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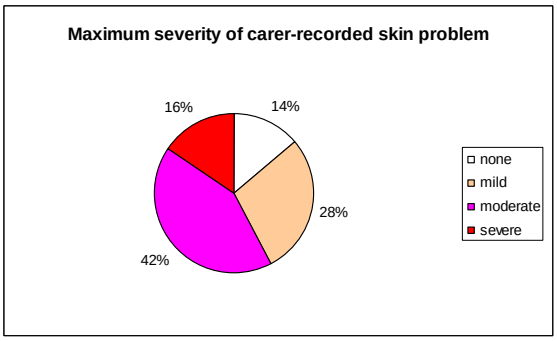
INCONTINENCE-ASSOCIATED DERMATITIS: COMPARISON BETWEEN TWO METHODS OF COLLECTING DATA ON NURSING HOME RESIDENTS

Hypothesis / aims of study

Incontinence associated dermatitis (IAD) is a condition that commonly affects users of absorbent continence products, it may develop anywhere in the pad area, but is mainly seen in the groins and buttocks. Establishing aetiology in the buttocks can be complicated as these areas are subject to pressure forces as well as moisture and it is likely that skin damage in this area could be multi-causational. Studies reporting on the prevalence rate of IAD give varied results (33-94%) (1,2). depending on the definition of dermatitis and the method used for data collection. The lack of a commonly used, validated outcome measure makes it difficult to compare across studies. This study aimed to develop and pilot two methods for monitoring skin health suitable for use in intervention trials.

Study design, materials and methods

All participants were currently taking part in a large randomised multiple crossover trial of four designs of continence products in 10 nursing homes. Two methods of measuring skin health were used, a) carer-observed at every pad change b) researcher-observed at two-weekly intervals. Method A: carers noted at every pad change the presence/absence of a skin problem and where applicable, the severity (*none, mild, moderate, severe*). Method B: researcher-observation of the participants' skin fortnightly over an 8 week period (4 observations) using a form to note the location, type, size, and severity of any skin problems. This was based on two scores reported in the literature which had been used in a previous study by the authors.

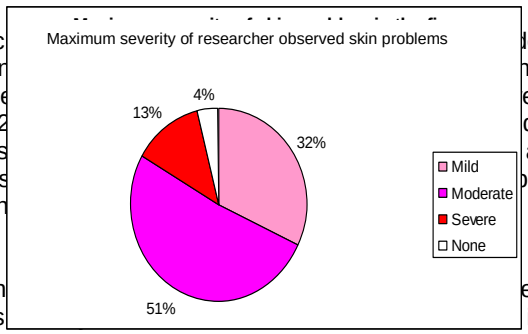


Results

Data for method A are available from 109 participants (10,928 pad changes) of whom a subset of 78 also have data from method B. Participants had a mean age of 82 years and approximately 75% were female. Over 60% were categorised as highly dependent using the Barthel score and more than half were classed as very high or high risk by the Braden scale. There were no significant differences in participant characteristics between the main group and the subset.

Method A

Method B



Interpretation of results

Data from method A revealed that at around 10% of pad c ded. Eighty-six percent of participants had at least one skin problem recorded durin a maximum severity of moderate or severe. Method B showed that 96% had at le eek period and that 64% had a maximum severity of moderate or severe. Whilst 12 ded to be less persistent with only 1% having a problem on all four observations and tended to be more persistent with 16% being present on all four observations blanchable erythema and there was little evidence of rashes, vesicles and other sign

Concluding message

Skin problems were common in this sample of incontinen e taken when comparing the two data sets, it can be seen that the overall picture is is a relatively cheap and resource-light method of collecting information. Researcher-observation is a more time-consuming and expensive approach. These data suggest that for a snapshot of prevalence of skin problems in a nursing home, collecting data from the carers using labels at pad change times may be a relatively cheap and easy method to collect a large volume of data. Observation by research staff will yield more detailed results, but has higher costs associated with the data collection because of the need to pay dedicated skin observers. The form used by the researchers has been subject to further testing with the aim of producing a reliable and valid tool for monitoring IAD.

References

1. *Journal of Gerontol Nurs*. 1997 Dec;23(12):5-102.
2. *J am geriatric society* **45** 10 1182-8

Specify source of funding or grant	**Health Technology Assessment Programme, SCA**
Is this a clinical trial?	**Yes**
Is this study registered in a public clinical trials registry?	**Yes**
Specify Name of Public Registry, Registration Number	**National Research Register N0484114805**
What were the subjects in the study?	**HUMAN**
Was this study approved by an ethics committee?	**Yes**

Specify Name of Ethics Committee	**North London MREC**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**