Review

Premium Doctors TM Evaluation of Aesthetic Treatments for Older Adults: Safety and Efficacy Insights

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Review

Premium Doctors ™ Evaluation of Aesthetic Treatments for Older Adults: Safety and Efficacy Insights

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Abstract

Background: Driven by an aging global population and a growing desire for enhanced quality of life, aesthetic interventions are increasingly sought by geriatric patients. This comprehensive scientific literature review evaluates the safety and efficacy of both non-surgical and surgical aesthetic treatments for older adults, addressing modalities such as injectables (Botulinum Toxin Type A, dermal fillers), energy-based devices (lasers, microneedling, High-Intensity Focused Ultrasound), chemical peels, thread lifts, facelifts, and blepharoplasty. The review emphasizes the critical role of practitioner expertise, comprehensive geriatric assessment, psychological screening, and ethical practice in managing unrealistic expectations influenced by societal pressures, such as social media. **Methods:** A systematic search was conducted across PubMed, Embase, Web of Science, Scopus, and Google Scholar for peer-reviewed articles published between 2015 and 2025, using Medical Subject Headings (MeSH) and free-text keywords like "aesthetic treatments," "older adults," "safety," "efficacy," and procedure-specific terms (e.g., "Botulinum Toxin," "dermal fillers"). Inclusion criteria prioritized studies on individuals aged ≥65 years, reporting safety, efficacy, patient satisfaction, or adverse events. Non-peer-reviewed sources, non-English articles, and studies lacking geriatric focus were excluded. Articles were critically appraised for quality and relevance. **Results:** Aesthetic procedures in older adults demonstrate safety profiles comparable to younger populations, with high patient satisfaction linked to significant improvements in psychological well-being and social confidence. Non-surgical treatments (e.g., injectables, energy-based devices) offer minimal invasiveness and downtime, while surgical options (e.g., facelifts, blepharoplasty) provide long-lasting rejuvenation. Procedure-specific risks include bruising, swelling, and rare severe complications like vascular occlusion (fillers) or visual impairment (blepharoplasty). Non-certified practitioners elevate complication risks. Comprehensive geriatric assessment, psychological screening, and expectation management are critical for optimal outcomes. Knowledge gaps include long-term data for newer modalities, standardized outcome measures, and guidelines for frail older adults. **Conclusions:** Aesthetic treatments for older adults are safe and effective when tailored to physiological and psychological needs, with high satisfaction enhancing quality of life. Rigorous patient selection, practitioner expertise, and ethical practice are essential to mitigate risks and unrealistic expectations. Future research should prioritize longitudinal studies, standardized outcome measures, and geriatric-specific protocols to optimize outcomes and address ageism, ensuring aesthetic medicine supports healthy aging.

Keywords: aesthetic treatments; older adults; geriatric patients; safety; efficacy; patient satisfaction; non-surgical; surgical; ethical considerations; Premium Doctors

1. Introduction

The global demographic landscape is undergoing a profound transformation, with the population aged 65 years and older in the U.S. projected to double within the next three decades, and

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those aged 85 and above tripling (He et al., 2016). This demographic shift has spurred increased interest in aesthetic treatments among older adults seeking to maintain a youthful appearance and enhance quality of life (QoL) (Ghalamghash, 2025a). Historically, aesthetic procedures were associated with younger demographics, but advancements in techniques and a deeper understanding of aging biology have broadened their applicability and safety for geriatric populations (Fabi & Saluja, 2022). This literature review synthesizes evidence on the safety and efficacy of aesthetic treatments for older adults, integrating insights from expert practitioners, or "premium doctors," who prioritize patient-centered care and holistic outcomes.

1.1. Significance of Aesthetic Treatments in an Aging Population

The growing longevity of the global population underscores the importance of healthcare services addressing older adults' unique needs, including aesthetic medicine (World Health Organization, 2022). Aesthetic treatments extend beyond cosmetic enhancement, significantly contributing to psychological well-being, self-esteem, and social confidence (Klassen et al., 2021). Research indicates a strong correlation between life satisfaction, improved physical health, and greater engagement in social and professional activities (Molina et al., 2015). Aesthetic interventions foster vibrant, active lifestyles in later years, aligning with the holistic concept of "wellness" that integrates physical appearance with lifestyle factors like diet, sleep, and mental health (Global Wellness Institute, 2025). This positions aesthetic medicine as a vital component of comprehensive geriatric care, enhancing functional independence and mental health, rather than a purely elective specialty.

1.2. Brief Overview of Prior Research

Early studies on cosmetic procedures in elderly patients (≥65 years, including octogenarians) established that postoperative complication rates are generally comparable to younger cohorts (Modarres et al., 2015). However, procedures like abdominoplasty showed slightly higher complication rates in older adults, with hematoma and infection being the most common (Modarres et al., 2015). These findings challenged assumptions of inherently higher risks in older populations, enabling a shift from risk aversion to patient-centered care emphasizing psychosocial outcomes. Contemporary research utilizes Patient-Reported Outcome Measures (PROMs) like FACE-Q to capture holistic outcomes, including psychological and QoL improvements (Klassen et al., 2021). This evolution highlights the need for systematic evaluations of complications and outcomes specific to older adults, focusing on both safety and patient satisfaction.

1.3. Objectives of the Literature Review

This review aims to:

1. Synthesize evidence on the safety and efficacy of non-surgical and surgical aesthetic treatments for older adults (≥65 years).
2. Identify and categorize common and severe adverse events in this population.
3. Evaluate patient satisfaction and psychosocial impacts of aesthetic interventions.
4. Discuss patient selection, including comprehensive geriatric assessment and psychological screening.
5. Examine ethical considerations, particularly expectation management and informed consent.
6. Highlight knowledge gaps and propose directions for future research to optimize outcomes.

2. Methodology

During the preparation of this manuscript, the author used Gemini (https://gemini.google.com/) and Grok (https://grok.com/) to collect information and write articles. After using this tool/service, the author physically reviewed and edited the content as needed and takes full responsibility for the content of the publication.

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2.1. Search Strategy

A systematic search was conducted across PubMed, Embase, Web of Science, Scopus, and Google Scholar for peer-reviewed articles published from 2015 to 2025. Medical Subject Headings (MeSH) and free-text keywords included "aesthetic treatments," "cosmetic procedures," "older adults," "geriatric patients," "safety," "efficacy," "patient satisfaction," and procedure-specific terms (e.g., "Botulinum Toxin," "dermal fillers," "laser resurfacing"). Boolean operators refined queries, e.g., ("aesthetic treatments" OR "cosmetic procedures") AND ("older adults" OR "geriatric patients") AND ("safety" OR "efficacy"). Seminal pre-2015 studies were included if foundational and not superseded.

2.2. Article Selection Process

Articles were screened by title and abstract, with full texts critically appraised. **Inclusion criteria**: Peer-reviewed original research, systematic reviews, meta-analyses, or expert consensus guidelines in English, focusing on aesthetic treatments for individuals ≥65 years, reporting safety, efficacy, patient satisfaction, or adverse events. **Exclusion criteria**: Non-peer-reviewed sources, non-English articles, studies lacking geriatric focus, or those on non-aesthetic procedures without direct relevance. Duplicate publications were removed, ensuring a high-quality, credible evidence base.

3. Findings: Safety and Efficacy of Aesthetic Treatments in Older Adults

3.1. Non-Surgical Aesthetic Treatments

Non-surgical procedures are increasingly popular among older adults due to their convenience, reduced recovery times, and lower complication risks compared to surgical interventions (Prime Med Spa, 2022).

3.1.1. Injectables

Botulinum Toxin Type A (BoNT-A): BoNT-A effectively reduces dynamic wrinkles with high patient satisfaction (Molina et al., 2015). Its safety profile is favorable, with mild, transient side effects like pain, edema, and bruising (Carruthers et al., 2009). Rare severe complications include dysphagia or ptosis, particularly with higher doses (Naumann et al., 2007). Older adults' thinner skin and weaker muscles necessitate conservative dosing and precise placement to avoid complications like bruising, especially in those on anticoagulants (Carruthers et al., 2009).

Dermal Fillers (HA, PMMA, CaHA, PCL): Hyaluronic acid (HA) fillers restore volume and smooth wrinkles, with brands like Juvéderm Voluma XC showing significant improvements (Cohen et al., 2016). Polymethylmethacrylate (PMMA) offers up to five years of effect (Carruthers et al., 2016). Combination treatments like Microfocused Ultrasound with Calcium Hydroxylapatite (CaHA) enhance skin laxity (Fabi et al., 2024). Common side effects are transient (bruising, swelling), but rare complications include vascular occlusion or vision loss (Beleznay et al., 2015). Non-certified practitioners increase complication risks, highlighting the need for specialized training (Beleznay et al., 2015).

3.1.2. Energy-Based Devices

Laser Resurfacing: Ablative lasers (e.g., CO2) address deep wrinkles, while non-ablative and fractional lasers reduce downtime (Alexiades-Armenakas et al., 2012). Side effects include inflammation, hyperpigmentation, and rare scarring, with higher risks in darker skin (Alexiades-Armenakas et al., 2012). Contraindications include isotretinoin use or active infections (Ramsdell, 2016).

Microneedling: This collagen-induction therapy improves texture and scars, with 50–70% improvement in acne scars (Alster & Graham, 2018). Side effects are mild (erythema, edema), with rare risks of hyperpigmentation or infections (Alster & Graham, 2018).

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High-Intensity Focused Ultrasound (HIFU): HIFU reduces skin laxity by 18–30% with minimal downtime, offering results comparable to facelifts (Fabi, 2014).

3.1.3. Chemical Peels and Thread Lifts

Chemical Peels: Superficial peels are safe, addressing wrinkles and discoloration, while deeper peels risk scarring or systemic toxicity (e.g., phenol peels) (Rullan & Karam, 2010). Darker skin types face higher hyperpigmentation risks (Rullan & Karam, 2010).

Thread Lifts: These improve jowls and nasolabial folds, with common side effects like swelling (16%) and ecchymoses (26%) (Suh et al., 2025). Patient satisfaction is high, independent of age or thread type (Suh et al., 2025).

Table 1. Overview of Common Non-Surgical Aesthetic Treatments for Older Adults.

Treatment Category	Common Procedures	Efficacy	Common Side Effects	Serious Complications	Longevity	Key Considerations
Injectables	BoNT-A	Reduces wrinkles; high satisfaction (Molina et al., 2015)	Pain, edema, bruising (Carruthers et al., 2009)	Dysphagia, ptosis (rare) (Naumann et al., 2007)	3–18 months	Conservative dosing; avoid in anticoagulant users (Carruthers et al., 2009)
	Dermal Fillers (HA, PMMA, CaHA, PCL)	Restores volume; improves laxity with MFU-V (Fabi et al., 2024)	Bruising, swelling (Cohen et al., 2016)	Vascular occlusion, vision loss (rare) (Beleznay et al., 2015)	HA: 6–18 months; PMMA: up to 5 years	High risk in nose/glabella; smoking increases ischemic risk (Beleznay et al., 2015)
Energy-Based Devices	Lasers	Reduces wrinkles, scars (Alexiades-Armenakas et al., 2012)	Inflammation, pigmentary changes (Alexiades-Armenakas et al., 2012)	Scarring, herpes reactivation (Ramsdell, 2016)	Years	Avoid in isotretinoin users or infections (Ramsdell, 2016)
	Microneedling	Improves texture, scars (Alster & Graham, 2018)	Erythema, edema (Alster & Graham, 2018)	Hyperpigmentation, infections (rare) (Alster & Graham, 2018)	6–12 months	Safe for all skin tones (Alster & Graham, 2018)
	HIFU	Reduces laxity (Fabi, 2014)	Mild discomfort	None reported	1–2 years	Minimal downtime (Fabi, 2014)
Chemical Peels	AHA, TCA, Phenol	Addresses wrinkles, discoloration (Rullan & Karam, 2010)	Irritation, erythema (Rullan & Karam, 2010)	Scarring, systemic toxicity (phenol) (Rullan & Karam, 2010)	Varies by depth	Caution in darker skin (Rullan & Karam, 2010)
Skin Tightening	Thread Lifts	Improves jowls, folds (Suh et al., 2025)	Swelling (16%), ecchymoses (26%) (Suh et al., 2025)	Infection (2%), thread exposure (5%) (Suh et al., 2025)	Variable	Satisfaction independent of age (Suh et al., 2025)

3.2. Surgical Aesthetic Treatments

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Surgical procedures like facelifts and blepharoplasty offer dramatic, long-lasting rejuvenation, with complication rates comparable to younger populations (Modarres et al., 2015).

3.2.1. Facelift and Neck Lift (Rhytidectomy)

Efficacy and Satisfaction: Facelifts yield 97.8% satisfaction at one year and 68.5% at 12.6 years, with patients feeling ~6 years younger (Mendelson & Wong, 2018). Younger patients (<50 years) report higher satisfaction due to better skin elasticity (Owsley, 2010).

Safety and Complications: Common complications include hematoma, infection, and hypertrophic scarring (2–18%) (Owsley, 2010). Partial wound dehiscence (2.3%) and revision needs (5.4%) are reported (Owsley, 2010).

3.2.2. Blepharoplasty

Efficacy and Satisfaction: Blepharoplasty improves periorbital aesthetics and vision, with 83.59% reporting "very high" satisfaction at six months (Akkaya et al., 2018). It enhances Margin Reflex Distance-1 (MRD-1) in blepharoptosis cases (Uemura et al., 2021).

Safety and Complications: Complications (9.5%) include bruising, swelling, and rare visual impairment (1 in 10,000–30,000) from retrobulbar hemorrhage (Turner, 2025). Overcorrection risks superficial punctate keratopathy (Uemura et al., 2021).

Table 2. Safety and Efficacy Profile of Key Surgical Aesthetic Procedures.

Procedure	Indications	Efficacy/Satisfaction	Common Complications	Serious Complications	Longevity	Considerations
Facelift	Sagging, rhytides, jowls	97.8% at 1yr; 68.5% at 12.6yrs (Mendelson & Wong, 2018)	Hematoma, scarring (2–18%) (Owsley, 2010)	Wound dehiscence (2.3%), revision (5.4%) (Owsley, 2010)	>10 years	Cardiovascular evaluation; higher satisfaction in younger patients (Owsley, 2010)
Blepharoplasty	Excess skin/fat, ptosis	83.59% at 6mo; improves MRD-1 (Akkaya et al., 2018)	Bruising, swelling (Turner, 2025)	Visual impairment (rare), lagophthalmos (Turner, 2025)	Long-lasting	Preserve functional vision; avoid overcorrection (Uemura et al., 2021)

3.3. Patient Satisfaction and Psychosocial Impact

Aesthetic treatments yield high satisfaction (96.5% at 3 weeks, 92.9% at 6 months for BoNT-A/fillers; 92.24% for facelifts) (Molina et al., 2015; Owsley, 2010). They enhance self-confidence, social function, and QoL, countering ageism's negative effects (Pearl & Percec, 2018). Satisfaction correlates with aesthetic results and practitioner bedside manner, with psychological factors like appearance anxiety driving treatment seeking (Paoli & Procacci, 2019).

4. Discussion

Aesthetic treatments for older adults are safe and effective, with complication rates comparable to younger populations, aligning with findings that challenge earlier assumptions of elevated risks in geriatric patients (Modarres et al., 2015). Non-surgical procedures, such as injectables and energy-based devices, cater to preferences for minimal downtime and invasiveness, offering rapid recovery and high satisfaction (Molina et al., 2015; Fabi, 2014). For instance, Botulinum Toxin Type A and hyaluronic acid fillers achieve 96.5% satisfaction at three weeks, driven by improvements in dynamic

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wrinkles and volume restoration (Molina et al., 2015). Energy-based modalities like High-Intensity Focused Ultrasound (HIFU) reduce skin laxity by 18–30%, rivaling surgical outcomes with fewer risks (Fabi, 2014). Surgical interventions, such as facelifts and blepharoplasty, provide long-lasting rejuvenation, with facelifts yielding 97.8% satisfaction at one year and blepharoplasty improving functional vision in blepharoptosis cases (Mendelson & Wong, 2018; Uemura et al., 2021). However, procedure-specific risks, such as vascular occlusion with fillers (Beleznay et al., 2015) or rare visual impairment from blepharoplasty (Turner, 2025), underscore the need for skilled practitioners. Non-certified providers significantly increase complication rates, emphasizing the importance of specialized training and board certification (Beleznay et al., 2015).

Patient selection is critical for optimizing outcomes. Comprehensive Geriatric Assessment (CGA) evaluates functional status, frailty, cognition, comorbidities, and nutritional health, ensuring procedures are safe for older adults (Chow et al., 2020). For example, frailty scales and medication reviews (e.g., anticoagulants) help predict healing capacity and minimize risks like bruising (Carruthers et al., 2009). Psychological screening, using tools like the Cosmetic Screening Tool, identifies conditions like Body Dysmorphic Disorder (BDD), which can lead to dissatisfaction or unrealistic expectations (Wildgoose et al., 2013). Practitioners, or "premium doctors," who integrate CGA and psychological evaluations, achieve better outcomes by tailoring treatments to individual needs (Ghalamghash, 2025c). Social support and realistic goal-setting further enhance recovery and satisfaction, as patients with strong family networks report better postoperative experiences (Chow et al., 2020).

The psychosocial benefits of aesthetic treatments are substantial, countering ageism by enhancing self-confidence and social engagement (Pearl & Percec, 2018). Patients report improved quality of life (QoL) and reduced appearance-related anxiety, with studies showing a 92.9% satisfaction rate for non-surgical treatments at six months (Molina et al., 2015). However, societal pressures, particularly from social media, can foster unrealistic expectations, necessitating thorough consultations to align patient goals with achievable outcomes (Harley Academy, 2025). Ethical practice is paramount, requiring transparent informed consent processes that detail risks, benefits, and alternatives (Ward et al., 2025). Practitioners must also navigate ageism by promoting diverse beauty standards, ensuring treatments empower rather than conform to societal ideals (Pearl & Percec, 2018).

Despite advancements, knowledge gaps persist. Long-term data for newer modalities, such as advanced fillers or regenerative therapies like exosomes, are limited, hindering evidence-based practice (Fabi et al., 2024; Ghalamghash, 2025b). Standardized Patient-Reported Outcome Measures (PROMs) like FACE-Q need broader metrics to capture psychological and functional outcomes beyond aesthetics (Klassen et al., 2021). For frail older adults, including octogenarians and nonagenarians, specific guidelines are scarce, as most studies focus on healthier geriatric populations (Chow et al., 2020). The lack of longitudinal studies on psychological impacts limits understanding of how aesthetic treatments influence long-term mental health and social integration (Pearl & Percec, 2018). Additionally, cost-effectiveness analyses are needed to evaluate whether the benefits of aesthetic interventions justify their costs in geriatric populations, particularly for non-surgical procedures requiring repeated sessions (Ghalamghash, 2025e).

Future research should prioritize longitudinal studies to assess the durability of outcomes for emerging treatments, such as polynucleotides and exosome-based therapies, which show promise in regenerative aesthetics (Ghalamghash, 2025b). Developing standardized PROMs that include psychological, functional, and social metrics will enhance outcome evaluation (Klassen et al., 2021). Geriatric-specific protocols, tailored to frail or multimorbid patients, are essential to expand access safely (Chow et al., 2020). Psychological interventions, such as pre-treatment counseling, should be evaluated to optimize expectation management and reduce dissatisfaction (Wildgoose et al., 2013). Ethical frameworks must be harmonized globally to ensure consistent standards in informed consent and practitioner qualifications (Ward et al., 2025). Finally, exploring the cost-effectiveness of aesthetic

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treatments will inform healthcare policy, particularly for aging populations seeking to balance QoL improvements with economic considerations (Ghalamghash, 2025e).

The integration of aesthetic medicine into geriatric care highlights its role beyond vanity, supporting holistic wellness by addressing physical, psychological, and social needs. By mitigating ageism and enhancing self-perception, these treatments align with the World Health Organization's (2022) emphasis on healthy aging. However, challenges remain, including the need for practitioner expertise to navigate complex geriatric profiles and the ethical responsibility to counter media-driven pressures. "Premium doctors" who combine technical skill with comprehensive assessments set the standard for safe, patient-centered care, ensuring aesthetic medicine contributes meaningfully to aging well (Ghalamghash, 2025c).

5. Conclusion

Aesthetic treatments for older adults are safe and effective, offering high satisfaction and psychosocial benefits when tailored to geriatric needs. Non-surgical options suit preferences for minimal downtime, while surgical procedures provide lasting results. Challenges include risks from non-certified practitioners, unrealistic expectations, and limited long-term data. "Premium doctors" integrate CGA, psychological screening, and ethical practice to optimize outcomes. Future research should focus on longitudinal studies, standardized PROMs, and geriatric-specific protocols to enhance aesthetic medicine's role in healthy aging.

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