Community leg ulcer clinics and the effectiveness of care
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Authors' objectives
To review the effectiveness of community leg ulcer clinics in relation to healing times, costs, nursing time and quality-of-life issues.

Searching
MEDLINE, CINAHL, a database of the Royal College of Nurses, and other resources via the Internet were searched from 1980 to 1996 using the keywords 'leg ulcer' and 'community' or 'clinics'. Additional material was identified by handsearching 12 key journals from 1991 to 1995, and by contacting the Cochrane Wounds Group and experts in the field. Only English language articles were included.

Study selection
Study designs of evaluations included in the review
The studies considered were those of a pre-test post-test design with a historical control, those of a post-test design with a historical control, or those without a control.

Specific interventions included in the review
Community leg ulcer clinics involving the three dimensions of specialist nursing practice, research-based treatments and a clinic location.

Participants included in the review
Patients referred to the community services with leg ulceration. Most patients were women (70%) and elderly (mean ages ranged from 68 to 81 years). Studies of diabetic ulcers only were excluded.

Outcomes assessed in the review
Healing rates, quality of life, nursing time and the cost of consumables were assessed.

How were decisions on the relevance of primary studies made?
The inclusion or exclusion criteria were applied by one reviewer.

Assessment of study quality
The author did not report the method used to assess validity, or how the validity assessment was performed.

Data extraction
Data from the included studies were coded by one reviewer.

Methods of synthesis
How were the studies combined?
The studies were combined in a narrative discussion.

How were differences between studies investigated?
Differences between the studies were investigated in a narrative discussion.

Results of the review
Eight studies with a total of 2,592 patients were included.
The first impressions of community leg ulcer clinics were favourable in that they appeared to be effective in the management of leg ulcers. However, because of poor research design and confounding variables, the studies reviewed could not determine whether the community leg ulcer clinic is the best forum for treatment. All of the studies showed that dramatic improvements in healing rates can be achieved when services are rationalised, are research-based protocols, and are consistently implemented. The three studies which considered quality-of-life issues showed an increase in mobility and self-esteem, and a reduction in pain, in patients who attended the clinics.

**Cost information**
Four studies found reduced costs in the community leg ulcer clinic.

**Authors' conclusions**
There is no definitive research evidence to indicate which care delivery system is the more effective and efficient. The finding of this review supported the suggestion that higher healing rates can be achieved with training in the appropriate techniques of assessment and research-based treatment, and not necessarily in a clinical location.

**CRD commentary**
This abstract is based on a published review and an unpublished full report. The literature search and inclusion criteria were clearly described. The details of the included studies were presented. It was unclear how the validity of the included studies had been assessed. The author's conclusion seemed appropriate.

**Implications of the review for practice and research**
Randomised controlled trials of community leg ulcer clinics versus usual care, and of different training strategies, are required.

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**Record Status**
This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.