Objectives.

With chronic pathologies, Patient Education (TPE) brings a new light on the care management of patients. It has been taught only in an empirical manner. The development of Therapeutic education, especially neurological disorders. For a long time, the prevention of skin lesions has been proposed; progress has focused on improving existing dressings in particular to facilitate their use. Anatomical forms to treat specific areas (sacrum, heels…) have been proposed. Some dressings are provided with an adhesive border to optimize secure application of the dressing while respecting the perilesional skin.

In the last few years, efforts have focused on a rational choice of dressings; comparative studies of effectiveness have been conducted. The most recent publication of the HAS (2009): “Indications and recommended uses of dressings” aims to help health professionals to prescribe the most appropriate dressings. Thus, for the treatment of pressure ulcers are available:

- a choice of primary dressings adapted to individual wound healing stages;
- debridement: alginate, hydrogel;
- granulation: interface, hydrocellular, petrolatum;
- epithelialisation: interface, hydrocolloid;
- a decision aid in specific clinical situations:
  - infection prevention,
  - haemorrhagic wound: Algosteril®;
  - malodorous wound: activated charcoal;

A definition of protective dressings and choices based on the primary dressing. When studies are available, the level of evidence for the selection of the dressing is added. Primary dressings, excepting charcoal dressings, are not supposed to be associated with another primary dressing. Currently the thinking is more about how to use dressings than the development of new specialties; choosing a dressing, like choosing a drug, must be evidence-based.

Methods.

The methodology used is the one promoted by SOFMER, including:

(a) a systematic review of the literature with a search of the following databases:
Pascal Biomed, PubMed and Cochrane Library for data between 2000 and 2010,
(b) a definition of protective dressings and choices based on the primary dressing.

Results.

The review of the literature found four controlled studies in patients with chronic neurological impairments (most persons with spinal cord injury). The clinical practices’ study highlights programs under development, dedicated to persons with SCI or elderly populations.

Discussion.

The approach proposed by the therapeutic patient education finds a place in the strategy of preventing pressure ulcers in persons at chronic risk of developing PU. Educational objectives and techniques used must be adapted to the clinical and psychological context and are debated in the presentation. The co-construction of programs, recommended in the official texts for therapeutic education in France, ensure to tailor these programs to the patients’ needs.

Conclusion.

TPE is relevant in the care management or prevention of pressure ulcers in patients with spinal cord injury (Grade B).

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Dressings

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Since the 1960s, the treatment of pressure ulcers is based on moist wound healing. Among the ‘modern’ dressings, hydrocolloids were the first to meet this objective. They are now the “gold standard” used to assess any proposed dressing in the treatment of this type of wounds. The Anaes consensus conference (2001) intended to guide healthcare professionals in the choice of dressings and their use. Since, no new class of dressings has been proposed; progress has focused on improving existing dressings in particular to facilitate their use. Anatomical forms to treat specific areas (sacrum, heels…) have been proposed. Some dressings are provided with an adhesive border to optimize secure application of the dressing while respecting the perilesional skin.

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Nutritional management of neurological patients at risk or with a pressure ulcer

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