



Self-management counselling for people with chronic ulcers

NRF Clinical Practice Guidelines™

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Introduction

Chronic ulcers are a significant health challenge^{1,2,3,4,5}. The most common chronic ulcers include lower leg ulcers, i.e. venous and arterial ulcers, diabetic leg ulcers and pressure ulcers^{6,7}.

The incidence of chronic ulcers has been estimated to range from 0.15 to 0.22%¹ and is predicted to increase as diabetes becomes more common and the population ages^{2,3}. In 2022, it was estimated in Finland that wounds accounted for 2–5% of the total healthcare costs and that the cost-efficiency of wounds was EUR 0.8–0.9 billion per year⁵. It is estimated that the economic cost of pressure ulcers, on the other hand, is approximately EUR 280–532 million in Finland each year². A chronic ulcer causes suffering for the person with the ulcer, reducing the perceived quality of life^{3,8,9} and the physical, mental, and social health^{4,8,9}.

The chronic ulcer treatment process is a multidisciplinary effort that combines medical history related to the health of the person with a chronic ulcer with an individual treatment plan based on clinical examination, local treatment, medication, guidance and regular monitoring⁷. The close cooperation of experts ensures comprehensive and effective care for the person with the ulcer, promoting ulcer healing and preventing its recurrence^{6,7}.

The person themselves plays a key role in the treatment of a chronic ulcer^{8,10,11}. Therefore, the person's understanding of the ulcer risk factors, as well as of the ulcer infections and the initial symptoms of an infection, may be linked to better care compliance^{8,11}. The treatment of a disease underlying a chronic ulcer also requires that the patient with a ulcer is committed to their own care and that they are motivated to lead a healthy lifestyle^{6,7,11}. Guidance enables the person to participate in their treatment¹².

A comprehensive guidance situation of a person with a chronic ulcer includes ulcer treatment, pain management and guidance on ulcer monitoring, nutrition and lifestyles that support healing^{6,7}. This clinical practice guideline covers self-care guidance for a person with a chronic ulcer, and it can be used to promote the level of knowledge of a person with a chronic ulcer about self-care, self-care behaviour that increases self-efficacy and self-care, and to support the person's ability to treat their ulcer. The clinical practice guideline is based on critically assessed research data.

The following national recommendations are related to this theme:

- Diabetic foot problems. Current Care Guidelines, 2021.⁶
- Chronic lower leg ulcer. Current Care Guidelines, 2021.⁷
- Prevention and identification of a pressure ulcer in adults. NRF clinical practice guidelines™, 2023.⁷
- Remote self-care guidance for a person suffering from a long-term illness. NRF clinical practice guidelines™, 2022.¹³

The purpose, aim and key concepts of the guideline

The purpose and aim of the guideline

The purpose of the guideline is to describe the evidence obtained from systematically compiled and critically assessed studies, and to provide recommendations based on the evidence to guide the health and social care professionals who guide the self-care of a person with a chronic ulcer. These recommendations can be used to increase a person's level of knowledge about ulcer self-care, strengthen their self-efficacy, promote self-care behaviour, and support the person's independence in ulcer care.

The goal of the clinical practice guideline is to provide evidence-based information to social and healthcare professionals to guide a person with a chronic ulcer. Guidance can give a person with a chronic ulcer more resources for self-care, improve ulcer healing and reduce the risk of new ulcers and recurrence.

Target Groups

The clinical practice guideline has been prepared for all social and healthcare professionals who provide guidance to a person with a chronic ulcer and support them in self-care. The clinical practice guideline is suitable for use in both specialised and primary health care, such as home care. The guideline can also be used to support nursing management in human resources planning and to ensure the competence of the personnel. Furthermore, the guideline can be used as learning material and in the development of learning content as well as in basic, additional, and supplementary vocational training.

Key concepts

Chronic ulcer, its treatment and the person living with it

A wound refers to a sore on intact skin or in the underlying tissue^{3,14}. Wounds are divided into acute wounds or chronic ulcers, and each wound is initially acute¹⁴. A wound is classified as chronic if it has not healed^{3,14} or if there is no significant improvement within approximately four weeks of getting a wound⁷. An ischaemic wound is considered chronic if it has not healed in two weeks' time⁷. Chronic ulcers are often caused by an external or a systemic cause associated with circulatory problems in the tissue^{8,14}. Obesity, poor physical activity, age, smoking, and malnutrition alongside underlying diseases are known risk factors for a wound becoming chronic^{8,15,16}. The most common chronic ulcers are chronic leg ulcers, i.e. venous and arterial ulcers, diabetic leg ulcers and pressure ulcers^{1,6, 7, 9, 15, 17,14,18}.

The treatment of chronic ulcers should focus on treating the cause of the ulcer. Compression therapy is a key component of **venous ulcer treatment**⁷. Compression therapy can be individually designed with a variety of dressings, medical stockings, or compression garments¹⁹. Medical stockings and compression garments enable a person with a venous ulcer or a relative to participate in the implementation of the treatment as part of the compression therapy⁷. Foot misalignment, foot training, guidance to select correct footwear, protection of the foot, skin care and self-training are important matters that must be considered in the prevention and treatment of a **diabetic leg ulcer**. Offloading therapy is an important part of the treatment of a diabetic leg ulcer. Offloading therapy can be implemented in a variety of ways and the method of implementation is chosen according to professional judgement.²⁰ The key to **pressure ulcer** treatment is the removal of the pressure exposure that caused the ulcer, a varied diet and the choice of the correct local treatment for ulcer care^{2,21}.

A person with a chronic ulcer is often elderly and suffers from chronic conditions such as diabetes, hypertension or cardiac insufficiency^{6,7,17}. For a person with an ulcer, venous insufficiency, diabetes and arteriosclerosis obliterans (ASO) that blocks blood circulation in the lower limbs often lead to circulatory problems in the tissue, causing the ulcer to become chronic^{22,23}. The overall physical, mental and social health of a person with an ulcer deteriorates²⁴ and their perceived quality of life deteriorates as the ulcer becomes chronic^{3,9,23}.

Self-efficacy

Self-efficacy refers to activities in which a person has confidence in their ability to achieve positive health changes through self-care. Support and guidance provided by social and healthcare professionals can strengthen self-efficacy and thus promote the success of self-care^{25,26,27}. Guidance can support the self-care knowledge level of a person with an ulcer increasing their confidence in their own abilities in ulcer care^{25,26}. Strengthening self-efficacy helps the person to understand the instructions they receive and act accordingly even in the event of sudden changes^{15,6,12}. A healthcare professional must have up-to-date theoretical and clinical knowledge as well as good communication skills to be able to provide guidance to support self-efficacy^{8,11,28,29}.

Guidance on self-care

Self-care refers to purposeful activities conducted by a person themselves under the guidance of a healthcare professional. The treatment is guided by a professional and includes activities planned jointly by the person suffering from the wound and the professional, considering the person's functional capacity and capabilities. Self-care of a chronic ulcer refers to an individual's independent activities to promote ulcer healing according to a treatment plan established with healthcare professionals; for example, observing the ulcer and maintaining a healthy lifestyle to help the ulcer heal and to avoid complications^{7,27}. Self-care of a chronic ulcer is the most appropriate evidence-based treatment for the current situation to promote health or to control disease symptoms^{12,27,30,31}. Successful self-care requires an open and reciprocal guidance relationship between a healthcare professional and a person with an ulcer, as well as the active participation of a person with a chronic ulcer in their own treatment process and its planning.

Self-care focuses on empowerment, autonomy, motivation and strengthening the sense of competence^{25,26,27}. In addition, the guidance should be motivating and combined with continuous support and feedback from healthcare professionals^{12,32,33}.

Self-care behaviour

Self-care behaviour refers to the behaviour and activities of a person with which they seek to promote their health^{27,31,34} - in this recommendation it specifically refers to the behaviour and the activities of a person with a chronic ulcer that promote health. Nursing interventions, such as guidance, support the self-care behaviour that the person themselves puts into practice^{17,35,30,31}.

Recommendations

The recommendations mentioned in the self-care guidance for a person with a chronic ulcer are based on a total of 19 studies. Some of the studies examine the effectiveness of the self-care guidance intervention of a person with a chronic ulcer (quantitative studies, n = 12) and some examine the experiences, expectations, or information needs of a person with a chronic ulcer regarding self-care guidance (qualitative studies, n = 7). Based on the studies, eight subject areas have been created, and level of evidence reviews have been made about them (n = 29)³⁶.

1. The significance of the therapeutic relationship in the self-care guidance of a person with a chronic ulcer

Make a treatment plan together with the person with a venous ulcer since

- **guidance based on a predefined plan may increase the commitment of a person with a venous ulcer to lifestyle changes that promote ulcer healing and support the establishment of a confidential treatment relationship³⁷. (C)**
 - A confidential treatment relationship means, for example, that a healthcare professional creates a treatment relationship in which the understanding of the experiences, perspectives, and problems of a person with a venous ulcer is emphasised as part of the guidance³⁷.
 - People with a venous ulcer feel that commitment to self-care is promoted by trust in healthcare professionals and a sense of security³⁷.
 - In the light of experience gained by the individuals with a venous ulcer, guidance, consistent with the recommendations and recommended by a healthcare professional, may strengthen the commitment of a person with a venous ulcer to lifestyle changes, such as leg movement exercises, and thereby promote a trusting treatment relationship³⁷.

Take care of the pain management of the person with a venous ulcer, since

- **previous experiences of healthcare professionals' indifference to pain associated with venous ulcers may undermine the establishment of a trusting care relationship³⁷. (C)**

Strive to establish an individualised and confidential relationship with a leg ulcer patient since

- a person with a leg ulcer may find individual consultation, trust and commitment to the care relationship important³⁸. (C)

Treat a diabetic leg ulcer patient as an individual and encourage them, since

- a person with a diabetic leg ulcer may wish for personal support and individual encouragement from a familiar wound care nurse to be able to live with a chronic ulcer³⁸. (C)
- a person with a diabetic leg ulcer may feel frustrated or dissatisfied in interaction situations³⁸. (C)

2. Information needs related to the self-care of people living with a chronic ulcer

Include information in the self-care guidance of a person with a chronic wound about when and how to seek help from a healthcare professional between wound treatments since

- a person with a venous ulcer may feel that they need information on when to seek timely help during the self-management of their ulcer³⁹. (C)
- a person with a chronic ulcer may have a need to know whom to contact if they suspect the ulcer is infected⁴⁰. (C)

Include information on wound treatment practices in the self-care guidance of a person with a chronic ulcer since

- a person with a venous ulcer may experience uncertainty about treatment practices and possible wound-related symptoms³⁹. (C)
 - People with venous ulcers have knowledge about dressing changes, but they may be unsure whether they can shower the ulcer, for example³⁹.

- a person with a chronic ulcer may feel uncertain about identifying an infected ulcer⁴⁰. (C)

Discuss and inform a person with a venous ulcer about the chosen wound treatment method as part of self-care guidance since

- a person with a venous ulcer may need to be informed about the treatment chosen for the ulcer³⁹. (C)

3. The impact of self-care guidance on increasing knowledge in the self-care of a chronic ulcer

Provide personalised self-care guidance for a person with a chronic ulcer since

- individual guidance apparently increases the level of knowledge about self-care for a person with a pressure ulcer⁴¹. (B)
- individual self-care guidance in cooperation with a person with a diabetic foot ulcer may increase the person's level of knowledge about the self-care of a leg ulcer⁴². (C)
 - The guidance intervention carried out in cooperation with a person with a diabetic leg ulcer included 1) cooperation with the person, 2) respect for and utilisation of the person's expertise in their own life, and 3) utilisation of the person's motivation and level of knowledge in the planning of the treatment ⁴².
- individual self-care guidance combined with written instructions on the self-care of a venous ulcer apparently increases the level of knowledge of a person with a venous ulcer about the self-care of the ulcer^{43,44}. (B)

Consider combining multiple guidance methods with individually planned self-care guidance for a diabetic leg ulcer patient since

- **interactive illustration, the teach-back method and written instructions can together increase the level of knowledge about self-care of a diabetic leg ulcer patient⁴⁵. (C)**
 - The teach-back method means that the person is asked to repeat in their own words what the healthcare professional has said to them during guidance. The healthcare professional corrects any misunderstandings, if necessary, and then asks the person to repeat the guidance to ensure that the person has understood the guidance correctly.^{46,47,48}

4. The impact of self-care guidance on the self-care behaviour supporting self-care of a person with a chronic ulcer

Combine comprehensive and motivating guidance on health and exercise and/or wound care as part of the self-care guidance of a diabetic leg ulcer patient since

- **guidance and training may promote self-care behaviour and the management of self-care that support the self-care of a person with a diabetic foot ulcer^{49,50}. (C)**

When providing self-care guidance for a person with a diabetic foot ulcer, make use of group health guidance and regular home visits where possible since

- **group health guidance and regular home visits may promote self-care behaviour that supports self-care of a person with a diabetic foot ulcer⁵¹. (C)**

When providing self-care guidance for a person with a venous ulcer, make use of the exercise instructions and exercise guidance with individual goals since

- **exercises can apparently increase the physical activity of a person with a venous ulcer which in turn promotes self-care behaviour that supports self-care^{52,53}. (B)**

Enable peer-to-peer group training as part of self-care guidance for people with a diabetic leg ulcer since

- **group training may be used to promote self-care behaviour that supports self-care for a person with a diabetic leg ulcer⁵⁴. (C)**

5. Experiences of guidance in the self-management of chronic ulcers

Provide self-care guidance for a person with a chronic ulcer also in written form since

- **a person with a chronic ulcer may find that written instructions facilitate self-care and the management of wound care⁵⁵. (C)**

Provide face-to-face self-care guidance to an elderly person with a chronic ulcer, when possible, since

- **it is possible that remote guidance is not well suited for self-care guidance of an elderly person with a chronic ulcer⁴⁰. (C)**

Provide self-care guidance for a person with a diabetic ulcer in an equal and timely manner since

- **it is possible that a person with a diabetic ulcer feels that self-care guidance is unequal and takes place too late⁵⁶. (D)**

Give clear self-care guidance for the person with the ulcer, avoiding excessive use of medical terms since

- **it may be difficult for a person with a wound to understand the medical language used by healthcare professionals in self-care guidance⁴⁰. (C)**

6. Use of a digital communication service in the self-care guidance of a person with a chronic ulcer

Inform a person with a chronic ulcer about the possibility of using the real-time digital service channel in self-care guidance since

- **a person with a chronic ulcer may find that the use of a digital service channel as a tool for self-care guidance improves the quality of life and offers flexibility in wound care⁵⁵. (C)**
 - For the purposes of this recommendation, the digital communication service channel refers to an internet-based website that enables people with chronic ulcers and the healthcare professionals treating them to contact wound care experts. A person suffering from an ulcer can send pictures of the wound along with questions to the digital service channel, which the experts can answer.
 - People with chronic ulcers feel that they have more time for family, work, leisure activities and social life when they use the digital service channel⁵⁵.
 - The working group recommends that, when introducing a digital service channel, it should be ensured that the person in question is able to use it/them and is willing to do so.

- **when using the digital service channel, a person with a chronic ulcer may feel that they are an active actor in wound care⁵⁵. (C)**

- **for a person with a chronic ulcer, using the digital service channel as a tool for self-care guidance may create both a sense of security and a sense of trust towards the help of professionals⁵⁵. (C)**
 - To strengthen the feeling of security, people with a chronic ulcer can send pictures to the wound care team. Regular contact with the wound care team through the digital service channel enables transferring the responsibility for the ulcer to the professionals.⁵⁵

- **using the digital service channel as a tool for self-care guidance may strengthen the motivation of a person with a chronic ulcer to treat the ulcer and give hope for the healing⁵⁵. (C)**
 - The use of an digital service channel enables visual review and comparison of the ulcers in relation to the treatment history, and it gives the opportunity to see healing progress, which would otherwise be impossible⁵⁵.

7. Guidance on compression therapy for a person with a venous ulcer

Explain to a person with a venous ulcer the importance of compression therapy as part of the treatment of a venous ulcer since

- a person with a venous ulcer may feel unaware of the rationale and benefits of using compression dressings as part of the ulcer healing process⁵⁷. (C)
- a person with a venous ulcer may see compression therapy as just an alternative³⁹. (C)
 - Compression therapy is in a central role in venous ulcer treatment¹⁰. Compression therapy can be individually designed with a variety of dressings, medical stockings or compression garments¹⁹.

8. Impact of self-care guidance on the self-efficacy of people with pressure ulcers

Carefully plan the multidisciplinary care and self-care guidance of a person with a pressure ulcer since

- comprehensive self-care guidance and arranging follow-up contacts may increase the self-efficacy of a person with a pressure ulcer for the self-care of the ulcer⁵⁸. (C)

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