CLINICAL EVIDENCE TO SUPPORT WOUND CARE PRACTICE

RESULTS OF AN SDMA MEMBER AUDIT

A national survey of SDMA members published in the Journal of Wound care in 2015 (Figure 2) presented a summary of the 1829 publications from randomised controlled trials (RCT), cohort studies, large observational studies through to case studies and in-vitro studies available from 122 products across a range of medical device classification. This survey also reported the results of a 2013 survey of 321 Health Care Professionals contradicting the opinion held by many that evidence is lacking in wound care. They concluded that:

> *" Sufficient evidence was currently available to guide their wound care practice."*

The results from a subsequent audit of SDMA members in 2020 are shown in Figure 1. This represents 259 studies* published between 2014 to 2020 and categorised according to NICE definitions.

The 259 research articles reflect the majority of wound types treated in the NHS today and represents a total of

1,402,409 patients.

If we align this evidence to the current priority workstreams of the National Wound Care Strategy Programme, we show that 90% of the evidence presented for pressure ulcers is derived from RCT, meta analysis or controlled clinical trials. Similarly, 70% of the supporting data for surgical wounds and 50% of data for lower limb wounds are derived from RCT, Meta analysis or controlled clinical trials.

*Cases of more than 20 patients. Reference: https://www.nice.org.uk/glossary

DISCUSSION

The over emphasis on the primacy of the RCT in the hierarchy of evidence and decision making has long been debated. Many HCPs recognise that real world data also provides valuable evidence, as the heterogeneity and variability in wound care outcomes mean that these studies may provide realistic and relevant measures on dressings performance. The increase in supported self-management during the COVID-19 pandemic highlight that both the patient's and clinicians views should be considered and reflected.

There is also increased acknowledgement from leading Health Technology Assessment (HTA) bodies such as NICE of the need to use real-world data to resolve gaps in knowledge and drive forward access to innovations for patients (NICE 5 year strategy). The SDMA/ ABHI calls for discussion between HTA bodies, the NWCSP, Wound Care practitioners and industry to arrive at an agreed level of evidence to help guide best clinical practice to support existing and future innovation adoption across the wound care arena.

CLINICAL EVIDENCE TO SUPPORT WOUND CARE PRACTICE

RESULTS OF A 2020 SDMA MEMBER AUDIT

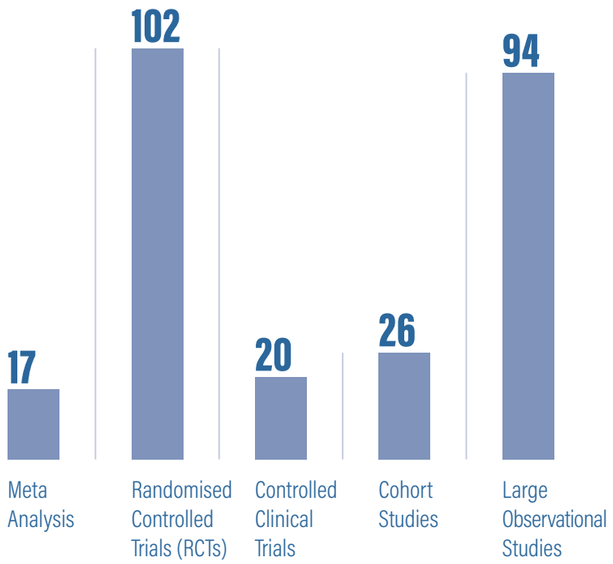
SDMA SURGICAL DRESSING MANUFACTURERS ASSOCIATION

KEY SUMMARY POINTS

FIGURE 1:

A new audit conducted by SDMA members in 2020 reviewed the level of evidence published in peer reviewed articles between 2014 and 2020

THE TOTAL NUMBER OF RESEARCH ARTICLES WAS **259**, SPLIT AS FOLLOWS:



THIS WAS REPRESENTATIVE OF CURRENT TREATMENT PRACTICE IN THE FOLLOWING WOUND TYPES:

Total number of patients represented =

1,402,409

- Pressure Ulcer (PU)
- Venous Leg Ulcer (VLU)
- Diabetic Foot Ulcer (DFU)
- Surgical Site Infection (SSI)
- Pilonidal Sinus
- Burns/Donor Sites/ Skin Tears
- Chronic Wounds
- Wound Bed Preparation and Radiation

The National Wound Care Strategy Programme (NWCPS) is focusing on improving the standard of care in Lower Limb, Pressure Ulcers and Surgical Wounds.

Previous members evidence survey in 2012 showed that there were

1829
types of evidence
from
122
products

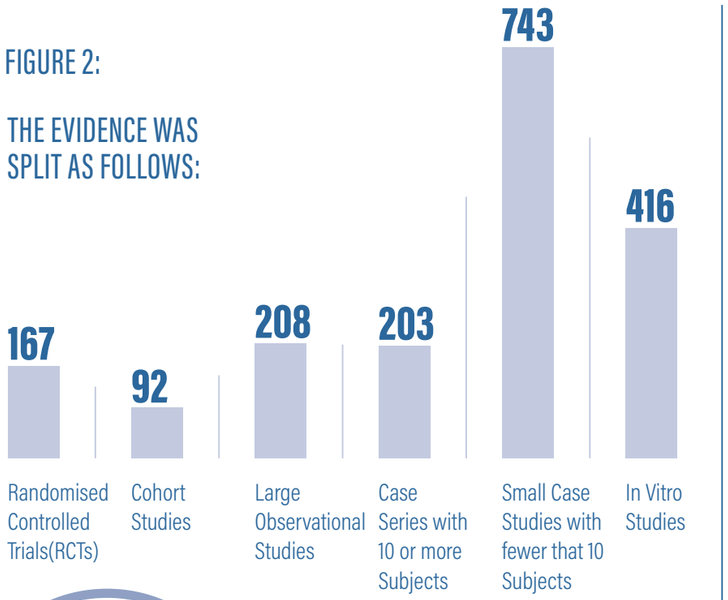
15%
involved 100 or more patients.

Results of a 2013 survey of 321 Heath Care Professionals (HCPs) concluded that ***"Sufficient evidence was currently available to guide their wound care practice"***

Reference: A national survey by the SDMA: use of evidence in nursing practise Journal of Wound Care Vol 24, No 10, October 2015

FIGURE 2:

THE EVIDENCE WAS SPLIT AS FOLLOWS:



PRESSURE ULCER
90%
90% of supporting data derived from RCT, Meta analysis or Controlled Clinical Trials

VENOUS LEG ULCER
50%
50% of supporting data derived from RCT. Meta-analysis or Controlled Clinical Trials

SURGICAL SITE INFECTION
70%
70% of supporting data derived from RCT, Meta analysis or Controlled Clinical Trials

Reference: Technical Committee of the SDMA with contribution of all members