CO12-006-f
Prise en charge nutritionnelle des patients neurologiques à risque ou porteur d’escarre
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English version

CO12-001-e
Predictive risk factors of pressure ulcers: A review of the literature for the development of French recommendations for the clinical practice
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Keywords: Pressure ulcers; Risk factors; Predictive risk factors; Risk assessment; Evidence based medicine
Evaluation of predictive risk factors of pressure ulcers is essential to develop a preventive strategy at the entrance in hospitals and/or nursing homes. Objectives—The objective is to review the predictive factors of pressure ulcers in 2012, in particular to determine if the data evolved since the conference of consensus on the prevention and the treatment of pressure ulcers of the adult and the old subject (HAS, 2001). The adopted method is a systematic review of the literature with querying databases Pascal Biomed, Cochrane Library and PubMed from 2000 to 2010. This review was followed by a collection of the professional practices with a representative sample of the participants of the national congresses of PERSE, Sofner, SFCG and SFPPC.

Results—Immobility should be considered as a predictive risk factor of pressure ulcers (grade B). Undernutrition is possibly a predictive risk factor of pressure ulcers (grade C).

Discussion—The management is essential after these factors detected even if the level of evidence is low. Sensitizing and mobilization of health care teams requires training in tracking. The risk scales are a decision aid, to always balance by the clinical judgement of the nursing team.

Conclusion—There is an interest in knowledge and risk assessment predictive of ulcers and a support from the hospital admission. Immobility and undernutrition stay both predictive strong elements, which have to end in a global evaluation of risk of pressure ulcers. These predictive risk factors remain identical to those shown in 2001 at the consensus conference and the professional practices do not diverge from the recommendations resulting from the literature.

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CO12-002-e
Support surfaces and pressure ulcers: Review of literature in order to elaborate French guidelines
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Keywords: Pressure ulcers; Prevention; Treatment; Support surfaces; Based evidence medicine
The use of support surfaces for the prevention and treatment of pressure ulcers is considered an important part of at-risk patient care. However, these devices are very numerous, making the choice difficult for caregivers. The aim of this study is to evaluate the effectiveness of support surfaces through a systematic review of literature. Literature data are not always relevant and sometimes insufficient for clinicians to make a choice among available preventive devices. We have to recognize the methodological limitations of many studies, the lack of interest from industries in conducting such studies and the relatively small number of trials. However a few recent meta analyses including critics and guidelines are available, allowing to summarize the following Grade A guidelines: one structured foam mattress is more efficient than a standard hospital mattress; one air alternating pressure mattress is more effective than one viscoelastic mattress in reducing heel pressure ulcers but pressure ulcers are more severe in air alternating support; one low-air-loss bed is more efficient than one air mattress in heel pressure ulcers prevention. One specific sheepskin can reduce sacral pressure ulcers incidence in orthopaedic patients. One overlay on operating table reduces per operative and postoperative pressure ulcers. We have to keep in mind that support surfaces are only a part of pressure ulcers prevention techniques, which also include nutritional and postural care measures.

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CO12-003-e
Evaluating self-reported pressure ulcer prevention measures in person with spinal cord injury using the SMnac: Validation of the French version
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**Objectives.**– Pressure ulcer is a multifactor complication after spinal cord injury. The risk factors are different between the acute stage and the chronic stage. During the chronic stage, the impact of health behavior risk factors still needs to be determined. Furthermore, most educational therapeutic programs conducted on persons with spinal cord injury are aimed to act on these risk factors allowing the patient to be in charge of his or her health. On a skin level the Skin Management Needs Assessment Checklist is the only tool found in the literature to assess behavioral risks in persons with spinal cord injury. It is a questionnaire in the English language including 12 items exploring skin monitoring, pressure ulcer and wound preventions. It met with our expectations both on conceptual and clinical levels.

**Methods.**– This work consisted in providing a translation, transcultural adaptation and complete validation of the French version of the SMNac.

**Results.**– The revised SMNac obtained after the translation and transcultural adaptation is made of 19 items. Questionnaire’s reproducibility is excellent. Construct validity was evaluated with seven convergence hypotheses and three divergence hypotheses and is satisfactory. Internal coherence is high and responsiveness to change, evaluated during the acute phase of SCI management, is also high.

**Discussion.**– Both methodology of validation and the way to use this questionnaire in clinical practice will be discussed.

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**CO12-004-e**

**Therapeutic education in persons with spinal cord injury at risk or with pressure ulcer. Developing French clinical practice recommendations**

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**Keywords:** Pressure ulcer; Spinal cord injury; Prevention; Education

**Introduction.**– Pressure ulcer is a common complication in chronic affection, especially neurological disorders. For a long time, the prevention of skin lesions has been taught only in an empirical manner. The development of Therapeutic Patient Education (TPE) brings a new light on the care management of patients with chronic pathologies.

**Objectives.**– Determine the place of TPE in persons with spinal cord injury at risk or/already bearing pressure ulcers in 2011.

**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) collection of professional practices and (c) advice from a committee of experts.

**Results.**– The review of the literature found four controlled studies in patients with chronic neurological impairments (most persons with spinal cord injury). The level of evidence for efficacy is moderate in persons with SCI. 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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**CO12-005-e**

**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.

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: – 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.

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

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