap cleanser and moisturiser should become part of your skin care routine.

This information has been written by Dr Antoinette Ciconte  
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