RESULTS

Prevention

Skin protectants
One study reported a significant reduction of IAD incidence when a skin protectant incorporated into a thick disposable washcloth – active ingredient dimeticone 3% – was used to clean and moisturise the skin of patients with continence problems (Clever et al, 2002).

Perineal skin cleansers
Two studies found skin cleansers to be more effective than soap and water for the prevention of incontinence related skin problems (Cooper and Gray, 2001; Byers et al, 1995). Reduced skin erythema was observed in four studies that looked at the effect of combining a perineal skin cleanser and a skin protectant (Dieter et al, 2006; Hunter et al, 2003; Warshaw et al, 2002; Whittingham et al, 1998).

Structured skin care and incontinence care regimens
One study found implementing a structured skin care protocol resulted in significantly lower incidence of IAD (4.7% v 25.3%). When product costs were calculated together with staff time, using this newly implemented skin care protocol also significantly reduced costs (Bale et al, 2004).

Bates-Jensen et al (2003) conducted a randomised controlled trial to examine the health outcomes of incontinence training. Patients who received training had significantly better urinary and faecal incontinence and skin wetness outcome measures than those not given training.

Body worn pads v underpads
Brown (1994) found no statistical differences in the incidence of skin alteration – colour, integrity or symptoms – between patients wearing body worn pads and those managed with underpads or waterproof mattress protectors.

Significantly more patients in a non polymer body worn pads and underpads group experienced alterations, such as skin colour change, tingling, itching, burning and pain, than those in a polymer group (Brown, 1994).

Leiby and Shanahan (1994) observed improvements in skin condition when underpads with a more absorbent capacity and greater ability to keep the skin dry were used.

Treatment

Skin protectants
Anthony et al (1987) found that a topical zinc oxide preparation with added antiseptic properties was superior to traditional zinc cream for the treatment of IAD.

Campbell et al (2000) and Hampton (1998) observed less erythema, skin maceration and skin stripping when a no sting barrier film was used for patients with IAD than when a petrolatum based ointment was applied.

Moisturisers
One study observed less erythema, roughness and desquamation of the skin when hydrogel barrier repair cream was used to treat IAD rather than petrolatum based moisturising cream was used (Draelos, 2000).

Perineal skin cleansers
Reduced skin erythema was observed in four studies which looked at the effect of combining different formulas of perineal