

Evaluate the skin care regimen carefully

When applying a structured skin care regimen, there should be visible improvement in the skin condition and reduction of discomfort and pain within a few days. It is important to carefully evaluate if the expected progress is detected and if not, consult with a specialist.

In conclusion

Incontinence Associated Dermatitis is an important problem in health care, reducing comfort and quality of life for patients. In some cases it even leads to secondary infections that require time-consuming and expensive treatment.

With widespread prevalence, it is clear that incontinence care and management is an important task in all types of health care settings.

A lot can be done in preventing IAD from developing by applying a structured skin care program and appropriate products that protect the skin in exposed areas. The good news is that if treated early and with the right products, IAD can be reduced and cured – and in most cases even prevented.

Resources:

- Wounds International, Proceedings from the Global IAD Expert Panel
- Journal of Aging Life Care
- Beckman D., Verhaeghe S., Defloor T., Schoonhoven L., Vanderwee K. "A 3-in-1 perineal care washcloth impregnated with dimethicone 3% versus water and pH neutral soap to prevent and treat incontinence-associated dermatitis: a randomized, controlled clinical trial." 2011

Get specialist advice when buying IAD preventive products

Leading supplier of incontinence products, Abena, offers specialist advice when purchasing skin care products that can help prevent IAD. Abena's assortment of incontinence-related products ranges from; wash-without-water gloves and wipes to soaps, creams, lotions and sprays for cleansing, moisturizing and restoring skin to high-quality, breathable diapers and bed protection sheets.

Abena's IAD specialists and nurses offer help to assemble the right series of products that can help prevent IAD.

See more at
www.abena.com/IAD



Preventing Incontinence Associated Dermatitis



Incontinence Associated Dermatitis (IAD) is a health challenge worldwide. All patients with incontinence are potentially at risk of developing IAD. This means that an estimated 25% of nursing home residents are at risk of developing IAD due to incontinence.

IAD is a highly unpleasant skin condition. Patients can experience symptoms ranging from discomfort and pain to insomnia and reduced quality of life. Sometimes, the condition can even develop into secondary infections.

IAD is a severe challenge at institutions and nursing homes, where the condition leads to time-consuming extra care and expenses. Prevention of IAD is therefore in the interest of patients and their relatives as well as caregivers and institutions to improve quality of life and optimize resources.



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What is Incontinence Associated Dermatitis?

Incontinence Associated Dermatitis (IAD) is a condition that occurs when the skin is damaged as a result of exposure to urine and/or feces. A number of factors may contribute to the development of IAD such as infrequent change of diapers, insufficient cleaning, use of unbreathable diapers, use of improper skin care products, or use of soap, water, rough washcloths and towels.

When exposed to urine and/or feces, the skin becomes more alkaline, which allows microorganisms to thrive, increasing the risk of skin infection. IAD typically appears as erythema ranging in colour from pink to red.

The affected area usually has frayed edges, and the skin may feel warmer and firmer than unaffected areas due to the underlying inflammation.

Patients with urinary and/or fecal incontinence should have their skin checked regularly, preferably daily, for any signs of IAD.

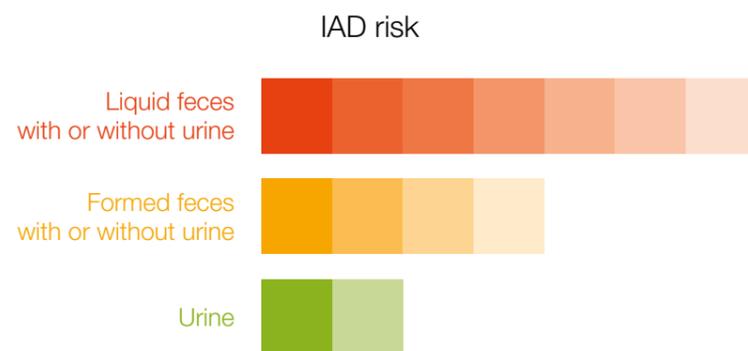


Figure 1: The combination of urine and fecal incontinence increases the risk and severity of IAD.

How to prevent IAD from developing

IAD can be categorized in **3 STAGES** of severity:

NORMAL SKIN:	FIRST SIGNS OF IAD:	MILD DEGREE OF IAD:
		
<ul style="list-style-type: none"> Healthy skin, no redness or irritation, but prone to development of IAD due to fecal and/or urinal incontinence 	<ul style="list-style-type: none"> Erythema (redness) with or without edema (swelling). Skin is still intact. 	<ul style="list-style-type: none"> Beginning breakdown and appearance of skin wounds Erythema (redness) with or without oedema (swelling). First signs of skin erosion or denudation might appear.

The different stages of IAD require use of different products. However, the following 3-step process can be used to ensure that IAD is prevented or treated in the best possible way no matter the stage of the skin condition.

The appropriate skin care regimen consists of three steps, each requiring different considerations and skin care products:

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| 1. GENTLE CLEANSING | 2. MOISTURIZING | 3. BARRIER APPLICATION |
| <p>Cleanse the skin gently, preferably without water</p> <ul style="list-style-type: none"> Rinsing with water, soap and towels may damage the skin. Therefore, use of no-rinse cleansers such as wet wash gloves or wet-wipes is recommended. Use of wet wash wipes and gloves saves time and improves efficiency in the daily work. This process enables caregivers to screen the skin and body in a better way. It is important to choose products that are skin-neutral pH (5-6 or even 3-4) and without perfume. Products with dimethicone reduce the prevalence of IAD and show a trend toward less severe lesions¹ | <p>Apply moisture cream, lotion or spray to protect the skin</p> <ul style="list-style-type: none"> Before application of moisture products, make sure that the skin is completely clean and dry. Make sure to use pH neutral (pH 5-6) cream, lotion or spray. Spray-on products are easy to use and cause less friction to the sensitive skin. | <p>Apply barrier cream, lotion or spray to help restore the skin</p> <ul style="list-style-type: none"> Patients may benefit from an additional restoring step to support and maintain the skin barrier function. Use a suitable barrier cream lotion or spray. Zinc Oxide sprays come in different solutions (4% or 10%) and are effective and suitable leave-on products. Make sure to apply the right amount of cream/lotion/spray; not too little and not too much that may prevent the skin from breathing. <p>After applying the 3-step process of cleansing, moisturizing and barrier application, make sure to use high-quality breathable incontinence products and bed protection sheets.</p> |

Differentiating IAD from Pressure Ulcer:

IAD and pressure ulcers are clinically and pathologically different; however, differentiating them from each other remains a major challenge for nurses and caregivers.

If a wrong diagnosis is made, it can lead to sub-optimal care and unnecessary costs. Evenmore, the preventive measures and treatments differ for the two conditions.

In the chart on the right, the main differences between the two conditions are presented:

	IAD	Pressure Ulcer
Location:	Skin folds: buttocks, inner thighs, groin	Usually over a bony prominence, as a result of pressure
Color	Pink or bright red	Red to bluish/purple
Depth	Partial thickness, blistering	Partial or full thickness injuring
Cause	Top-down damage caused by moisture and PH change	Bottom up damage caused by pressure and poor blood circulation.
Skin Necrosis	No	Yes/no
Pain & Itching	Yes	Yes/no

¹ Beekman D., Verhaeghe S., Defloor T., Schoonhoven L., Vanderwee K. "A 3-in-1 perineal care washcloth impregnated with dimethicone 3% versus water and pH neutral soap to prevent and treat incontinence-associated dermatitis: a randomized, controlled clinical trial." 2011