Wound care - Antimicrobial dressings

Over £7.3 million is spent annually on all antimicrobial dressings (excluding silver dressings) in England (ePACT May to July 2015). QIPP projects in this area focus on reducing inappropriate prescribing of antimicrobial dressings, but maintaining high standards of wound care in line with national guidance.

Recommendations

- Review the prescribing of antimicrobial dressings, ensuring appropriate use according to local wound dressings formulary.
- At present there is no robust clinical or cost-effectiveness evidence to support the use of antimicrobial dressings (e.g. honey, iodine or silver) rather than non-medicated dressings for the prevention or treatment of chronic wounds.[1]
- Review patient suitability for switching to standard dressings (non-medicated), if no wound infection is present.
- If an antimicrobial dressing is required, prescribe the lowest acquisition cost dressing. It must have sufficient properties to deal with the characteristics of the wound.[1,2]
- Only use antimicrobial products where an increased risk of infections are apparent. Avoid indiscriminate use because of concerns over bacterial resistance and toxicity.[1,2]
- If the infection is spreading (not localised to the wound) treatment with systemic antibacterials may be required.[3]
- Prescribe antimicrobial dressings for the shortest time required (generally one to two weeks) and review regularly.[1,2]
- Prescribe the minimum quantity of dressings sufficient to meet people's needs, to reduce avoidable wastage and prevent stockpiling.[2] Order the exact quantity required (rather than complete boxes) and do not put on repeat.[1]

Costs

Further details available in the accompanying bulletin. Check the Drug Tariff, Part IXA Wound Management Dressings at www.ppa.org.uk/ppa/ edt_intro.htm for current prices and whether products can be prescribed on FP10.

Over £7.3 million is spent annually on antimicrobial dressings (excluding silver) in England (ePACT May to July 2015). Of this, over £1.6 million is spent on honey dressings, £2.9 million on iodine dressings and £2.7

million on other antimicrobial dressings (excluding silver dressings).

The proportion of prescriptions for more than 10 dressings is 29% (range is between 7% and 75%). As antimicrobial dressings should be assessed regularly, a maximum of two weeks supply should be prescribed.

Reducing the antimicrobial dressing prescribing discussed in this bulletin by 80% could release over £5.8 million in savings annually. This equates to £10,239 per 100,000 patients.

Supporting evidence

A Cochrane review (in 2015) investigated honey as a topical treatment for wounds compared with various treatments (26 eligible trials).[4] The differences in wound types and comparators make it impossible to draw overall conclusions about the effects of honey on wound healing. The evidence for most comparisons is low quality. In some cases the study results varied considerably. There is high quality evidence that honey heals partial thickness burns around four to five days more quickly than conventional dressings. It is not clear if honey is better or worse than other treatments for burns, mixed acute and chronic wounds, pressure ulcers, Fournier's gangrene, venous leg ulcers, minor acute wounds, diabetic foot ulcers and Leishmaniasis, as most of the existing evidence is low quality.[4]

Another Cochrane review (in 2013) investigated hydrocolloid dressings for healing diabetic foot ulcers (present for at least six weeks). One robust study (2009) with a 24-week follow-up, involved an iodine-impregnated dressing (Inadine®) compared with fibrous hydrocolloid (Aquacel®) dressing (n=211). There was no statistically significant difference in the number of ulcers healed in the iodine-impregnated dressing group, compared with the fibrous-hydrocolloid group and no difference in quality. There did not appear to be any difference in the number of adverse events, or ulcer recurrence between the groups. The trial was of adequate statistical power and good methodological quality.[5]

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Additional resources available:

Bulletin Data pack Audit

https://www.prescqipp.info/resources/viewcategory/415-wound-care-antimicrobial-dressings

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