

The Extent of Chronic Wounds in Canada

SPONSORED BY A RESEARCH GRANT FROM THE CAWC



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Many of us who work in wound care appreciate how much the lives of individual Canadians are disrupted by caring for their wounds or by pain, and by the costs associated with treating these wounds. While the management of chronic wounds is often a passion for many wound-care specialists, in reality, the majority of Canadians are unaware of the problem and most health-care professionals place little emphasis on identifying and treating skin ulcers.

For wound-care specialists the number of individuals seeking our services is ever-expanding, leading some to suggest that chronic wounds are relatively common health-care concerns and that the problem is growing. In fact, there is little information available about the number of individuals in Canada who have chronic wounds. We currently do not have national estimates for the prevalence and incidence of different types of common wounds in various health-care settings in regions across Canada. Without this information we cannot even begin to estimate the costs to the Canadian health-care system associated with managing chronic wounds.

Chronic wounds are not nationally recognized as an important health-care problem. Currently, there is little national or provincial funding to provide co-ordinated health-care delivery programs for the prevention and management of chronic wounds or to promote the development of educational programs for health-care professionals. Furthermore, nationally funded grants to support research programs directed toward identifying the underlying cause of chronic wounds and establishing new interventions and innovative health-care delivery models are few and far between. We feel that in order to focus national attention and resources on this serious and growing health-care problem we must raise national

awareness about chronic wounds. To do so, it is absolutely essential to gather facts and statistical data that describe the extent of the problem in Canada, so that they may be used when lobbying health-care administrators and relevant government officials and for informing the general Canadian population.

Prevalence: The proportion of a group that has a wound (count patients not ulcers) at a given time; which may be a single point in time or a time period during which the cases are counted. The number of patients with wounds and the size of the group assessed could be provided.

Incidence: The proportion of a group initially free of ulcers that develop them during a specified period of study (e.g., a three-month period). The number of patients with new wounds and the size of the group assessed could be provided.

Recently, the National Pressure Ulcer Advisory Panel (NPUAP) in the U.S. published a report that described the prevalence of pressure ulcers in the U.S.¹ This exercise involved a 10-member panel and took over two years to complete. In Canada, many national organizations that support other common disease conditions such as diabetes, cardiovascular disease and cancer have invested enormously in both human and financial resources toward the development and maintenance of large national registries. Clearly, to gather this information is no small task. It takes years to organize, collect and collate the data.

Given the size of the task we felt it an important first step to design a project to systematically search and identify existing research data on the prevalence and incidence of chronic wounds in Canada. Specifically, the

goal of this project was to determine what current information is available on the extent — i.e., the prevalence and incidence — of each of the types of non-healing skin ulcers (pressure sores, diabetic foot ulcers, venous leg ulcers and other common types of chronic wounds) in different health-care settings (acute care, chronic care, long-term care, community) in all regions across Canada.

We presented this idea to the CAWC board in January of the year and were delighted that they elected to sponsor this project by providing an unrestricted research grant and by promoting this research project to its membership and corporate sponsors.

Since taking on this project in January 2003, we have been very active, searching for existing data in several sources. To begin, we performed a systematic search of all peer-reviewed published studies that included information about the prevalence or incidence of chronic wounds in Canada. In addition, an exhaustive search of unpublished sources of Canadian studies on this subject has also

been performed. Some of you may have heard from us directly as we followed up with authors who had presented their data at previous CAWC and other wound-care conferences. Others were gracious enough to respond to our request for information through members of the CAWC board of directors or via the CAWC Web site. We thank you all for your overwhelming response!

From these published and unpublished studies that we have gathered and reviewed to date we have found, in general, that estimates of the prevalence and incidence of chronic wounds in local facilities and regions are quite variable and that vastly different research methodology and definitions have been employed. To address this we have employed an objective and systematic review of the data in which methodologies employed in each study have been critically appraised using previously established criteria². This objective approach will allow us to select which data to include in our analysis and decide how and when data can be collated and compared.

The goal of this project was to determine what current information is available on the extent of each of the types of non-healing skin ulcers.

In addition to searching the traditional literature sources for research data, numerous Web sites were searched and contacted. Our most exciting result of these efforts is a request being made to the Canadian Institute for Health Information (CIHI) for Minimum Data Set (MDS) data. The MDS data are collected in all the chronic-care facilities and are sent to CIHI. The data are collected by the facilities to determine 'quality indicators' (QIs), which are used for clinical and policy decision-making purposes. Ontario is the first province to mandate collection and there are 140 facilities in this jurisdiction; this provides a

unique opportunity to use this recently developed large data set for research purposes. If our request to CIHI is successful, we will complete a secondary data analysis of individual record data to ascertain the prevalence and incidence of pressure ulcers and 'stasis ulcers' and determine what, and if, information can be gleaned from the MDS data about diabetic foot ulcers.

We are very excited about the links we have made with several wound-care companies that have conducted numerous and exten-

sive prevalence and incidence studies on all types of chronic wounds in various types of facilities right across Canada. For example, one company has amassed aggregate data about the number of pressure ulcers that existed from 1997 to 2002 in 58 acute-care facilities located across Canada and numerous long-term facilities across Ontario. We are grateful that one of three companies that have gathered information in this area (KCI Medical Canada, Inc.) is expending great efforts to reach out to their individual consumers to address the proprietary and confidentiality issues so that they will be able to share the information with us.

While we have been pleasantly surprised with the amount and regional distribution of data available about the extent of chronic wounds in Canada, we fully expect that there will be many pieces of information that are lacking and much work that has yet to be done. Through identifying these gaps in our knowledge we hope to provide direction for much-

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