Community leg ulcer clinics vs home visits: which is more effective?

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Authors' objectives
To investigate whether the treatment provided by leg ulcer clinics is more effective than that provided by district nurses in the patient's home.

Searching
Several electronic databases (including MEDLINE, EMBASE, the Cochrane Library and CINAHL) were searched from inception. In addition, reference were checked, some handsearches (journals) were undertaken, and experts in the field were contacted for information on unpublished studies. The search strategy was given in the review.

Study selection
Study designs of evaluations included in the review
Only randomised controlled trials (RCTs) were to be included in the review. The trials were required to report participant withdrawal figures and analyse their results on an intention-to-treat basis.

Specific interventions included in the review
Studies of leg ulcer care provided in a community-based leg-ulcer clinic were included in the review. The leg ulcer care provided in such clinics may or may not consist of specialist treatment or have been delivered by specialist nurses. The comparator was usual care provided in the patient's home by district nurses, with or without specialist training.

Participants included in the review
Trials of patients of any age with leg ulceration were eligible for inclusion in the review.

Outcomes assessed in the review
The outcomes reviewed were healing rates and recurrence rates. The included trials had to have reported an objective measure of ulcer healing.

How were decisions on the relevance of primary studies made?
The authors do not state how the papers were selected for the review, or how many of the reviewers performed the selection.

Assessment of study quality
The quality of the included trials was assessed according to the Critical Appraisal Skills Programme (1998) guidelines (reference cited in the review). A single reviewer performed the quality assessment using a structured format.

Data extraction
The authors do not state how the data were extracted for the review, or how many of the reviewers performed the data extraction.

Methods of synthesis
How were the studies combined?
Not applicable since only one trial was identified.

How were differences between studies investigated?
Not applicable since only one trial was identified.
Results of the review
Only one trial (n=133) meeting the review inclusion criteria was found.

The one RCT found a significant reduction in healing time and ulcer-free time. The intervention in this study was weekly treatment at a leg ulcer clinic by nurses who had undergone a leg ulcer management course and who had access to four-layer bandaging; compression stockings were used after healing. There was a relative lack of compression bandage treatment in the control group (standard care), and this treatment difference could well explain the differences in the outcomes seen.

Cost information
Yes. An incremental cost-effectiveness ratio of £2.46 per ulcer-free week (95% confidence interval: -31.94, 99.12) was reported.

Authors' conclusions
The single, small and flawed RCT provided inadequate evidence to answer the review question.

CRD commentary
This review addressed a relevant question using good methodology, with clear inclusion and exclusion criteria, and a thorough literature search. The authors' conclusion that there was insufficient information on the relative benefits of clinic or home treatment for leg ulcers was clearly supported by this review, given that only one RCT was found. The authors did not discuss the possible reasons for a lack of rigorous research into this question.

Implications of the review for practice and research
Practice: The authors state that there is no strong evidence to advocate the delivery of leg ulcer care in community clinics, provided that nurses in the community are properly trained and have access to appropriate resources. They also state that the opposite is also true (i.e. no evidence that care provided at home is any better than that provided in a clinic).

Research: The authors state that a trial is needed to compare the effectiveness of treatment provided by leg ulcer clinics and home visits, where the same nurses (or similarly qualified nurses) provide the care in both settings and where all the patients have access to high compression bandaging and effective preventative measures. Any such study should consider the costs from a wider perspective.

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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.