NEW FACTS ABOUT...

Pressure Ulcers

in older adults

Pressure ulcers cause pain and disfigurement, slow recovery from comorbid conditions, and interfere with the basic activities of daily living. They predispose patients to osteomyelitis and septicemia, and are strongly associated with longer hospital stays.[1]

About 23 percent of persons in skilled care and nursing home facilities and 11 percent in acute care settings have pressure ulcers.[2] In high-risk patients, including elderly individuals with femoral fractures, the incidence and prevalence is over 60 percent.[2] Risk factors for pressure ulcers include immobility or restricted mobility, loss of bowel or bladder control, poor nutrition, and impaired mental awareness.[3,4] For example, 65 percent of elderly patients hospitalized with hip fractures develop pressure ulcers.[3] In absolute numbers, patients over 70 years account for about 70 percent of all pressure ulcers.[1] Among nursing home patients, the prevalence of pressure ulcers varies from 2 to 24 percent.[4] One study found that 11 percent of nursing home residents had pressure ulcers on admission, 13 percent developed them within one year, and 22 percent developed them within two years.[5]

The following findings from the recent scientific literature suggest that applying processes to prevent, diagnose, and treat pressure ulcers could significantly improve the quality of life for vulnerable elders.

Correctly using a risk assessment scale at routine intervals has been shown to reduce pressure ulcer incidence. For example, long-term care facilities that used risk assessment scales experienced less than half the pressure ulcer incidence of those that did not. Similarly, the incidence rate of pressure ulcers differed significantly between hospitals that used a risk assessment scale and those that did not.[6]

Instituting preventive interventions, such as frequent repositioning, tissue load management, and ensuring adequate nutrition, has been shown to help prevent pressure ulcer formation among "at risk" patients.[7, 8]

Assessing existing pressure ulcers for a composite of wound characteristics, including location, size, depth, wound bed tissue attributes (such as necrotic and granulation tissue), and exudate, helps to monitor the healing progress and determine treatment options.[9–12]

Studies have demonstrated improved wound healing among pressure ulcers treated with topical dressings that provide a moist wound healing environment.[13] *Based on indirect evidence, there is consensus among experts that appropriate treatment for pressure ulcers should also include cleansing the wound with normal saline or a non-cytotoxic agent and application of topical dressings to provide a moist wound healing environment.*[13–17]

Appropriate therapy has been demonstrated to often lead to healing of clean, full-thickness pressure ulcers within two to four weeks.[9,18–20]

Most support for the processes pertaining to the prevention and management of pressure ulcers derives from panels of expert opinion, rather than clinical studies. Given the negative impact that pressure ulcers have on the quality of life of vulnerable elders, more high-quality clinical research on their prevention and treatment is warranted.

This information is an interim result of a funded three-year collaboration between Pfizer and RAND to measure and improve the quality of care provided for older Americans.

RAND

Pfizer

1. Thomas DR. Pressure Ulcers. In Cassel CK, Cohen HJ, Larson EB, Meier DE, Resnick NM, Rubenstein LZ, Sorenson LB (eds.) *Geriatr Med.* Springer, New York: 1997, 3rd Ed., pp. 767–785.

2. The National Pressure Ulcer Advisory Panel. *Prevention Monograph. Pressure Ulcer Research: Etiology, Assessment and Early Intervention.* http://www.npuap.org/prevmon.htm.

3. Agency for Health Care Policy and Research (AHCPR) Panel for the Prediction and Prevention of Pressure Ulcers in Adults. Pressure Ulcers in Adults: Prediction and Prevention. Clinical Practice Guideline, Number 3. AHCPR Publication No. 92–0047. Rockville, MD: Agency for Health Care Policy and Research, Public Health Service, U.S. Department of Health and Human Services, May 1992.

4. American Medical Directors Association (AMDA). Pressure Ulcers Clinical Practice Guideline. Columbia, MD:1996.

5. Spoelhof GD, Ide K. Pressure ulcers in nursing home patients. *Amer Fam Phys.* 1993;47:1207–1215.

6. Lyder C. “What are measurements of quality pressure ulcer care preven-