

Dementia and Skin Integrity



This evidence summary has been developed for health professionals caring for people living with dementia to assist in maintaining skin integrity and wound care. Wound care for people living with dementia should be guided by a health professional with wound care knowledge.

For this summary, all recommendations have had their levels of evidence classified as follows:

Level I	Evidence from a systematic review or meta-analysis of at least two level II studies
Level II	Evidence from a well-designed randomised controlled trial (for interventions), or a prospective cohort study (for prognostic studies)
Level III	Evidence from non-randomised studies with some control or comparison group
Level IV	Evidence from studies with no control or comparison group
EO	Consensus statements provided by a national or international panel of experts in the area.

This is a summary of evidence from the following sources, which may be accessed as required:

1. Parker CN, et al. Exploring the Prevalence and Management of Wounds for People with Dementia in Long-Term Care. *International Wound Journal*, 2020. 17:650-659.
2. Serra R et al. Skin Tears and Risk Factors Assessment: Systematic Review. *Int Wound J*, 2017. 15:38-42.
3. Soh Z, et al. Risk of Skin Tears and its Predictors Among Hospitalized Older Adults in Singapore. *International Journal of Nursing Practice*, 2019. 25:e12790.
4. Tsuda Y, et al. Association Between Dementia and Postoperative Complications after Hip Fracture Surgery in the Elderly. *Arch Orth Trauma Surg*, 2015. 135:1511-7.
5. Rowe MA, Fehrenbach N. Injuries Sustained by Community-Dwelling Individuals With Dementia. *Clinical Nursing Research*, 2004. 13(2): 98-110.
6. Sefcik JS, et al. Chronic Wounds in Persons Living With Dementia: An Integrative Review. *International Journal of Older People Nursing*, 2022. 17(3): e12447-n/a.
7. LeBlanc K, et al. Risk Factors Associated with Skin Tear Development in the Canadian Long-term Care Population. *Adv Skin & Wound Care*, 2021. 34:87-95.
8. Parker C, et al. WOUNDED - Improving WOUND outcomEs for people with Dementia. in *European Wound Management Association Conference Proceedings*. 2024. London, UK.
9. Jones A et al. Mini Nutritional Assessment Score as a Potential Predictor of Pressure Ulcers in Nursing Home Patients with Dementia. *Topics Clin Nutr*, 2020. 35:42-9.
10. EPUAP, NPIAP, PPPIA. Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline. 2019, EPUAP, NPIAP, PPPIA.
11. Ahn H, et al. Pressure Ulcer-Related Pain in Nursing Home Residents with Cognitive Impairment. *Adv Skin Wound Care*, 2013. 26: 375-80.
12. Abbey J et al. The Abbey Pain Scale. *International Journal of Palliative Nursing* 2004. 10:6-13.
13. Lee Y-F et al. Efficacy and Safety of Tube Feeding in Advanced Dementia Patients: Systemic Review. *J American Medical Directors Assoc*, 2021. 22:357-63.
14. Dementia Collaborative Research Centre - Assessment and Better Care (DCRC-ABC). *Behaviour Management a Guide to Good Practice: Managing Behavioural and Psychological Symptoms of Dementia*. 2012. p.191.
15. Casafont C et al. Profile of Patients with Dementia or Cognitive Impairment Hospitalized with a Proximal Femur Fracture Requiring Surgery. *Int J Env Res Public Health*, 2022. 19: 2799.
16. LeBlanc K, et al. Best Practice Recommendations for the Prevention and Management of Skin Tears in Aged Skin. *Wounds International*, 2018: 1-24.
17. Brillhart B. Pressure Sore and Skin Tear Prevention and Treatment. *Rehab Nurs*, 2005. 30:85-91.
18. Hou M et al. Effects of Dementia on the Prognosis and Mortality of Hip Fracture Surgery: Systematic Review. *Aging Clin Exp Research*, 2021. 33:3161-72.



Dementia and impaired cognition are risk factors for the development and delayed healing of wounds, and predispose people to a higher risk of skin tears and pressure injuries.¹⁻⁴

Assessment

1. Assess for risk factors contributing to the occurrence, or delayed healing, of wounds, which include:
 - history of falls⁵ (IV)
 - aggression^{6,7} (IV)
 - impaired communication or sensory awareness^{2,8} (III)
 - malnutrition⁹ (III)
 - extremes of movement/mobility^{7,8,10} (IV)
 - delirium and postoperative cognitive impairment⁴ (IV)
2. Conduct a comprehensive assessment of behaviour/s, e.g. aggression^{6,7} or agitation, to identify possible triggers.⁸ (EO)
3. Pain assessment should be conducted regularly¹¹ (IV), using a validated scale such as the Abbey Pain scale.¹²
4. Assessment for malnutrition is important for people living with dementia and at risk of pressure injuries.⁹ (III)
5. Assess for risk of skin tears.¹ (III)
6. Be aware of sensory changes (e.g. altered perception of skin stimulation).² (III)

Management

7. Undertake a regular check of footwear, particularly for those who are ambulant.⁸ (EO)
8. Refer to a dietitian if the person is found to be at risk of undernourishment or malnutrition.⁸ (EO)
9. Tube feeding is not recommended for pressure injury prevention.¹³ (I)
10. Consider using non-pharmacological interventions to reduce changed behaviour.¹⁴ (I)
11. Use simple, clear and consistent communication to inform the person with dementia of the wound care plan.⁸ (EO)
12. Consider using staff familiar with the person to conduct wound care and choose times of the day when the person is receptive to receiving treatment.⁸ (EO)
13. For those having surgical procedures, develop wound management plans, specific to persons living with dementia.¹⁵ (IV)

Prevention

14. Regular moisturisation of skin¹⁶ (IV), and correct transfer and mobilisation techniques (EO) may help avoid skin trauma and prevent skin tears.^{16,17}
15. Use of pressure-relieving devices or surfaces (IV), and strategies such as repositioning (EO) may prevent pressure injuries.^{10,17}
16. Consider implementing strategies for prevention of infection post-surgery.¹⁸ (I)