

Canadian Association
of Wound Care



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A Description of the Extent of the Problem of Chronic Wounds in Canada: FACTS & STATS A proposal

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Chronic wounds in Canada; Description of the extent of the problem

RATIONALE

Although there are published reports of epidemiological studies which estimate the relative number of individuals affected by chronic wounds and the costs associated with treating these wounds (refs 1-5). However, we do not have national data that estimates the prevalence/incidence for different types of common wounds in various health care settings in regions across Canada. Also, there is little known about costs associated with managing chronic wounds to the Canadian Health care system, some suggest that the treatment of chronic wounds is the second largest health care expenditure (Ken Dolynchuk, communication, CAWC research forum, Nov. 2002); second only to cardiovascular disease (Heart and Stroke). If these figures can be confirmed, it would provide strong rationale for additional funding to support educational and research initiatives in wound care. Identifying the current knowledge available about the extent of the problem that chronic wounds present to the present health care system. Identifying these gaps the knowledge will serve to help target future CAWC sponsored research projects. Collation of existing data could also provide benchmarking levels from which the efficacy and effectiveness of the implementation of wound care best practices can be compared. This initiative would assist with advocating for future government funding and health care dollars spent to assist individuals with chronic wounds.

OBJECTIVES

To locate, analyze, critically appraise and collate data exists regarding

- 1) the prevalence and incidence of each of the common types of chronic wounds (pressure, diabetic, venous and other) in different health care settings (acute care, community, rehabilitation) in regions across Canada
- 2) the impact of chronic wounds with respect to human

consequences in terms of quality of life, limb amputations, pain, and health care dollars spent

3) demographic data of individuals with chronic wounds

4) the future growth of the problem of chronic wounds by predicting numbers based on patient demographics, effects of advancing age, increasing incidence of diabetes in young adults, etc...

METHODOLOGY

Data collection: Existing data will be sought about the prevalence and incidence of each type of wound (pressure ulcers, leg ulcers and diabetic ulcers) in each health care setting (acute care, chronic care/rehabilitation, long-term care, community), and the human and financial impact of these in Canada. Several methods such as the following will be used in an effort to locate different types of existing data.

- Conduct systematic computer and manual searches of library databases to locate data published in peer-reviewed journals
- Make personal, telephone, email, etc., contact to locate fact sheets created by other agencies (e.g., CDA, Heart and Stroke, etc.) and local/regional statistics about the extent of human and health care costs associated with wounds in Canada
- Form liaisons with Industry in an effort to access existing large databases
- Form liaisons with membership through CAWC through the web site, publications, and educational forums (ask questions and/or distribute surveys to collect published and unpublished data)

Data analysis: The collected existing data will be collated and critically appraised. Fact sheets, reports, and peer-reviewed publications will be produced for each of the common types of chronic ulcers in each health care setting. A library of all existing reports will be created. Predictions of the magnitude of the problem of chronic wounds in terms of the potential numbers of individuals and potential costs will be made based on various assumptions such as estimates of prevalence and incidence of wounds, demographic characteristics of individuals with chronic wounds, estimates of population growth in the older age categories, and increasing incidence of diabetes mellitus in adolescents and young adults.

Dissemination: The information will be shared with the Health Policy and Education Committee for release to the media and for presentation to government agencies (for lobbying). It is intended that the results will be presented at next annual meeting of CAWC 2003 in Toronto, on the CAWC web site, in quick reference guides, etc.

BUDGET

Budget Items	Cost
Research assistant / Clerical	
Epidemiologist	
Miscellaneous, e.g., FAX, photocopies, interlibrary loans, phone (long-distance, conference calls), mail, etc.	
Reports / fact sheet preparation	
Total	20,800.00

REFERENCES

Abbott CA, Vileikyte L, Williamson S, Carrington AL, Boulton AJM. Multicentre study of the incidence of and predictive risk factors for diabetic neuropathic foot ulceration. *Diabetes Care* 1998;21(7):1071-1075.

Davis CM, Caseby NG. Prevalence and incidence studies of pressure ulcers in two long-term care facilities in Canada. *Ostomy Wound Management* 2001;47(11):28-34.

Harrison M, Graham I, Friedberg E, Lorimer K, Vandeveld-Coke S. Assessing the population with leg and foot ulcers. *Canadian Nurse* 2001;97(2):18-23.

Harrison MB, Wells G, Fisher A, Prince M. Practice guidelines for the prediction and prevention of pressure ulcers: evaluating the evidence. *Appl Nurs Res* 1996;9(1):9-17.

Nicolle LE, Orr P, Duckworth H, Brunka J, Kennedy J, Murray BUD, Harding GKM. Prospective study of decubitus ulcers in two long-term care facilities. *Can J Infect Control* 1994;9(2):35-38.

Information request for study

Please contact us at: cawc@sympatico.ca.

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