

QIPP Detail Aid – Silver Dressings

VERY FEW WOUNDS NEED A SILVER LINING

WHAT IS THE PROBLEM?

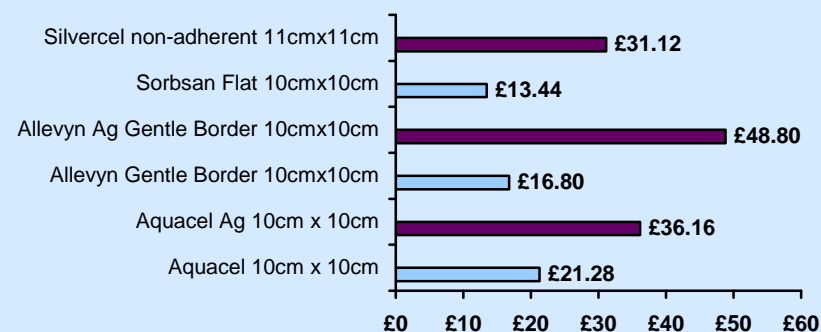
- In 2010-2011 Barnsley spent around £165,000 on silver dressings. This represents over a quarter of the total costs of all dressings, although silver dressings make up only one eighth of the total items.
- Comparative efficacy data against standard dressings are of poor quality.

WHAT IS THE EVIDENCE?

- Dressings which incorporate silver were developed primarily for difficult-to-heal wounds, chronic ulcers and extensive burns as silver ions have a broad antimicrobial effect.
- There have been relatively few published clinical trials of silver dressings and many had the potential for bias due to small sample sizes, short duration, lack of blinding and baseline or protocol differences between treatment groups.
- Several Cochrane systematic reviews have assessed trials of silver dressings in a variety of wounds, including diabetic foot ulcers, acute and chronic infected wounds and in the prevention of infection. All have concluded that there is insufficient evidence to establish whether silver-containing dressings promote or hasten wound healing or prevent wound infection.
- A Canadian Health Technology review assessed the results of 4 systematic reviews. Overall they concluded that the current evidence showed no differences in various healing parameters when comparing silver dressings to other types of dressings in the treatment of infected wounds.
- Scottish (SIGN) guidance on the management of chronic venous leg ulcers says that silver dressings are not recommended in the routine treatment of patients with venous leg ulcers.
- A recent Drug and Therapeutic Bulletin concluded that the routine use of silver dressings is not justified on clinical or cost-effectiveness grounds for uncomplicated leg ulcers. There is some evidence that their use delays healing on acute wounds. There may be weak evidence for their use in infected burns.

WHAT ARE THE COSTS?

(Drug Tariff October 2011)



Cost of one months supply based on dressing change twice a week.

KEY MESSAGES

- **Silver dressings are more expensive than standard dressings but trial evidence of additional benefit is limited and of poor quality.**
- **Current trial data found no differences in various healing parameters when comparing silver dressings to other types of dressings in the treatment of infected wounds.**
- **Silver dressings should not be used for acute wounds as there is some evidence that their use delays healing. They should not be used routinely for uncomplicated leg ulcers and only after specialist advice for other wounds. Evidence for use in infected burns is weak.**
- **If silver dressings are used, supply should be limited to 1-2 weeks and only continued if appropriate after a clinical review. They should be stopped once the infection is controlled or if they show no benefit.**
- **Silver dressings should not be added to repeat prescriptions.**

Adapted from Trent MI QIPP detail aid October 2011

Further Reading:

1. Anon Silver Dressings- do they work? Drug Ther Bull 2010; 48: 38-42
2. Silver Dressings for the Treatment of Patients with Infected Wounds: A Review of Clinical and Cost-Effectiveness Available from http://www.cadth.ca/media/pdf/10193_silver_dressings_htis-2.pdf