**Venous Leg Ulcers Interventions: Quality of the Evidence**  
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**Problem:** Venous leg ulcers (VLUs) occur frequently, heal slowly, often recur, impact patient quality of life and functioning, and are costly to the health care system. There is an urgent need for updated, evidence-based practice recommendations to guide clinician decision making and provide optimal treatment.

**Evidence:** A comprehensive search was conducted for processed evidence, including meta-reviews, systematic reviews (SRs), and clinical practice guidelines (CPGs).

**Strategy:** Recommendation for interventions to improve VLU healing rates that were supported by the strongest levels of evidence were abstracted from the reviews and guidelines. Recommended practices were categorized. Interventions partly supported and not supported by the evidence were also identified.

**Practice Changes:** Primary interventions were compression, dressings, and debridement. Secondary therapies included antiseptics and antimicrobials, other systemic and topical agents, and various adjunct therapies.

**Evaluation:** One meta-review, 20 SRs, and 9 CPGs were reviewed. Differences in evidence rating schemes were noted across the guidelines, several of which were outdated. The number of references upon which recommendations were made varied substantially across CPGs. Conflicting recommendations were noted for 10 interventions; 6 interventions lacked supporting evidence.

**Results:** Although SRs were mainly high quality, the underlining studies were low to moderate quality at best. Problems included small sample sizes, inadequate follow-up periods, inappropriate comparators, and likelihood of bias in reporting results. In addition, few SRs and CPGs provided information that would be helpful to clinicians as they considered adopting the recommendations. A notable exception to this is the recently published Australian New Zealand CPG.

**Recommendations:** There is a need for high quality studies with larger samples, longer follow-up, and more head-to-head comparisons, especially of compression types, debridement approaches, and dressings. Given funding limitation, the emphasis should be on practice-based evidence as well as evidence-based practice. There also needs to be greater consideration of patient preferences, likely adherence, and cost-effectiveness of various treatment options.

**Lessons Learned:** Treatment recommendations may be inconsistent and outdated.
Bibliography:


