Towards an Evidence Based Intervention to Enhance Concordance with Compression Bandaging

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Declaration of Financial Interests or Relationships

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I have the following financial interest or relationship(s) to disclose with regard to the subject matter of this presentation: The literature review which formed the basis of this presentation was performed during time when I received funding support as Project Officer & PhD student from the Wound Management Innovation CRC for Project WMICRC 3.36 Venous Leg Ulcer, NPWT and Compression Bandaging.

I am also in receipt of an Australian Government RTS for my PhD studies at Curtin University which has funded my attendance at this conference.
Background

- Compression bandaging is the recommended treatment for venous leg ulceration\textsuperscript{1-3}
- Concordance with compression bandaging remains sub-optimal\textsuperscript{4, 5}
- Consequently patients experience protracted and recurrent ulceration
- No validated screening tool to evaluate risk of non-concordance with compression
Aim

- To elucidate reasons for non-concordance with compression bandaging
- Subject the identified reasons to thematic analysis
- Use the resultant themes to develop a screening tool to identify patients at risk of non-concordance with compression bandaging
Methodology

A literature search was undertaken using the terms ‘concordance’, ‘compression bandaging’ and ‘venous leg ulcer*’

• Articles were included if they discussed reasons for non-concordance with compression bandaging

• 41 articles were identified which met inclusion criteria

• The full texts were read and the reasons for non-concordance tabulated. These were then subjected to thematic analysis
Results:

6 Themes Emerged:

- Knowledge deficit
- Resource deficit
- Psychosocial issues
- Pain / discomfort
- Wound management issues
- Physical limitations
Conclusions

• A significant body of literature describes reasons for non-concordance with compression bandaging

• The 6 emerging themes: knowledge deficit; resource deficit; psychosocial issues; pain/discomfort; physical limitations and wound management issues offer insight into the reasons for non-concordance

• There is currently no risk screening tool to identify patients at risk of non-concordance

• We have developed and intend to validate a screening tool to evaluate the risk of concordance.
Thank you
References


