

Problems in Japan's Aging Society from the Perspective of Lichen Sclerosus

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Abstract

We encountered 12 elderly patients with lichen sclerosus (LS), a relatively high percentage of whom were living with their families. There is a tendency to assume that elderly people living alone or older facility users with paralysis are more likely to require social care, but we note that elderly people living with their families are also likely to develop LS.

Keywords

Lichen Sclerosus, Aging Society

1. Introduction

Lichen sclerosus (LS), first proposed by Stuhmer *et al.* in 1928 [1], is a chronic inflammatory dermatosis which usually affects the skin of the anogenital region in women, and the glans penis and foreskin in men (balanitis xerotica obliterans) (Figure 1). It occurs less commonly in extragenital areas. It does not cause any systemic disease outside the skin.

In this study, we report the social problems we become aware of through treating LS patients.

2. Case Presentation

Table 1 shows the characteristics of 12 LS patients, whom we treated between June 2006 and November 2013. Their ages ranged from 65 to 82 years (median: 74 years), and their symptoms included pain while voiding, difficulty voiding, frequent urination, and urinary retention. Four patients had diabetes, and all patients had undergone circumcision.

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Table 1. Patients' characteristics.

	Age	Chief complaint	DM	Diaper use	Housing
1	82	Difficulty voiding			2
2	76	Difficulty voiding	+		1
3	74	Difficulty voiding			1
4	79	Pollakiuria	+		1
5	75	Incontinence	+		1
6	80	Retention		+	2
7	65	Difficulty voiding			1
8	75	Pollakiuria		+	2
9	80	Retention	+		2
10	68	Difficulty voiding			1
11	68	Difficulty voiding			2
12	73	Difficulty voiding		+	3

Housing: 1: living with aged wife, 2: living with family, 3: older facility user.



Figure 1. The preputial tissues are fused, resulting in a buried penis.

3. Discussion

The risk factors for LS include old age and diabetes, which are likely to result in infection or chronic inflammation. Patients with LS commonly present with urinary disturbance, and so examination of the genital area generally leads to the early detection of LS.

As of October 1, 2012, the total Japanese population was about 127.52 million; of these, people aged <65, 65 - 74, and ≥ 75 years numbered about 30.79 (24.1%), 15.60 (12.2%), and 15.19 (11.9%) million, respectively. In contrast, as of 1990, the total population was about 123.61 million; of these, people aged <65, 65 - 74, and ≥ 75 years numbered about 14.89 (12.0%), 8.92 (7.2%), and 5.97 (4.8%) million, respectively, suggesting that the Japanese population is rapidly aging [2].

Our university hospital, a typical suburban medical center, is situated approximately 50 km north of Tokyo,

and is equipped with 389 beds. The population of our medical service area is about 2.84324 million; of these, people aged <65, 65 - 74, and ≥ 75 years number about 6.0661 (21.3%), 3.4071 (11.9%), and 2.6590 (9.4%) million, respectively, suggesting that this population is a slightly younger demographic than other populations in Japan.

Clinicians perform their duties in consideration of the above-mentioned social backgrounds; however, we sometimes note factors that are overlooked in society.

It is generally considered that LS is more likely to occur among elderly people living alone or those requiring nursing care and diapers, but we identified a higher incidence rate of LS among those living with their families. This suggests that, while the hygiene of the body, including the genital area, is maintained by care workers for elderly people living alone and older care facility users, those living with their families, who are usually considered able to take care of their own personal concerns, insufficiently maintain bodily hygiene, and so are likely to develop LS due to chronic infection of the genital area.

Through some issues regarding the aging of society, we have realized that, as the Japanese population is rapidly aging, it is necessary to alter our perceptions regarding the elderly, such as how they work and participate in society, how community and other environmental factors ought to be for them, and how to prepare for the senile period, in order to better meet the needs of a super-aging society in which all generations will be able to lead a fulfilling life [3]. One of the approaches to achieve this goal is to promote mutual support among the general public, the prevention of elderly people's isolation, and the development of comprehensive community care systems [4]. These opinions were generated mainly because of socially disadvantaged individuals, such as elderly people living alone and demented older adults. However, through our experiences with LS patients, we noted that socially disadvantaged individuals requiring care also include those living with their families who are deemed independent or are considered to require only limited social care.

4. Conclusion

There is a tendency to assume that elderly people living alone or older facility users with paralysis are more likely to require social care. However, the incidence of LS is higher among our elderly patients living with their families, based on which we realize that such individuals may also pose a problem in an aging society. Thus, our experiences with LS patients may indicate inadequacies in countermeasures for an aging society.

References

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