A research roundup of recent papers relevant to wound care

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This section brings together information found online and published in other journals about wound healing research. The aim is to provide an overview, rather than a detailed critique, of the papers selected.

DIABETIC FOOT ULCER MANAGEMENT IN CLINICAL PRACTICE IN THE UK: COSTS AND OUTCOMES

Guest J, Fuller GW, Vowden P (2018) *International Wound Journal* 15(1): 29–37

This recently published study investigates the costs associated with the care of patients with Diabetic Foot Ulceration (DFUs) and the related outcomes in the UK. In the study most patients were managed by community nurses; 5% were seen by a podiatrist, and only 5% had a pressure-offloading device. Only 35% of the DFUs healed within 12 months of initial presentation, the mean time to healing was 4.4 months. Within the study period, 48% of the wounds failed to heal and 17% of patients underwent at least one amputation in the same period. Perhaps surprisingly, 48% of all patients had at least one prescription for compression, the study found that more patients healed if they were not prescribed compression (67% versus 16%; $p<0.001$). Of the cohort up to 45% of the DFUs were considered at risk of infection or infected on initial presentation. Of those infection free at presentation, 70% healed in a mean of 2.3 months. Expectedly, healing rates were lower in patients with a suspected infection, as such time to healing longer. The mean cost of wound care over 12 months was estimated at £7,800 per DFU, a range of £2,140 to £8,800 per healed and unhealed DFU, respectively, and £16,900 per amputation. The number of patients expected to present to clinics with a new DFUs in the UK is 126,000 in 2017/18 as such NHS costs are estimated at £983 million per annum. When added to the cost of managing the existing DFUs is a considerable sum of money. Practitioners working in this field who are managing DFUs may wish to consider the findings from this study when making treatment decisions. The data was collected from the THIN database, which currently contains the electronic medical records of 3.7 million active patients from 562 general practices in the UK, which covers 6.2% of the UK population. As such results may differ in areas which do not share data with the system. Nonetheless, the study results provide all UK services with baseline data that enables benchmarking.

Implications for Practice

The real-world evidence in this study provides important insights into the management of DFUs and will be helpful. The real-world evidence in this study provides important insights specifically with respect to forming strategies that focus on (i) prevention, (ii) increasing speed of wound closure and (iii) minimising the impact of wound infection and (iv) reducing amputation rates. WUK

CONFIDENCE AND CLINICAL JUDGEMENT IN COMMUNITY NURSES MANAGING VENOUS LEG ULCERATION A JUDGEMENT ANALYSIS

Jackson D, Durrant L, Bishop E et al (2017) *Journal of Advanced Nursing* 73(12): 2779–3233

Pressure ulceration is common in immobile patients and is associated with increased costs of care. Historic data from the literature suggests that pain associated with the development and treatment of these wounds once present is widespread. Studies to date have focused on hospitalised patients and the voices of patients living in their own home have remained mostly overlooked. This study aimed to elucidate in depth insights into patient experiences of pressure ulcer related pain, all participants were living in their own home, the study team obtained and analysed narrative accounts. This paper presents the findings from a mixed methods case study of a UK community of approximately 50,000 adults. In 2016, qualitative interviews were conducted with 12 adult participants either with a current pressure

injury (*n*=10), or a recently healed pressure injury (*n*=2). Thematic content analysis revealed two major themes: (i) Poorly controlled pain with patient comments such as "I just want the pain to go away"and (ii) Uncertainty for the future: with a patient quote of "it almost seems insurmountable." The investigators report that pain had a negative impact on participants in all areas of activities of daily living, mobility and sleep. Participants described days clouded in pain; a pain they felt was poorly understood by caregivers and seemed out of their control.

Implications for Practice

The authors concluded that their results support the need to develop an appropriate pressure ulcer pain assessment tool for use with community patients that enables healthcare professionals and patients to recognise and manage pressure ulcer-related pain effectively. That said perhaps a quicker solution would be to focus on accurate pain assessment with the currently available tools, alongside investigation of clinically proven pain management techniques. All information needs to be widely disseminated to ensure that medical colleagues/general practitioners are educated alongside nursing colleagues and allied professions, all of which have input into the care of this patient group. WUK

DEVELOPING THE TISSUE VIABILITY SEATING GUIDELINES

Stephens M, Bartley C, Betteridge R, Samuriwo R (2017) *Journal of Tissue Viability*. Available at: http://dx.doi.org/10.1016/j.jtv.2017.09.006

The Tissue Viability Society have collaborated with the report's authors to produce a guide for staff and patients to highlight the importance of seating in relation to the prevention of pressure ulcers. Costs associated with the prevention and management of pressure ulcers have escalated in recent years in line with government and NHS focus on prevention. The report highlights limitations in the amount of published advice on addressing seating to help prevent pressure ulcers. The document focuses on how the available research and evidence can be applied to help those who remain seated for extended periods of time. A literature review, listening event and stakeholder group consultation were used to form the evidence-based guidelines. The stakeholders with an interest in seating, posture and repositioning included service users, carers, academics, clinicians, inspectorate and charities, met to: gather views, feedback, stories, and evidence of the current practices in the field to give greater awareness to the subject. The content varied from the 2009 report by using 'people' as the preferred term throughout the guidelines and by adding a glossary providing both professional and lay terms. The authors added elbows, back of the head and between the knees as new common sites where pressure ulcers may develop due to the armrests, headrest and inappropriate positioning in the chair. The term 'best possible seated position' was chosen instead of 'correct seated position'. Addendums to the seated position included: headrest, backrest, seat to back angle, leg rest and footplate to ensure credence is given to the full body and not just the pelvis and trunk. The importance of interprofessional collaboration with other professionals was highlighted. In order to accommodate the most recent research, WaterCell technology was added to the cushion selection. The term self-help has been used to encourage the patients to be an active participant in their care. There is a abridged 'at a glance' version downloadble from the Tissue Viability Society website.

Implications for Practice

The guidelines are inclusive and include care of people with both short and long-term mobility issues in all populations. It shows the common locations for pressure ulcer development in seated patients. In addition to highlighting common patient risk factors, key seating outcomes, self-help suggestions and what good seating looks like, in relation to assessment and the importance of patient specific adjustments and available interventions. WUK