

## THE LONG-TERM EFFECTS OF A MULTIDISCIPLINARY WOUND CARE PROVISION SYSTEM ON THE PATIENT'S QUALITY OF LIFE: PAIN RELIEF AND IMPROVED MOBILITY

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**Aim:** Nowadays a multidisciplinary wound care provision system is often regarded as an optimal way to improve the treatment quality and, as a result, the patient's quality of life. It is, however, still few known about the long-term effects on the overall patient's quality of life on the one hand and the wound-specific quality of life on the other hand. In this study we aim at investigating these long-term effects by presenting and discussing our experiences and results related to a wound care centre that was established in Germany.

**Methods:** Within the scope of the multidisciplinary wound care provision, data on the quality of life of patients who suffer from chronic wounds was analysed at four points in time (at the beginning, after 4 weeks, after 12 weeks and after 24 weeks) using both a generic (Nottingham Health Profile) as well as a wound-specific (the so called "Würzburger Woundscore") measuring instrument. Throughout this method long-term changes towards the overall as well as towards the wound-specific patient's quality of life could be differentiated and separately be observed. Beside this, it was possible to analyse, if the changes that occurred could actually be traced back to an improvement in wound-healing or if other confounding factors, such as the patient's compliance or co-morbidities, had an effect.

**Results:** With regard to the overall quality of life, the patients showed the highest restrictions related to the subareas of mobility, pain and energy level. The highest improvements in the long-run appeared in the subareas of pain and mobility. Because of co-morbidities (mean age of population = 76 years) the improvements were moderate, however. With regard to the wound-specific patients' quality of life the effects were much more significant with the highest improvements again towards the items „pain in the wound area“, „limitation of mobility“, „limitation of daily life“ and „suffering from the wound“. The improvements were moderate or even absent in case of poor compliance or a lack of communication between service providers.

**Discussion:** Our study revealed, all in all, significant improvements towards the patient's wound-specific quality of life in a multidisciplinary wound care provision setting in the long-run, especially with regard to the areas of pain and mobility.