

Preface

The Pressure ulcer volume is a welcome addition to the Springer Aging Medicine Series. It is written for the nursing and medical generalist, student, or practitioner. It is a collection of scholarly review articles written by respected active wound care clinicians and teachers. One additional aim is to be a reference for medical and surgical trainees caring for older adults in all settings.

The subjects range from basic biology of skin and the cellular response of injured tissue to wound assessment, prevention, and treatment. The role of nutrition and bacterial colonization augments the sections on specific medical and surgical treatment. A chapter is devoted to palliation and skin as an organ failure. Legal issues are addressed in an afterword.

Much has been learned about the causes, prevention, and treatment of pressure ulcers since the publication of *Pressure Ulcers in America: Prevalence, Incidence and Implications for the Future* by the NPUAP in 2001. In 1989 the prevalence of pressure ulcers in all groups in all settings varied from 3 % to as high as 25 %. More recent data from larger, multisite studies show a gradual downward trend in prevalence from 2004 to 2009. It is too early to say, based on the data, that the trend is significant. Overall the current prevalence rate of 12–16 % did not meet the Healthy People 2010 Objective 1–16 to reduce the prevalence of pressure ulcers in nursing homes by 50 %.

One explanation for not significantly reducing pressure ulcer prevalence over the last decade is case-mix. The elderly experience the vast majority of the pressure ulcers in the USA. Prevalence numbers are more difficult to impact than incidence rates because of ongoing technical advancements in treatment that is based on better understanding of the mechanisms of healing and its impediments. The pressure ulcer patient is sicker and living longer. The typical elderly inpatient or nursing home resident is older and has multiple comorbidities, hence the emphasis of this treatise on the aging population.

To the extent that consensus exists, best practices are identified in this volume. Several of the contributors have spent their careers teaching and advancing excellence in geriatric wound care.

The book's scope is purposely narrow, pressure ulcers in the elderly, so to provide in-depth coverage of the subject. It covers the entire range of care from prevention and assessment to surgical care. It exposes the reader to newer concepts such as deep tissue injury and differentiating heavy bacterial wound colonization from infection. The editors' intention is to provide focused knowledge to allow the generalist to be more involved in the care of pressure ulcer patients. Pressure ulcers are one of the major geriatric syndromes that all primary providers need to address. The training of most generalists involves little or no wound care exposure. This volume is designed to bridge that gap.

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