

Background

- Pressure Ulcers (PUs) are a public health threat
- Expenditures annually:
 - US: \$9-11 billion per annum
 - Europe: Varies, but hundreds of millions to a few billion per year
 - Data from other parts of the world are scarce
- **What gap needs to be filled?**
 - The most recent systematic review of global PU prevalence was published in 2018

- Prevalence among all populations is still fairly high internationally
- Incidence is increasing globally
- Not a focus of public health efforts
- Can affect quality and safety ratings, and reimbursement rates (in the U.S.) for nursing homes (NHs) and Long-term care facilities (LTCFs)

Methods

- Rapid review
- Modified PRISMA-P process for a single reviewer conducted in RefWorks® software
- **Inclusion Criteria:**
 - PU/Wound Prevalence described
 - LTCFs/NHs were settings
 - Or, discussed mobility limitations of patients
 - Published in 2018 or later

Results

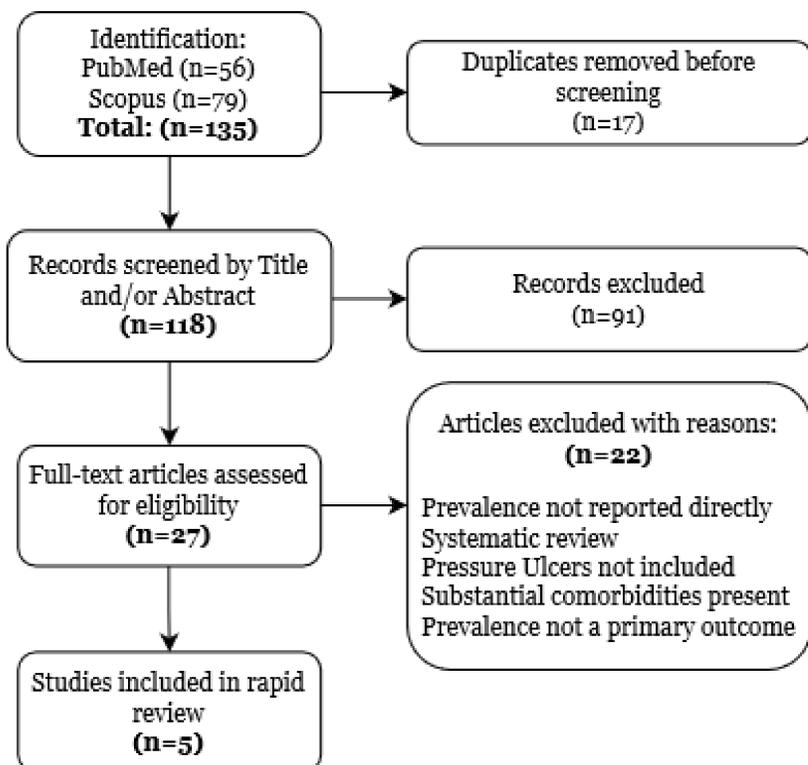
- Five studies were chosen for the rapid review
 - All were cross-sectional: 4 were retrospective (“R”), 1 was prospective (“P”)
- Countries included (n):
 - France (1)
 - China (1)
 - Portugal (2)
 - Japan (1)

} Regional
- Prevalence range: 4.03% to 14.42%
- Regional studies: PUs were mostly found on the sacrococcygeal region, followed by the lower leg
 - Not reported for LTCFs specifically

Discussion

- Notable distinction between LTCF and NH in Portugal and France:
 - In **Portugal**, LTCFs and NHs are distinct. LTCFs are for those truly dependent on supportive care. NHs appear to retain the traditional definition.
 - In **France**, LTCFs are units of hospitals, and like in Portugal, are generally reserved for the most dependent. NH distribution is not in-line with the distribution of older adults.
 - **For this review, we found that those in LTCFs may have increased morbidity, thus implying higher prevalence**
- Effects of Insurance in Japan
 - Prevalence was lower in facilities with LTC insurance
 - Scale of the study merits further investigation to see if this is a national phenomenon
- Overall, we are unable to draw firm conclusions about the root causes of prevalence differences at the inter-country, intra-country, and interregional levels

Modified PRISMA diagram



Authors	Country	Sample size (n)	View	Scale Used	Prevalence measurement type	Measured PU Prevalence (95% CI)
Wei et al. (2021)	China	1158	R	Clinical evaluation by a researcher, NPUAP	Raw	4.8%
Barrois et al. (2018)	France	21538	R	Questionnaire (NPUAP?)	Raw	NH = 7.2% (6.5, 7.9) LTCF = 8.7% (7.4, 10.0)
Nakashima et al. (2018)	Japan	596	P	DESIGN-R questionnaire and directly-observed physical examination	Point Prevalence	≈ 12.42%
Lopes et al. (2020)	Portugal	87	R	ELCOS-SPdF	Point Prevalence	4.03%
Furtado et al. (2020)		770	R	EPUAP	Raw	14.42%

Conclusions

- In this review, we have:
 - Added to the literature by increasing representation of different countries
 - Demonstrated the importance of this issue for a population that is overlooked from a public health research perspective
 - Placed the issue in context of attributes such as insurance distribution and healthcare system structure
- **Future research should:**
 - Investigate the root causes of prevalence differences
 - Investigate public health interventions to increase PU awareness and prevention
 - Continue to investigate the science and art of wound healing

References

- Available upon request, please email: JMC250@students.Jefferson.edu