

ACP releases new guidelines for preventing and treating bedsores

March 2 2015

The American College of Physicians (ACP) today published two evidence-based clinical practice guidelines in *Annals of Internal Medicine* for the [prevention](#) and [treatment](#) of bedsores, also called pressure ulcers. Bedsores commonly occur in people with limited mobility, such as those in hospitals or long-term care settings.

"Up to \$11 billion is spent annually in the United States to treat bedsores and a growing industry has developed to market various products for pressure ulcer prevention," said Dr. David Fleming, president, ACP. "ACP's evidence-based recommendations can help physicians provide quality care to patients while avoiding wasteful practices."

Preventing Bedsores

ACP recommends that physicians perform an assessment to identify patients who are at risk of developing bedsores. The evidence is not conclusive to show any difference between clinical judgment or risk assessment scales on reducing bedsore incidence. Risk factors include older age, black race or Hispanic ethnicity, lower body weight, cognitive impairment, physical impairments, and other comorbidities that affect soft tissue integrity and healing, such as urinary or fecal incontinence, diabetes, malnutrition, edema, impaired circulation of the blood in the smallest blood vessels, and low blood level of albumin.

For patients who are at increased risk of developing bedsores, ACP

recommends that physicians choose an advanced static mattress (a mattress made of foam or gel that does not move when a person lies on it) or an advanced static overlay (a material such as sheepskin or a pad filled with air, water, gel, or foam that is secured to the top of a bed mattress), which are associated with a lower risk of bedsores compared to standard hospital mattresses. Advanced static mattresses and overlays are also less expensive than alternating air or low-air-loss mattresses and they can be used as part of multicomponent approach to bedsore prevention.

Because the evidence does not show a clear benefit for prevention, ACP recommends against using alternating air mattresses and alternating air overlays for patients who are at increased risk of developing bedsores. Also known as dynamic mattresses and overlays, these devices can alter the level of support by adjusting the level of air or fluid.

In the High Value Care section of the guideline, ACP states that advanced static mattresses and overlays were associated with a lower risk of bedsores compared to standard mattresses in higher risk patients. Many hospitals in the United States utilize alternating air and low-air-loss mattresses and overlays despite the lack of evidence showing any potential benefit in the reduction of bedsores in high-risk populations. Using these support systems is expensive and adds unnecessary burden on the health care system, ACP advises.

Treating Bedsores

ACP recommends that physicians use protein or amino acid supplementation and hydrocolloid or foam dressings in patients with [bedsores](#) to reduce wound size. Protein supplementation was assessed in conjunction with standard therapies such as dressings or support surfaces. The evidence showed that hydrocolloid dressings are better than gauze dressings for reducing wound size and resulted in similar

complete wound healing as foam dressings. ACP also recommends that physicians use electrical stimulation as adjunctive therapy in patients with [pressure ulcers](#) to accelerate wound healing.

In the High Value Care section of the guideline, ACP states that it does not recommend the use of various advanced support surfaces, including alternating pressure and low-air-loss beds, since the quality of evidence evaluating these surfaces was limited and the harms from these type beds were poorly reported and could be significant given the immobility of the patient.

Additionally, although low-quality evidence showed that dressings containing Platelet Derived Growth Factor (PDGF) promoted healing, ACP supports the use of other dressings, such as hydrocolloid and foam dressings which are effective at promoting healing and cost less than PDGF dressings.

Provided by American College of Physicians

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