Xerosis: actual problems of modern dermatology<br>Madu Ikechukwu Stephen, Buryak M.V., Yarnykh T.G.<br>Department of Drug's Technology<br>National University of Pharmacy,<br>Kharkiv, Ukraine<br>t1@nuph.edu.ua

Most people have experienced xerosis, or dry skin, at some stage of their life. Understanding the various causes and the relevant solutions helps you to tailor your routine to your skin's needs, enhance its efficacy and control the symptoms of Xerosis. The result is dry or very dry, rough and tight skin, which can progress to become extremely rough and scaly, flaky and itchy. Dry skin is caused by a number of environmental factors including: low humidity, frequent bathing, harsh soaps.

The active components that cosmetologists should recommend for dry skin care are divided into 4 groups: natural ingredients, hydrating substances, antipruritic and regenerating ingredients. The first group of choice includes natural components, such as cholesterol, ceramides and fatty acids, which are extremely effective for restoration of epidermal barrier lipids. They do not caus e occlusion, easily penetrate the stratum corneum, restore the cornification balance and are derived from plants (oils). The second group of choice, contains hydrating substances, e.g. amino acids, urea and other components of NMF, hyaluronic acid, glycerol, propylene glycol, combined with "passive" humectants.

In aging skin, anatomic changes result in altered physiologic behavior and susceptibility to disease. Untreated, dry, itching, and scaling xerotic skin can fissure, making a senior susceptible to red, chronically itchy, swollen, or painful skin. Altered bathing habits, avoidance of irritants, and adequate moisturization are the key treatment modalities for xerosis. Topical steroids may be necessary if more conservative measures fail. Pharmacists may also appropriately recommend effective treatments that are commensurate with a patient's aesthetic preferences and cost constraints.

