



FACT SHEET

Xerosis (dry skin) and diabetes

Having diabetes can impact the health of your feet in numerous ways. One presentation podiatrists often see is dry skin – xerosis. When diabetes affects the autonomic nervous system it can inhibit the sweating response in your skin, this is called *anhidrosis* – *the absence of sweating*. Anhydrotic skin is commonly used to describe the dry skin that has resulted from loss of sweating in people with diabetes. The average person can experience episodes of xerosis but when diabetic complications cause anhidrosis then someone with diabetes may struggle to maintain a good skin texture.

Xerosis results when the outer layer of the skin becomes dry from loss of moisture. The skin can become thin and scaly or conversely where pressure stresses the skin it may become thickened and calloused. Our skin is a protective layer over our body. Its functions include temperature regulation, insulation, maintenance of fluids, protection from infections and is where there are receptors for sensation. When the skin texture is compromised our body is at risk.

External factors are a common cause for dry skin. Every time you bathe, the water and soap you use will remove the body's natural oils in the skin. If you use harsh soaps or wash frequently this may upset your body's balance in replacing these oils. Medications and systemic diseases can also affect your body's production of skin oils.

There can be some potentially serious complications to dry or broken skin.

Fissures - cracks in the skin

Pain - from fissures, skin tears, callous or secondary infection

Bleeding - if the skin cracks or breaks deep enough it can bleed

Infection - can occur through an opening in the skin

Cellulitis - is infection of the skin which left untreated can cause pain, swelling and extensive redness extending up the foot and leg. Cellulitis is potentially a serious condition and must be treated by a medical practitioner.

Prevention

In cooler, dry weather our skin's moisture is more easily lost leaving it feeling tight and dry. At these times cover exposed areas of your feet and legs – wear socks/stockings with enclosed shoes, especially with full backs (heel counters). Choose a soap or gel that will not dry out your skin excessively.

Maintenance

Most episodes of dry skin can be easily managed.

- Replace lost oils with a moisturiser – every day particularly after showering.
- Use an emollient to soften and soothe dry skin.
- Use a pumicestone or wet/dry sandpaper to buff away loose, rough or calloused skin. *Do not use these on thin or fragile skin.*

Podiatry Point care:

Complications associated with your dry skin can be assessed and managed by your podiatrist. A visit to your podiatrist can be a way of rapidly improving your dry skin and any fissures you have.

- Thick callous will prevent full absorption of a moisturiser or emollient. This can be pared away or the thickness reduced.
- Dry, flaky, rough skin can be mechanically buffed – removing excessive layers and smoothing the skin.
- In cases of extreme dryness or for a more rapid improvement in the texture of your skin your podiatrist may recommend a series of wax footbath treatments.
- Advice on which moisturiser or emollient is best for your skin can also be provided.

At Podiatry Point we also offer a warm paraffin wax bath for a soothing, effective treatment for dry cracked skin.