INTRODUCTION
Within wound care there is a common distinction made between acute and chronic wounds. Approximately 4-12 weeks of appropriate treatment and without obvious signs of healing, wounds are normally classified as chronic1. Considering differences of and similarities between acute and chronic wounds, it was interesting to evaluate, if products are effective across different wound categories.

AIM
An observational study was initiated to investigate experiences of different wound care experts with an innovative, self-adhesive product based on Hydration Response Technology (HRT®). The objective of the subgroup analysis presented here was to explore the experts’ experiences with the product on acute and chronic wounds, respectively.

METHOD
Between January and July 2012 a questionnaire survey was conducted with wound care experts from various wound care facilities across Germany. The first five assessments refers to the wound care experts’ experiences with products previously used, including foams, algienes and hydrogels. The subsequent four assessments refer to the wound care experts’ experiences with the self-adhesive HRT dressing. Exudate management, retention properties and dressing handling were used as indicators of the dressings’ efficiency and assessed on a four-point scale (very good, good, sufficient and poor). In this presentation the answers ‘very good’ and ‘good’ are summarised as ‘positive appraisal’. Additionally, overall satisfaction with the HRT dressing was rated comparing satisfaction with the old and new treatment regime. Wounds were classified as ‘acute’ when they were present for two months or less, whereas wounds with a duration exceeding two months were classified as ‘chronic’.

RESULTS
Two of the overall 66 questionnaires had to be excluded due to the wound duration not being specified. The sample of the remaining 64 forms consisted of 29 male (45%) and 35 female (55%) patients with a mean age of 73 years (46 to 92 years). The wound type distribution of the 28 acute (44%) and 36 chronic (56%) wounds is shown below (Figures 1a, 1b). ‘Other’ wounds included mainly post-operative wounds.

The exudate management qualities of the HRT dressing were positively appraised by the vast majority of wound care experts with slightly lower scores for acute (85%) than for chronic (97%) wounds. For previously used products a lower level of appraisal was found. With a positive appraisal of 21% for acute and 62% for chronic wounds, there was a huge discrepancy of appraisal between acute and chronic wounds (Figure 2).

With a positive appraisal of 96% for acute wounds and 95% for chronic wounds, the HRT dressings’ retention properties were equally assessed across both wound categories. In contrast, with 25% for acute and 50% for chronic wounds, the proportion of experts who positively appraised the retention properties of previously used dressings was substantially lower than the assessment of the HRT dressing and again uneven across acute and chronic wounds (Figure 3).

With 100% providing a positive appraisal, impressive results were found for the assessment of the HRT dressings’ handling in both, acute and chronic wounds (Figure 4). Finally, a similar proportion of the experts (96%) stated to be more satisfied with the HRT dressing than with the previously used dressing in acute wounds, while 86% said so for chronic wounds (Figure 5).

DISCUSSION
The sample size included in this study (n=64) implies that the findings are likely to be relevant for a range of wound care experts for the treatment of both acute and chronic wounds.

Overall, the results suggest that wound care experts highly appreciated the exudate management and retention properties of the self-adhesive HRT product, both in acute and chronic wounds. These results confirm earlier findings of in-vitro measurements2 and clinical studies3, where remarkable fluid handling capacities and high levels of clinical performance qualities of HRT dressings have been reported.

The results also suggest that wound care experts seem to be less appreciative of the exudate management and retention properties of the previously used dressings. In addition, for both indicators the positive appraisal was substantially lower (50%) in acute than in chronic wounds. This discrepancy implies that either different products have been used (depending on the duration of the wound) or the same products show different levels of performance in acute and chronic wounds. An analysis of the product previously used revealed that in fact different product categories have been applied on acute and on chronic wounds (data not shown). It can therefore be concluded that wound care experts might consider their product choice for acute and chronic wounds and contemplate alternative products, that have been assessed equally high in acute and chronic wounds.

CONCLUSION
In summary, the findings suggest a number of performance advantages of the HRT dressing, which go beyond the frequently reported application in chronic wounds 4 and include similar benefits for acute wounds. More research is required to confirm these results.

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References