



TITLE: Natural Sheepskins for the Treatment of Pressure Ulcers: Clinical Effectiveness, Cost-Effectiveness, and Guidelines

DATE: 03 September 2014

RESEARCH QUESTIONS

1. What is the clinical effectiveness of natural sheepskins for the treatment of pressure ulcers in adults with impaired mobility?
2. What is the cost-effectiveness of natural sheepskins for the treatment of pressure ulcers in adults with impaired mobility?
3. What are the evidence-based guidelines regarding the use of natural sheepskins for the treatment of pressure ulcers in adults with impaired mobility?

KEY FINDINGS

One health technology assessment report and two systematic reviews regarding the clinical effectiveness of natural sheepskins for the treatment of pressure ulcers in adults with impaired mobility were identified.

METHODS

A limited literature search was conducted on key resources including PubMed, The Cochrane Library (2014, Issue 8), University of York Centre for Reviews and Dissemination (CRD) databases, Canadian and major international health technology agencies, as well as a focused Internet search. No filters were applied to limit the retrieval by study type. The search was also limited to English language documents published between January 1, 2009 and August 19, 2014. Internet links were provided, where available.

The summary of findings was prepared from the abstracts of the relevant information. Please note that data contained in abstracts may not always be an accurate reflection of the data contained within the full article.

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SELECTION CRITERIA

Table 1: Selection Criteria	
Population	Adults with a pressure ulcer who are bedridden or have impaired mobility
Intervention	Natural sheepskins (e.g., Australian sheepskins)
Comparator	Other treatment protocols for treatment of pressure ulcers (standard wound care)
Outcomes	Clinical benefits (e.g., improved wound healing), harms, cost-effectiveness, evidence-based guidelines
Study Designs	Health technology assessments, systematic reviews, meta-analyses, non-randomized studies, economic evaluations, evidence-based guidelines

RESULTS

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials, non-randomized studies, economic evaluations, and evidence-based guidelines.

One health technology assessment report and two systematic reviews regarding the clinical effectiveness of natural sheepskins for the treatment of pressure ulcers in adults with impaired mobility were identified. No relevant randomized controlled trials, non-randomized studies, economic evaluations, or evidence-based guidelines were identified.

Additional references of potential interest are provided in the appendix.

OVERALL SUMMARY OF FINDINGS

One health technology assessment report¹ and two systematic reviews^{2,3} regarding the clinical effectiveness of natural sheepskins for the treatment of pressure ulcers in adults with impaired mobility were identified.

Poor acceptability of sheepskins due to general discomfort¹ and heat discomfort² was reported. One systematic review³ reported that sheepskin used under legs reduced redness, based on the results from one small study. Overall, there is insufficient evidence to support the clinical effectiveness of sheepskins for the treatment of pressure ulcers, and some evidence of poor acceptability.^{1,2}

No relevant literature was found regarding the cost-effectiveness of natural sheepskins for the treatment of pressure ulcers and no evidence-based guidelines were identified, therefore no summary can be provided.

REFERENCES SUMMARIZED

Health Technology Assessments

1. Health Quality Ontario. Pressure ulcer prevention: an evidence-based analysis. Ont Health Technol Assess Ser [internet]. 2009 [cited 2014 Aug 29];9(2):1-104. Available from:
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3377566>
[PubMed: PM23074524](#)

Systematic Reviews and Meta-analyses

2. Chou R, Dana T, Bougatsos C, Blazina I, Starmer A, Reitel K, Buckley D. Pressure Ulcer Risk Assessment and Prevention: Comparative Effectiveness. Comparative Effectiveness Review No. 87. (Prepared by Oregon Evidence-based Practice Center under Contract No. 290-2007-10057-I.) AHRQ Publication No. 12(13)-EHC148-EF [Internet]. Rockville (MD): Agency for Healthcare Research and Quality; 2013 May [cited 2014 Aug 29].
www.effectivehealthcare.ahrq.gov/reports/final.cfm
Executive summary :
<http://www.effectivehealthcare.ahrq.gov/ehc/products/309/1490/pressure-ulcer-prevention-executive-130508.pdf>
See : Table A : Summary of Evidence, page 10,13; Discussion : Key Findings and Strength of Evidence, page 15
3. McInnes E, Dumville JC, Jammali-Blasi A, Bell-Syer SE. Support surfaces for treating pressure ulcers. Cochrane Database Syst Rev. 2011;(12):CD009490.
[PubMed: PM22161450](#)

Randomized Controlled Trials

No literature identified.

Non-Randomized Studies

No literature identified.

Economic Evaluations

No literature identified.

Guidelines and Recommendations

No literature identified.

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APPENDIX – FURTHER INFORMATION:

Systematic Review – No results provided in the abstract

4. Reddy M. Pressure ulcers. Clin Evid (Online) [internet]. 2011 [cited 2014 Aug 29]; 2011:1901. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3217823>
[PubMed: PM21524319](#)

Guidelines and Recommendations – Methodology not systematic

5. Australian Commission on Safety and Quality in Health Care (ACSQHC). Safety and Quality Improvement Guide Standard 8: Preventing and Managing Pressure Injuries (October 2012) [internet]. Sydney: The Commission; 2012. [cited 2014 Aug 29]. Available from: http://www.safetyandquality.gov.au/wp-content/uploads/2012/10/Standard8_Oct_2012_WEB.pdf
See: Standard 8 Criterion: Managing Pressure Injuries, page 25