

Wound digest

This digest summarises some of the key papers published on wellbeing in patients with wounds.

SELECTED PAPERS OF INTEREST

1. Patient-reported outcome measures for chronic wounds with particular reference to pressure ulcer research: A systematic review.
2. The psychosocial impact of chronic wounds on patients with severe epidermolysis bullosa.
3. Identifying and exploring physical and psychological morbidity and patient and family caregiver resilience following acute wound development and/or wound blistering post orthopaedic surgery: a systematic review.
4. Evidence-based approach to manage persistent wound-related pain.
5. Patients' experiences of negative pressure wound therapy for the treatment of wounds: a review

1 Patient-reported outcome measures for chronic wounds with particular reference to pressure ulcer research: A systematic review

Readability	✓	✓	✓	✓	✓
Relevance to daily practice	✓	✓	✓		
Novelty factor	✓	✓	✓		

- Pressure ulcers are a major health problem that affect patient psychological, physical, and social functioning. Given the significant treatment burden represented by wounds, evidence of the impact of an intervention on important patient-focused outcomes should be made.
- The authors undertook a systematic review of quality-of-life literature on chronic wounds to determine the suitability of generic and chronic wound-specific outcome measures for use in evaluating patient outcomes in pressure ulcer research.
- Searches of eight electronic databases from inception until May 2012 were undertaken to generate a systematic review of the literature.
- Three generic and 14 chronic wound measures were identified, but no pressure ulcer-specific measures. None of the existing measures covered all quality-of-life domains pertinent to pressure ulcers. One condition-specific measure was the Venous Leg Ulcer Measure, which matched most closely conceptually, but failed to represent three important domains and contained items not specific to pressure ulcers.
- The authors concluded that outcomes important in pressure ulcers are inadequately covered by generic and chronic wound-specific instruments, and highlighted the need for clear conceptualisation of content, as well as determining appropriateness when selecting outcome measures in the future.

Gorecki C, Nixon J, Lamping DL et al (2013) Patient-reported outcome measures for chronic wounds with particular reference to pressure ulcer research: A systematic review. *Int J Nurs Stud* 20 Mar [Epub ahead of print]

2 Identifying and exploring physical and psychological morbidity and patient and family caregiver resilience following acute wound development and/or wound blistering post orthopaedic surgery: a systematic review

Readability	✓	✓	✓	✓	
Relevance to daily practice	✓	✓	✓		
Novelty factor	✓	✓	✓	✓	

- The authors aimed to identify the literature that examined and explored physical and psychological morbidity, and patient and family caregiver resilience following acute wound development and/or wound blistering post-orthopaedic surgery.
- A systematic review of the literature using the databases MEDLINE, CINAHL, and EMBASE was undertaken. The primary outcome of interest was family caregiver resilience following acute wound development and/or wound blistering post orthopaedic surgery. Article titles and abstracts were assessed for relevance to the study outcomes.
- After removing duplicates, the search yielded 275 records; eight studies were considered eligible and were reviewed as full text. Following full review, none of the articles were found to investigate resilience in relation to the management of acute post-surgical orthopaedic wounds. Four of the articles discussed quality-of-life outcomes and how these may be improved following wound development.
- The majority of articles focused on the management of chronic wounds.
- It is apparent from the review that there is no evidence currently available that explores patient and family caregiver resilience following acute wound development and/or wound blistering post orthopaedic surgery.

Ousey K, Edward KL, Lui S (2013) Identifying and exploring physical and psychological morbidity and patient and family caregiver resilience following acute wound development and/or wound blistering post orthopaedic surgery: a systematic review. *Int Wound J* Mar 13 [Epub ahead of print]

3 The psychosocial impact of chronic wounds on patients with severe epidermolysis bullosa

Readability	✓	✓	✓	✓	
Relevance to daily practice	✓	✓			
Novelty factor	✓	✓	✓	✓	

- The authors sought to explore the lived experience of individuals with chronic wounds associated with dystrophic and junctional epidermolysis bullosa by acquiring in-depth data on the psychosocial issues that affect this group of patients.
- A phenomenological study using interpretive phenomenological analysis was undertaken by the authors who used a purposive sampling method.
- Six individuals with epidermolysis bullosa replied to a postal invitation to participate.
- Following one-to-one interviews, six superordinate themes were identified: coping, pain, perceptions, emotional impact, social impact, and support network. All of the superordinate themes had been previously identified by research into chronic wounds, burns, or disfiguring conditions; however, new subordinate themes specific to epidermolysis bullosa were identified within the superordinate themes.
- This authors highlighted the need for individuals with epidermolysis bullosa to have a multidisciplinary approach to their care with a particular need for pain management, psychological intervention, and nursing support from nurses who were perceived by people with epidermolysis bullosa as having a good understanding of the requirements of patients with epidermolysis bullosa.

Adni T, Martin K, Mudge E (2012) The psychosocial impact of chronic wounds on patients with severe epidermolysis bullosa. *J Wound Care* 21(11): 528–38

4 Evidence-based approach to manage persistent wound-related pain

Readability	✓	✓	✓	✓	✓
Relevance to daily practice	✓	✓	✓	✓	
Novelty factor	✓	✓	✓		

- The authors undertook a review of recent literature on wound pain and its management; the review revealed that combinations of pharmacological agents are often recommended; the combinations prescribed are based on pain severity, coexisting nociceptive and neuropathic pain, and the presence of chronic inflammation.
- The most commonly prescribed agents for wound-related pain are: morphine, tricyclic antidepressants (e.g. amitriptyline), nonsteroidal anti-inflammatory drugs (NSAIDs), capsaicin, ketamine, and lidocaine/prilocaine. These agents were considered to provide pain relief with minimal side effects.
- The role of dressing selection was also considered to contribute to wound-related pain; the authors cite evidence suggesting that appropriate dressings have the potential to minimise painful trauma during dressing change, and prevent periwound skin damage, and reduce persistent wound pain.
- The psychological aspects of persistent wound-related pain – specifically nocebo hyperalgesia – should be addressed by the

clinician to avoid negative emotions, anticipation, or negative expectation of discomfort.

- Wound pain is a complex bio–psycho–social phenomenon and the authors concluded that a combination of pharmacological and nonpharmacological interventions are needed in order to achieve effective management.

Woo KY, Abbott LK, Librach L (2013) Evidence-based approach to manage persistent wound-related pain. *Curr Opin Support Palliat Care* 7(1): 86–94

5 Patients’ experiences of negative pressure wound therapy for the treatment of wounds: a review

Readability	✓	✓	✓	✓	✓
Relevance to daily practice	✓	✓	✓	✓	✓
Novelty factor	✓	✓	✓		

- The authors undertook to review the literature on patients’ experiences while undergoing negative pressure wound therapy (NPWT).
- A literature search was carried out using a range of relevant abstract databases; the search period covered 2001–2012.
- The search ([‘negative pressure wound therapy’ OR ‘vacuum-assisted closure’ OR ‘topical negative therapy’] AND [‘patients’ experiences’ OR ‘psychological’ OR ‘stress’ OR ‘anxiety’ OR ‘wellbeing’ OR ‘pain’ OR ‘quality of life’ OR ‘physical’]) returned 25 relevant articles.
- While the authors found NPWT to be widely considered to be successful intervention for the reduction of wound depth and the facilitation of healing, the literature review also revealed a number of issues for further consideration.
- The type of dressing selected for use during NPWT was found to significantly affect patients’ experience of pain during therapy, highlighting the need for clinicians to select appropriate dressing types for use in association with NPWT.
- In some studies, the NPWT system was reported to cause patients to feel anxious, due to both the patient and the clinician being unfamiliar with NPWT.
- NPWT was reported by some to restrict patients’ daily lives and their ability to engage in social or work activities.
- The authors found that, despite some studies reporting perceived negative impacts of NPWT on the patient, others reported positive improvements to patients’ quality of life while receiving this intervention.
- The authors also highlight that – given the faster healing times achievable with NPWT – detrimental impacts on patients’ wellbeing may be less prolonged than those associated with other advanced therapies used to heal recalcitrant wounds.
- In comparison with other treatments, the authors’ review suggested that NPWT can lead to faster wound healing, a reduced frequency of dressing changes, and less need for other treatments/interventions to achieve healing. However, a number of challenges associated with NPWT require further investigation to assess whether improvements to patients’ experience can be made.

Upton D, Stephens D, Andrews A (2013) Patients’ experiences of negative pressure wound therapy for the treatment of wounds: a review. *J Wound Care* 22(1): 34–9