

Towards an Evidence Based Intervention to Enhance Concordance with Compression Bandaging

Sharon Boxall RN, MN, STN, PhD Candidate
Prof Keryln Carville, Prof Shirley Jansen
Prof Gavin Leslie



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TOWARDS THE CUTTING EDGE IN WOUND CARE



Declaration of Financial Interests or Relationships

Speaker Name: Sharon Boxall

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 ulceration¹⁻³
- Concordance with compression bandaging remains sub-optimal^{4, 5}
- Consequently patients experience protracted and recurrent ulceration
- No validated screening tool to evaluate risk of non-concordance with compression



Aim

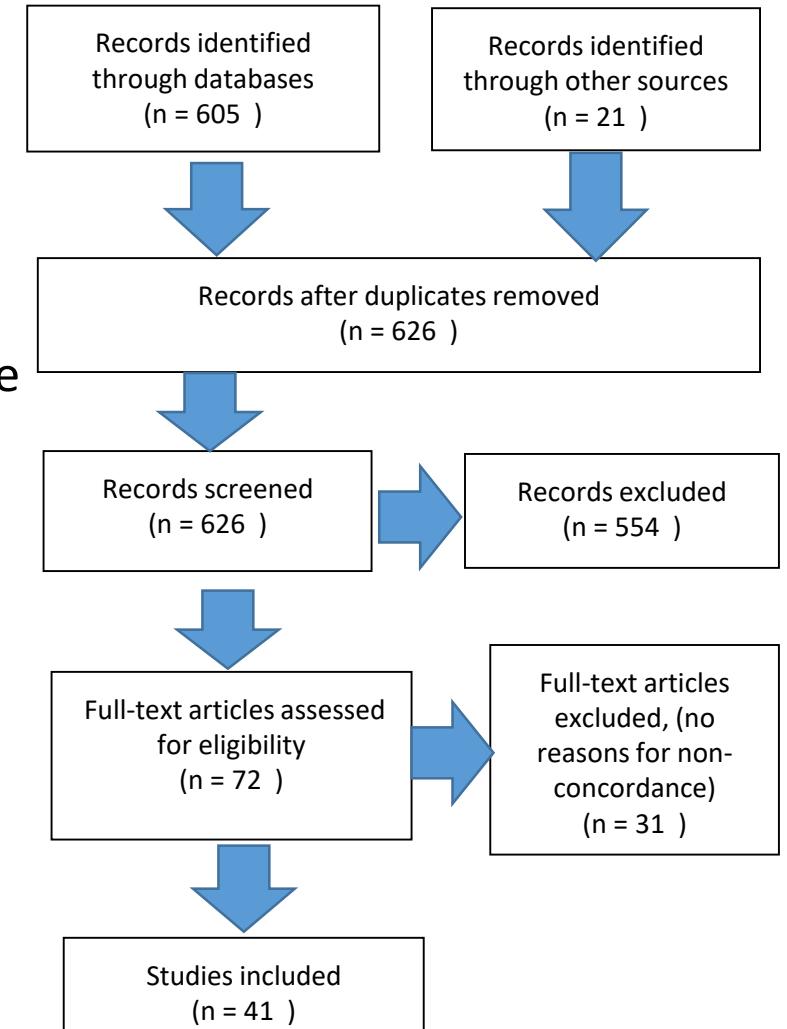
- To elucidate reasons for non-concordance with compression bandaging
- Subject the identified reasons to thematic analysis
- Use the resultant themes to develop a screening tool to identify patients at risk of non-concordance with compression bandaging



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 :



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



Curtin University



Silver Chain

References

- 1 Australian Wound Management Association Inc & New Zealand Wound Care Society. *Australian and New Zealand clinical practice guideline for prevention and management of venous leg ulcers*. Osborne Park, W. Australia: Cambridge Publishing, 2011, p.132.
- 2. Simon D, Dix F and McCollum C. Management of venous leg ulcers. *British Medical Journal*. 2004; 328: 1358-62.
- 3. O'Meara S, Cullum N, Nelson E and Dumville J. Compression for venous leg ulcers. *Cochrane Database of Systematic Reviews*. 2012; 2012.
- 4. Moffatt, Kommala D, Dourdin N and Choe Y. Venous leg ulcers: patient concordance with compression therapy and its impact on healing and prevention of recurrence. *International Wound Journal*. 2009; 6: 386-93.
- 5. Van Hecke A, Verhaeghe S, Grypdonck M, Beele H and Defloor T. Processes underlying adherence to leg ulcer treatment: A qualitative field study. *International Journal of Nursing Studies*. 2011; 48: 145-55.