

TITLE: PRELIMINARY RESULTS ON THE USE OF W-CARE 8 OZ. THE TREATMENT OF PRESSURE ULCERS

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INTRODUCTION: The skin lesions are a serious problem social-economic and welfare and affects a large percentage of people, both in-patient treatment to Hospital or health care facilities, who at the home.

The presence of skin lesions accompanying you to other medical conditions generally and/or problems which eventually lead to the onset, gravity, pain and healing times.

Was considered the patient response to the administration of W-CARE F.S.M.P. for preventive and curative treatment of skin lesions, consisting of :

Arginine (2000 mg), Collagen (100 mg) Omega 3 (500 mg), Zinc (4 mg), Vitamin C (100 MG)

Vitamin E (4 mg), Vitamin A (300 MCG), Vitamin K1 (15 MCG), Vitamin B1 (0.25 mg), Vitamin B6 0.4 MG)

Vitamin B12 (0.5 MCG).

METHOD: To assess and examine the clinical response to administration of W-CARE we used an evaluation weekly board that controlled the patient until complete healing.

Have been excluded from monitoring, patients with injury of 4 th stage and patient that at the T0, resulted affected by severe malnutrition.

The dosage adopted was appropriate form by type of injury

STAGE 1: 1 sch/day STAGE: 2 sch/day STAGE : 3-4 sch/day

POPULATION: We monitored 45 patients (69% M 31% W) recording an average age : 76.6 for M and 79.2 for W for a total of 54 skin lesions monitored in health care facilities (20 %) and at home (80 %).

TABLE 1

Types of patients monitored members of the population was divided into :

SLA (1), Post Stroke (6), Post Trauma (2 Spinal cord injury, 19 with fractures of the lower limbs),

Neuropathy (8 Senile dementia, 2 Coma, 2 Childhood cerebral disease, 4 Alzheimer),

Head and Neck cancers (1). **TABLE 2**

7 of these patients were equipped P.E.G. against severe dysphagia.

The following are registered comorbidity ' : Diabetes (11), Renal failure (7), (in 1 dialysate), Hypertension (7),

Cardiopatia (7), COPD (2), Chronic liver disease (2) **TABLE 3**

Screening of nutritional status, carried out on each patient care, e'revealed that 10 patients were normal nutrition, 28 denotes a light malnutrition status, 7 in a state of moderate malnutrition . **TABLE 4**

All patients receive the best treatment nutrition as possible in order to ensure adequate protein intake and energy-balance its salts, mineral and vitamins.

Please note that : Screening performed on all patients at the T0, reveals that many patients came to a severe nutritional status.

The seat of the injuries were monitored was so 'divided:

Sacred (31), Trochanter (9), Heel (7), Ankle (4), Neck (1), Shoulder (2). **TABLE 5**

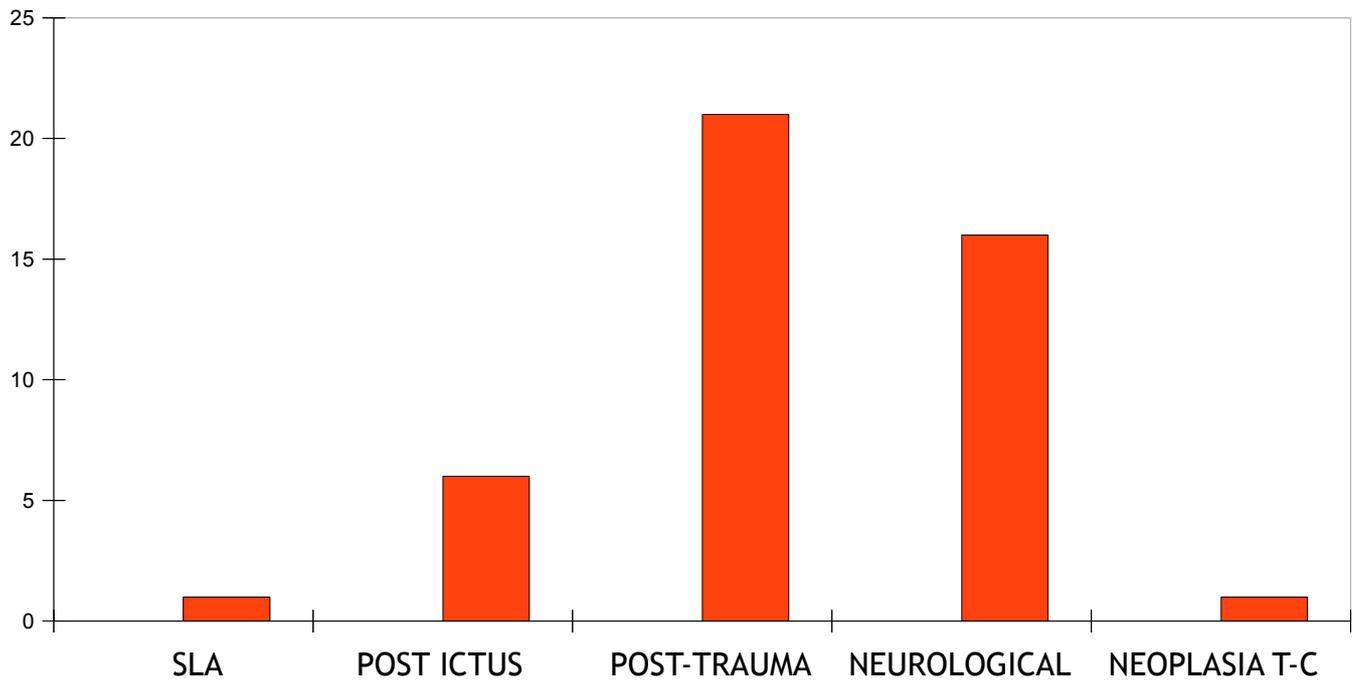
RESULTS: Patients were monitored 45 for a total of 54 lesions. Injuries from T0 were treated as usual with the addition of W-CARE with the dosage given above. All patients were equipped with surface antidecubitus and all, according to the nutritional needs, have received the best possible treatment for oral or probe. Advanced dressing used, were the same for each type of patient. Every week have completed the monitoring form to complete wound healing. **TABLE 6**
 We recorded three dropouts (total 4 lesions) . **TABLE 7**
 The benefits of the administration of W-CARE were initially a progressive improvement of the inflammation and the level of referred pain.
 Improvement of the inflammation and the level of referred pain.
 From the seventh day the whole area surrounding the wound appeared remarkably well hydrated and less inflamed / swollen
 Injury of the 1st stage is gradually getting to healing during the first 4 weeks, period in which and 'noted a significant regression of lesions of the 2nd and 3rd stage.
 The fifth week of the first stage the initial lesions were completely healed.
 50% of the lesions of stage 2 initial and 'reduced to 1st stage while the lesions of early 3rd stage, approximately 30% and 'regressed to lower stage.
 The healing process accompanied by an improvement in inflammatory markers (Esr,Fibrinogen,Pcr) and it 'continued until T105, timing in which 'recorded the healing of all the initial lesions.

CONCLUSIONS: Administration of W-CARE 'was very help the healing process injury monitored. Simple and modular, the recruitment, has achieved a high level of compliance of patients (only 1 drop out for low compliance). No problems were found on the administration by Peg. The first benefits are visible after a few days(on average, after 14 days of treatment) and have been constant for all time to healing, that lesions of the third stage, and 'took place within 105 days. Has' noticed a difference in speed' action in relation to the nutritional status of the patient. There were no side effects such as intolerance or gastrointestinal problems.

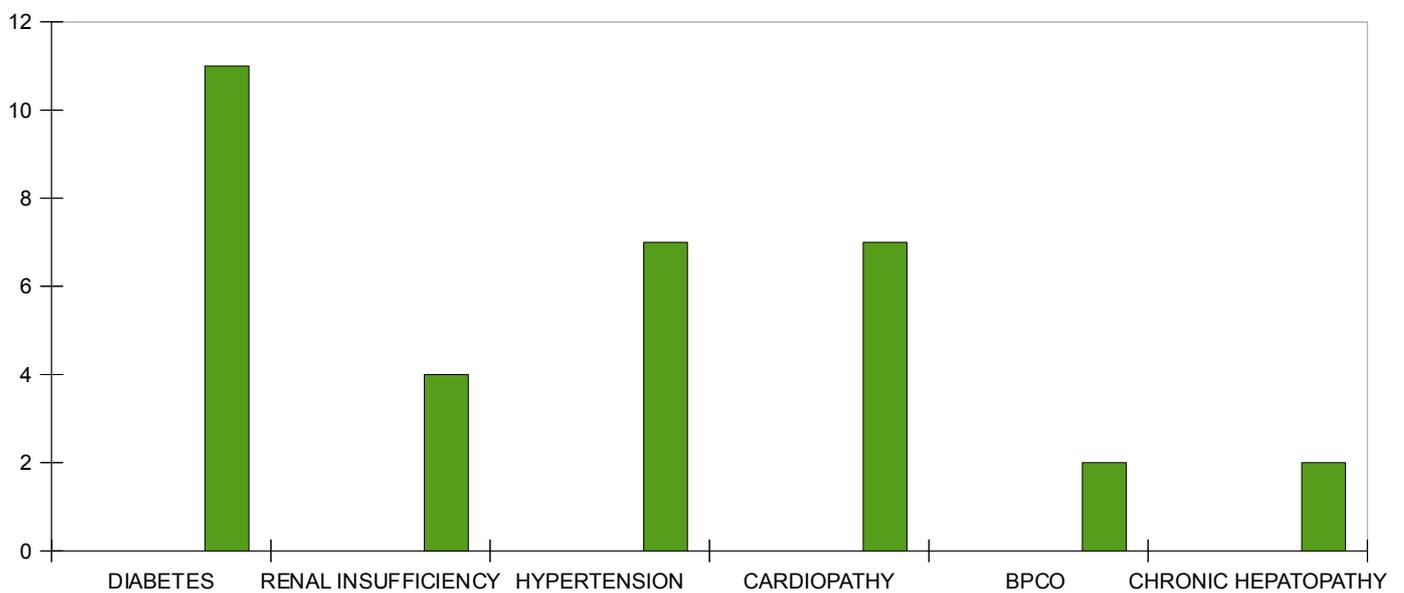
Tab. 1

Patient Info	N° Patient	Age Range	Age Avg
Men	31	35 < Range > 91	76,6
Women	14	41 < Range > 94	79,2
Hospitalized	9	Start Study :	05/05/10
At Home	36	End Study :	10/01/11

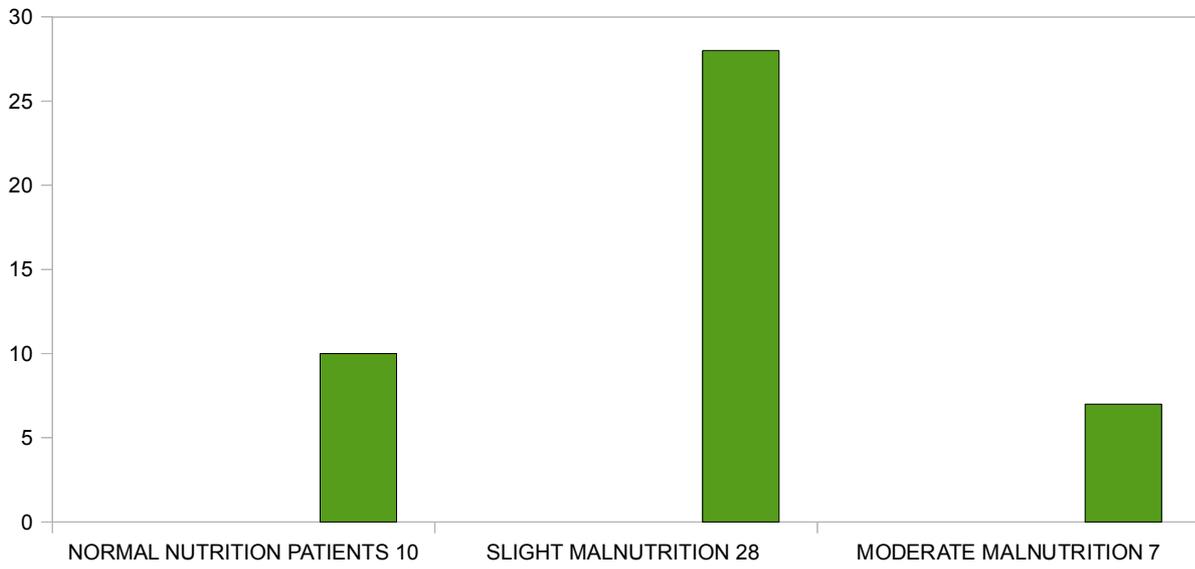
Tab. 2



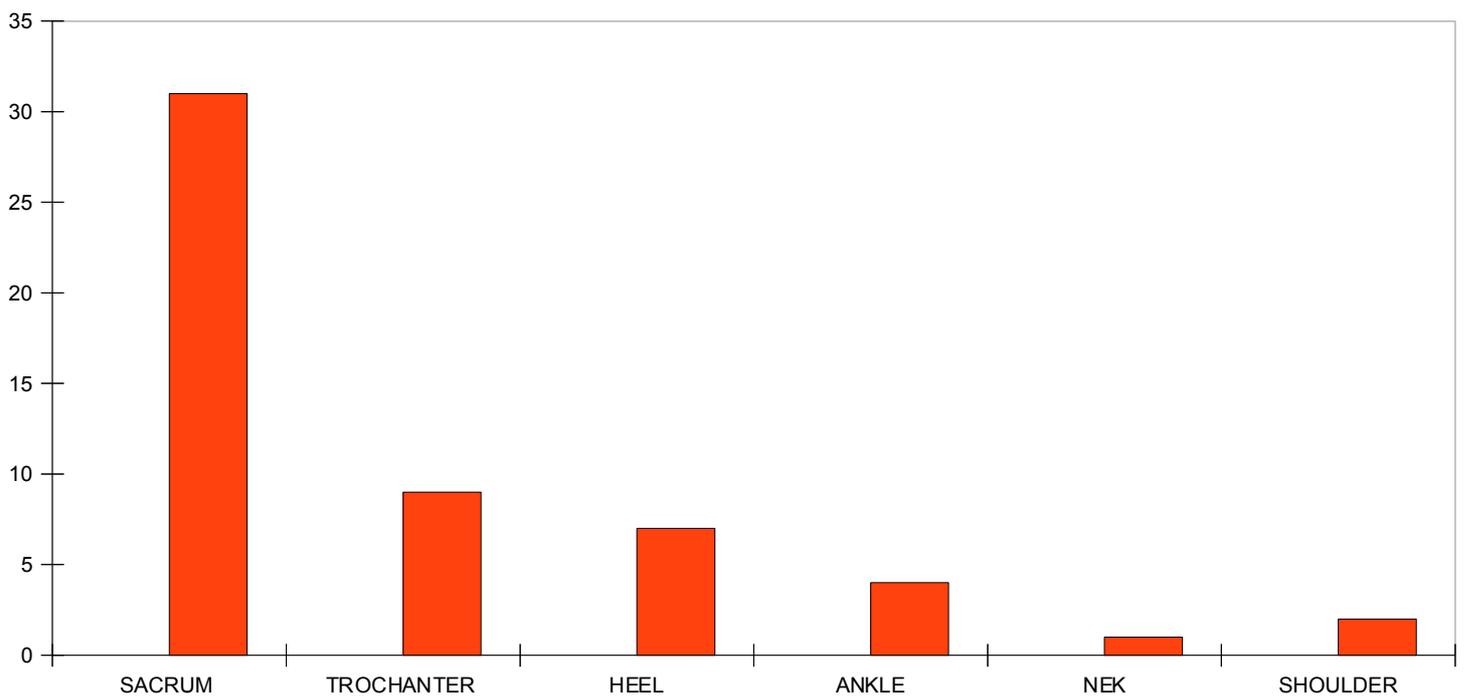
Tab. 3



Tab. 4



Tab. 5



TAB. 6

EVOLUTION OF LESIONS ON WEEKLY BASIS

T 0 > T 28

STAGE OF LESION	T 0	T 7	T 14	T 21	T 28
LESION STAGE 3	14	14	14	11	10
LESION STAGE 2	29	29 DROP O.	25	23	22
LESION STAGE 1	11	11	8	10	10
LESION HEALED	0	0	6	9	11
DROP OUT		1 PATIENT			

T 35 > T 63

STAGE OF LESION	T 35	T 42	T 49	T 56	T 63
LESION STAGE 3	9	7	4	1	1
LESION STAGE 2	18	12	11	9	6
LESION STAGE 1	12	14	13	11	8
LESION HEALED	14	20	25	32	38
DROP OUT					

T 70 > T 98

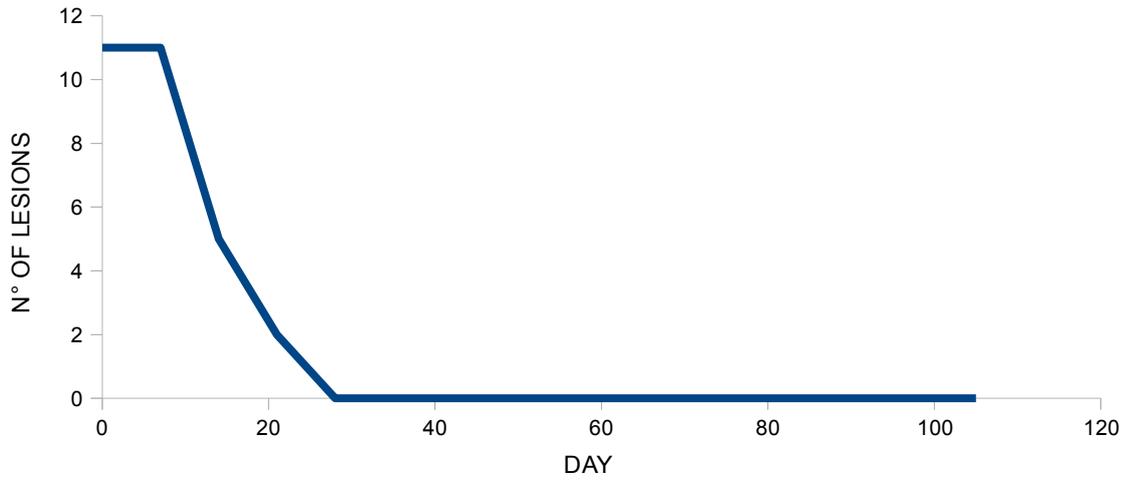
STAGE OF LESION	T 70	T 77	T 84	T 91	T 98
LESION STAGE 3	1	0	0	0	0
LESION STAGE 2	4 DROP O.	2	1	1 DROP O.	0
LESION STAGE 1	7 DROP O.	5	3	2	1
LESIONS HEALED	41	44	47	48	49
DROP OUT		1 PATIENT X 2 LESIONS		1 PATIENT	

T 105

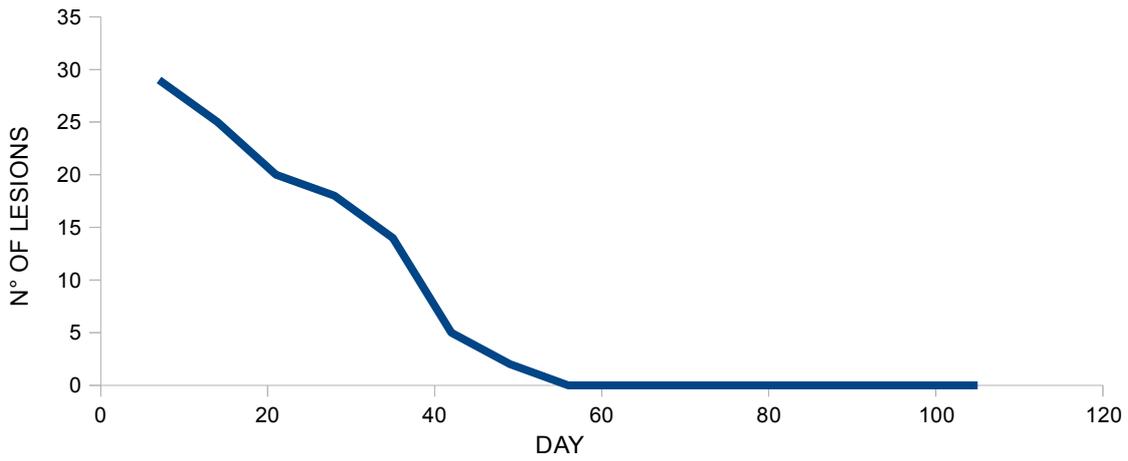
STAGE OF LESION	T 105
LESION STAGE 3	0
LESION STAGE 2	0
LESION STAGE 1	0
LESION HEALED	50

TAB. 6 Bis

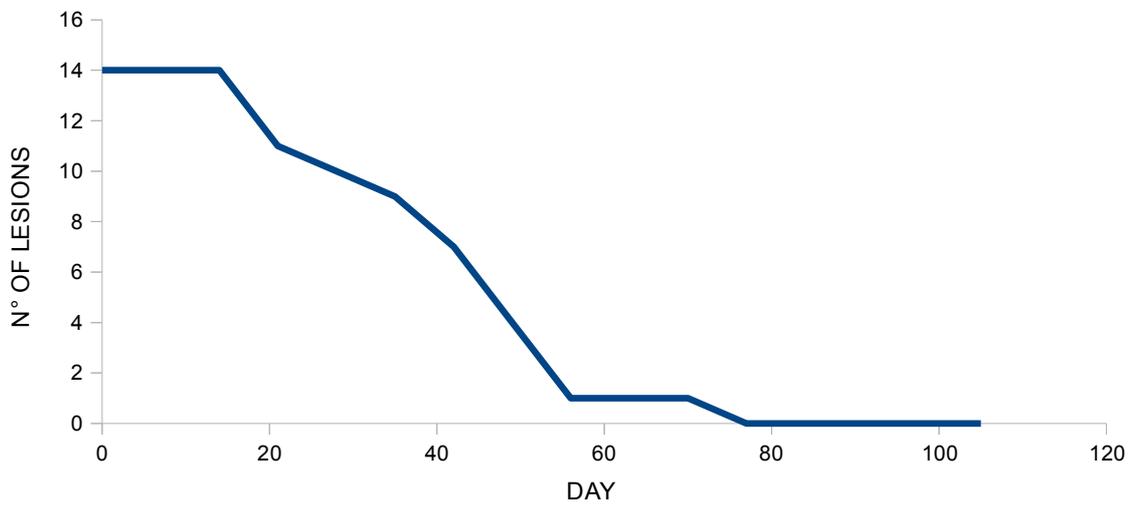
DEVELOPMENT LESIONS 1° STAGE



DEVELOPMENT LESIONS 2° STAGE



DEVELOPMENT LESIONS 3° STAGE



Tab. 7

DROP OUT TOT. :	3 PATIENT WITH 4 LESIONS	MOTIVATION DROP OUT : N° PAT	TIME OF D.O.
		NO COMPLIANCE	1 T 14
		DEATH	1 T 77
		HOSPITALIZATION	1 T 98