**Kliiniline küsimus nr 7b**

Kas kõigil lamatise tekke riskiga patsientidel kasutada rõngast vs nende kasutamata jätmine;

Kriitilised tulemusnäitajad:

Lamatise tekkimise kiirus (alates liikumispiirangu tekkimisest)

**Kokkuvõte**

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| Süstemaatilistes ülevaadetes võrreldakse tavaliselt erinevaid toetusvahendeid (support surfaces) lamatiste ennetamises. Toetusvahendite all mõistetakse madratsikatteid, madratseid, geelpatju, ratastoolipatju. Süstemaatiliste ülevaadete tulemusena saab kinnitada, et alternatiivsed madratsid ja muutuva rõhuga madratsikatted on efektiivsemad kui standardmadrats, kuid erinevate alternatiivsete vahendite omavahelisel võrdlemisel ei saa ühtegi eelistada.  Eraldi on uuritud ratastooli patsientide istepatju.  **Senised uuringute tulemused on ebapiisavad, et määratleda erinevate ratastoolipatjade, rõhumuutuseta vahendite või toolikatete efektiivsust lamatiste ennetuses.** |

**Süstemaatilised ülevaated**

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| Chou, 2013 süstemaatilises ülevaates oli neli rahuldava kvaliteediga uuringut (n= 32 - 248), mis olid läbi viidud hooldusravil viibivatel eakamatel patsientidel. Uuringutes võrreldi alternatiivseid ratastooli patju standardpadjaga ning uuringute tulemused on varieeruvad. Uuringute kvaliteet ei ole kõrge ning erinevates uuringutes on kasutatud erinevaid patju. Seega ei saa teha üldistavaid järeldusi. Tõenduse kvaliteet on madal.  Ühes kliinilises uuringus (n=248) ei leitud erinevust lamatiste tekkimise sageduses kui võrreldi individuaalselt kohandatud vahtpatju tahvel patjadega (68 vs. 68 %; RR 1,0; 95% CI 0,84 - 1,2).  Väiksemahulises pilootuuringus (n=32) ei leitud samuti erinevusi lamatiste esinemissageduses kui kasutati rõhku vähendavaid ratastoolipatju geneeriliste vahtpatjadega  (40 vs. 59 %; RR 0,68; 95% CI 0,3 - 1,4).  Kolmandas kliinilises uuringus (n=141), kus kasutati Jay patju (ühekõrgune uretaanvaht geelkihi kattega) oli väiksem lamatiste tekkerisk võrreldes standard vahtmadratsiga  (25 vs. 41%, RR 0,61; 95% CI 0,37 – 1,0).  Neljandas kliinilises uuirngus (n=232) leiti, et erinevad nahka kaitsvate ratastoolipatjade kasutamine vähendab istmikuluu haavandite tekkimise riski võrreldes standard vahtmadratsiga (9,9 vs. 6,7 %, RR 0,13; 95% CI 0,02 – 1,0).  Üheski uuringus ei olnud ära toodud, kui kaua patsiente jälgiti. |

**Ravijuhendid**

Ravijuhendite soovituse tuginevad peamiselt ekspertarvamustele. Soovitatakse surve vähendamiseks vahetada ka ratastoolis asendit ning kasutada rõhku vähendavaid ratastoolipatju.

**Viited**

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| **Kokkuvõte (abstract või kokkuvõtlikum info)** | **Viide kirjandusallikale** |
| Objectives:  While pressure ulcers commonly occur and are associated with significant health burdens, they are potentially preventable. This report systematically reviews the evidence on (1) risk-assessment scales for identifying people at higher risk of pressure ulcers and (2) preventive interventions to decrease incidence or severity of pressure ulcers. The Agency for Healthcare Research and Quality also commissioned a separate report on effectiveness of interventions to treat pressure ulcers.  Data sources:  Articles were identified from searches of MEDLINE® (1946 to July 2012), CINAHL (1988 to July 2012), the Cochrane Central Register of Controlled Trials and Database of Systematic Reviews (through July 2012), clinical trials registries, and reference lists. Review methods. We used predefined criteria to determine study eligibility. We selected randomized trials and cohort studies on the effects of use of risk-assessment tools and preventive interventions on clinical outcomes. We also selected prospective studies on the diagnostic accuracy of risk-assessment tools for predicting incidence of pressure ulcers. The quality of included studies was assessed, data were extracted, and results were summarized.  Results:  Of the 4,733 citations identified at the title and abstract level, we screened and reviewed 747 full-text articles. A total of 120 studies (in 122 publications) were included. One good- and two poor-quality studies evaluated effects of using a risk-assessment tool on clinical outcomes, with the good-quality randomized trial showing no difference between use of the Waterlow scale or the Ramstadius tool compared with clinical judgment in subsequent risk of pressure ulcers. Studies of diagnostic accuracy found that commonly used risk-assessment instruments (such as the Braden, Norton, and Waterlow scales) can help identify patients at increased risk for ulcers, but appear to be relatively weak predictors, with no clear difference among instruments in diagnostic accuracy. Fair-quality randomized trials consistently found that more advanced static support surfaces were associated with lower risk of pressure ulcers compared with standard mattresses in higher risk patients (relative risk range, 0.20 to 0.60), with no clear differences among different advanced static support surfaces. Evidence on the effectiveness and comparative effectiveness of other support surfaces, including more advanced dynamic support surfaces, was limited, with some trials showing no clear differences between dynamic and static support surfaces. One fair-quality trial found that stepped care with dynamic support surfaces was associated with substantially decreased risk of ulcers compared with stepped care beginning with static support surfaces. In lower risk populations of patients undergoing surgery, two trials found use of a foam overlay associated with an increased risk of pressure ulcers compared with a standard operating room mattress. Evidence on effectiveness of other preventive interventions (nutritional supplementation; repositioning; pads and dressings; lotions, creams, and cleansers; corticotropin injections; polarized light therapy; and intraoperative warming therapy for patients undergoing surgery) compared with standard care was sparse and insufficient to reach reliable conclusions.  Conclusions:  Although risk-assessment instruments can identify patients at higher risk for pressure ulcers, more research is needed to understand how the use of risk-assessment instruments impacts pressure ulcer incidence compared with clinical judgment. More advanced static support surfaces are more effective than standard mattresses for preventing ulcers in higher risk populations. More research is needed to understand the effectiveness of other preventive interventions over usual care and the comparative effectiveness of preventive interventions. | Chou R , Dana T, Bougatsos C, Blazina I, Starmer A, Reitel K, Buckley D. Pressure Ulcer Risk Assessment and Prevention: Comparative Effectiveness. Agency for Health Care Research and Quality Comparative Effectiveness Review No. 87. 2013 |