Evaluated MD: AXTAIR AUTOMORPHO® PLUS



CLINICAL PRACTICE

Incidence of pressure ulcer in patients using an alternating pressure mattress overlay: the ACTIVE study

Meaume S., Rousseau C., Marty M. J of Wound Care, Feb 2021, 30(2):143-149 https://doi.org/10.12968/jowc.2021.30.2.143

ACTIVE: Axtair Clinical Trial InVestigating Efficacy.

Method

- Observational, non-interventional, prospective, multicenter, single-arm study.
- Study conducted from June 2019 to December 2019 in 8 French establishments (5 rehabilitation centers, 3 geriatric centers).
- 89 patients inclus > 18 ans, sans escarre, alités 15 à 20 h/j, poids 30 à 165 kg, risque moyen à élevé de survenue d'escarre (jugement clinique et Braden 10 à 14).

Objective

To determine the clinical benefit of using a specific alternating-pressure mattress overlay (APMO) in the prevention of pressure ulcer (PU) in patients at medium to high risk.

- **Primary endpoint**: the percentage of patients who developed a sacral, spine, heel or trochanteric PU (supine support areas) of at least category II, at day 35. All patients were included in the analysis..
- Statistical hypothesis: demontrate that 7% of patients develop a pressure sore (stage II) in the predominant areas between D0 and D35.

Results

- **ACTIVE** shows <u>no appearance of stage 2 or more pressure ulcers</u> in the sacral, heel, trochanter or dorsal area between D0 and D35, i.e. an incidence of 0% with a confidence interval of 95% according to the method exact Clopper-Pearson [0%; 4,1%].
- In combination with the usual measures to prevent PU, the results of our study showed a low incidence of PU in high-risk patients lying for between 15 and 20 hours a day on an APMO, use of which is therefore recommended in these patients.
- AXTAIR AUTOMORPHO PLUS has an interest in the therapeutic strategy related to the management of patients with a medium to high risk of developing a pressure ulcer. Because of its action, this device has an interest for public health given the disability and the deterioration of life caused by the appearance of pressure ulcers.

CLINICAL PRACTICE

Population

■ DEMOGRAPHIC CHARACTERISTICS

• Gender 57,3% of male

• Middle Age : 73,1 +/- 20,5 years old

• Average BMI : $25,3 + /-6,2 \text{ kg/m}^2$

■ COMORBIDITIES

- Urinary Incontinence 85,4% and/or anal 68,5%
- Artérial Hypertension 53,9%
- Diabetes 19,1%
- Arteriopathy of the lower limbs 5,6%
- Others 38% (at least 1 other co-morbid condition)

■ CHARACTERISTICS RISK OF PUs

Neurological pathology responsible for the pressure ulcer risk situation in 49.4% of cases

- Average **bed rest 16,6 + / 1,8** hour per day
- Braden score 12,8 +/- 1,6
- Mobility criterion: Immobile 38,2% to very limited 50,6%
- Activity criterion: Bed rest 12,3% to Confinement to the (wheel)chair 70,8%
- Sensory perception: Completely limited 16,9% to very limited 37,1%

PATHOLOGIES RESPONSIBLE FOR THE SITUATION AT RISK OF PUS

Neurological: 49,4%

Accidental : 28,1%

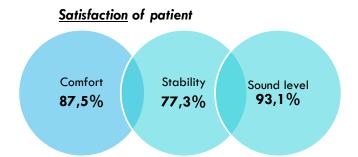
Plurifactorial: 28,1%

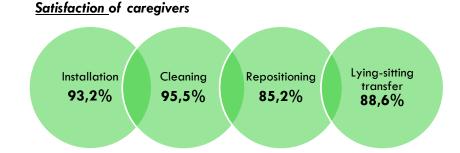
• Others : 22,5%

Satisfaction

CRITERES SECONDAIRES

A stage I sacral ulcer occurring 9 days after installation in an 85-year-old woman with dementia, urinary and anal incontinence, Braden score of 10, bedridden 15 hours per day. Worsening of his general condition reported. The stage I pressure ulcer still present at D32.





CLINICAL PRACTICE

Care

■ POSITIONS USED IN BED

- Lying down 34,8%
- Bust raised 53,9%
- Right lateral decubitus 43,8%
- Left lateral decubitus 44,9%
- Number of repositioning 5,2 (+/- 1,4) par 24 h
- Maximum time between 2 changes 4,0 (+/- 1,2)
- Number of sheets changes 1,0 per 24 h

■ ARM(WHEEL)CHAIR POSITIONS

Patients equipped with a PU prevention cushion: 77,5%

- Catégorie 1 (gel/foam) 14,9%
- Catégorie 2 (viscoelastic) 49,3%
- Catégorie 3 (air cells) 32,6%

PHYSIOTHERAPY

- Active physiotherapy 41,6% (end of study 45,5%)
- Active physiotherapy 1 heure per day (1,4)
- Passive physiotherapy 49,4% (end of study 45,9%)
- Passive physiotherapy 1 heure per day (1,4)

HUMIDITE

- Constantly wet 20,2% (end of study 21,4%)
- Wet 46,1,2% (end of study 41,4%)