

Clinical features and quality of life of patients with chronic wounds

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Introduction

Patients with chronic wounds (CW) experience health-related changes in quality of life (QoL). Physical well-being, mental health and daily activities are affected. It has been found that the longer a wound persists and the larger it is, the poorer is the QoL of patients.

Aims and objectives

To evaluate the clinical characteristics of CW which are significant for the prognosis of QoL.

Materials and methods

An instantaneous study was conducted as the part of multicentre research of ten countries. Examination of 50 patients was performed using clinical signs of CW and Wound-QoL questionnaires [1, 2] and VAS pain scale. QoL was scored according to patient survey data on physical well-being, mental health and daily activities. Descriptive statistics, nonparametric tests and binary logistic regression were used for data analysis.

Results

More than half (52%) of CW are of venous origin (Fig.1), 14% of CW are of arterial origin (Fig. 2) and 26% of CW are of diabetic origin (Fig. 3). The duration of CW varies from 3 to 228 months, the mean – 22.6 months. The area of CW varies from 1 to 900 cm², the mean - 69.9 cm². The majority of CW has a flushed wound edge and/or flushed surrounding skin, respectively 80% and 82%. More than a third of CW surface is covered with fibrin (38%) and 64% of CW has an odour (Fig. 4). The mean of wound VAS pain at rest is 4.1 (\pm 2.6) points and when changing dressings - 5 (\pm 3.2) points. According to the data of logistic regression analysis, the physical well-being is worsened by the wound odour 11 times ($p=0.002$), respectively pain at rest - 3 times ($p=0.006$). Mental health is worsened by wound pain during the change of dressings 2 times ($p=0.005$). Daily activities are aggravated 8 times by the wound odour ($p=0.003$), respectively 2 times by pain at rest ($p=0.043$). General QoL is worsened by wound odour 15 times ($p<0.001$) and pain at rest 2 times ($p=0.026$).

Conclusions

The majority of chronic wounds are venous, have a flushed edge and/or flushed surrounding skin, more than half of chronic wounds has malodour. When planning the treatment of chronic wounds, it is essential to note that wound odour worsens the patient's physical well-being, daily activities and the general quality of life more than pain at rest.



Fig.1. Venous ulcer - 7.5x5 cm, depth - 0.4 cm. Duration - 5 months. On the surface – granulation tissue



Fig. 2. Arterial ulcer - 11x9 cm, depth - 0.8 cm. Duration - 4 months. On the surface - fibrin



Fig. 3. Diabetic ulcer - 1.8x1.5 cm, depth - 0.3 cm. Duration - 3 months. On the surface - necrosis

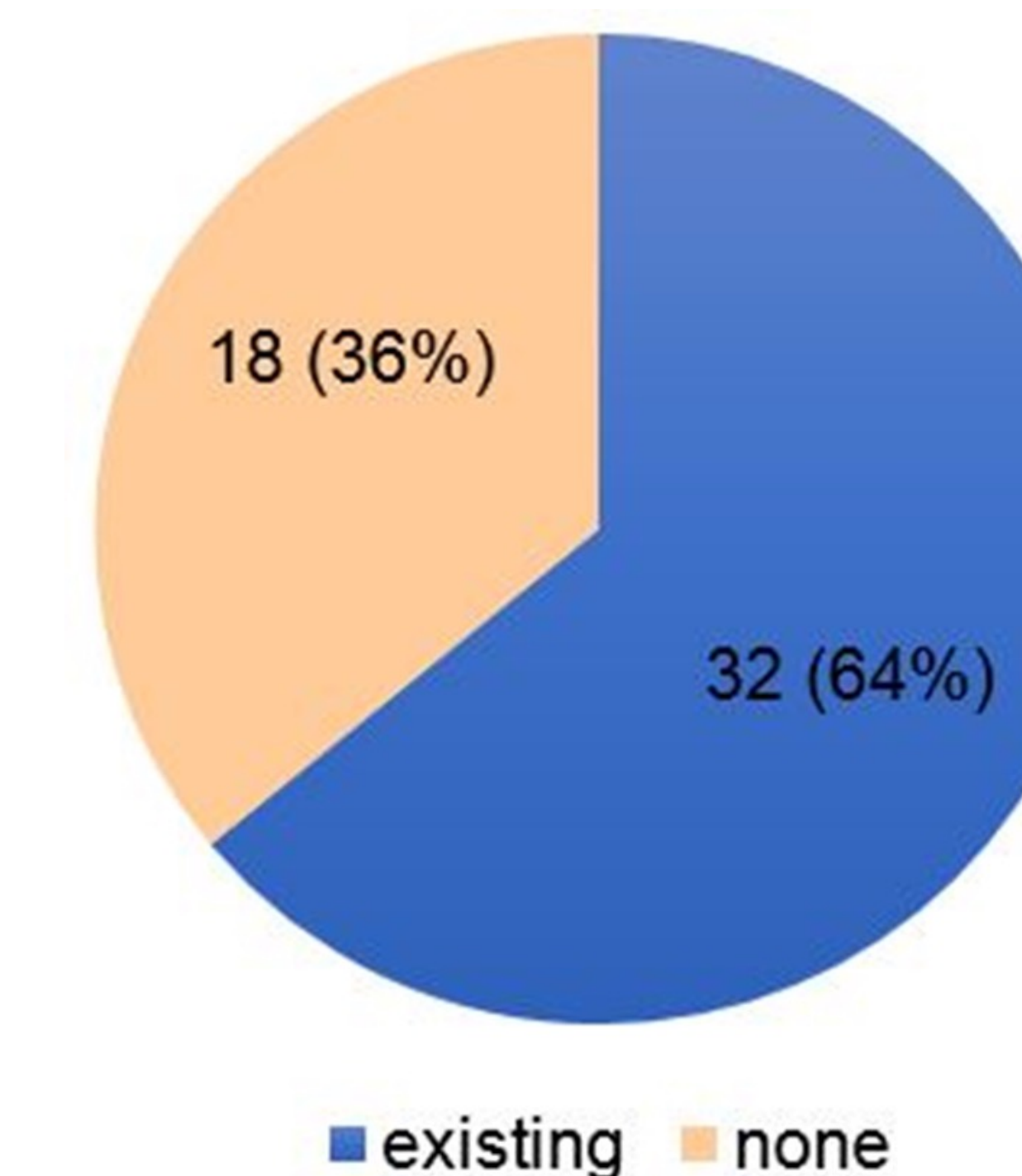


Fig. 4. Distribution of patients according to the presence of wound odour

References

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