



Federaal Kenniscentrum voor de Gezondheidszorg
Centre Fédéral d'Expertise des Soins de Santé
Belgian Health Care Knowledge Centre

A national guideline for the treatment of pressure ulcers

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Request from
SPF Santé Publique – FOD Volksgezondheid



In collaboration with

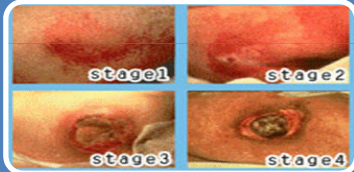
- Academic teams UGent/KULeuven
- National Clinical Guideline Centre (NCGC) who produces a guideline on behalf of NICE
- Wound care organisations (CNC vzw, WCS, AFISCeP.be)



NCGC



Rationale



Resulting from an external mechanical load (pressure and/or shear)



High prevalence: 12% in Belgian hospitals (Category I-IV)



Various settings: hospitals, nursing homes, homecare



A plethora of treatment options

Pressure ulcers are not trivial



Topics: clinical effectiveness

1. **Nutritional support**
2. **Pressure-redistributing devices (mattresses, overlays, beds, cushions)**
3. **Debridement**
4. **Topical agents**
5. **Dressings**
6. **Indications for surgery**
7. **Systemic antimicrobials**
8. **Electrotherapy**
9. **Light therapy**
10. **Hyperbaric oxygen therapy**
11. **Negative pressure wound therapy**
12. **Heel ulcers**

Methods

Clinical effectiveness : (Systematic review of) RCTs

If non available: cohort studies with control group

GRADE: level of evidence and strength of recommendations

Best practices: high-quality guidelines + experts and stakeholders

Methodological considerations

Body of evidence

- Low to very low quality

Frequent problems

- Heterogeneity and under-powered studies
- Lack of blind – or independently verified outcome assessment
- Poor description of standard care and co-interventions



Topics: clinical effectiveness

1. Nutritional supplements may be more effective compared to standard hospital diet. No evidence in favour of a particular supplement
2. Re-distributing devices: Constant low pressure and alternating devices
3. No evidence in favour of a particular debridement method
- 4,5. Modern dressings and topical agents (e.g. hydrocolloids, hydrogels, hydrofibres, foams, alginates, silver dressings) instead of basic dressing types (e.g. gauze, paraffin gauze)
- 6,7 . Indications for surgery and systemic agents: no studies
- 8-11. Adjuvant therapies (electrotherapy, HBOT, light therapy, NPWT): no evidence for effectiveness
12. Heel ulcers: No evidence in favour of a particular intervention

Discussion



An important health problem
BUT lack of high-quality
research on how to treat them



Absence of evidence is not the
same as evidence of absence
of effectiveness

Clinical recommendations



Holistic assessment and **individual plan of care** tailored to general health status, patient preferences, overall plan of care



Primary and secondary **prevention**

Pressure redistributing **mattresses**

Use **devices** that ensure heels are free of the surface of the bed

Nutritional interventions



Use of **modern dressings** and **topical agents** to improve healing

NPWT, HBOT, light therapy, electrotherapy are not recommended as routine treatments

Policy recommendations

Health Research System

- To support research programs on the effectiveness of different treatment options (e.g. dressing types, Negative Pressure wound therapies) currently used in daily practice

Federal Council on the quality of the Nursing activities

- To develop and implement process and outcome indicators. These should be aligned with existing pressure ulcer (and other quality) indicator initiatives

FOD / SPF

- To transform and disseminate this guideline in procedures, protocols, educational programs, etc. in close collaboration with *professional organisations*

Health practitioners & institutions

- To develop comprehensive programs for pressure ulcer treatment (e.g. monitoring and feedback, wound care resource nurses, multidisciplinary wound care committees)
- Multidisciplinary approach

Colophon

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- **Publication date:** 4 July 2013
- **Domain:** Good Clinical Practice (GCP)
- **MeSH:** Pressure ulcer ; Practice Guidelines
- **NLM Classification:** WR 598

Colophon

- **Language: English**
- **Format: Adobe® PDF™ (A4)**
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