

ACTICOAT[®] Antimicrobial Barrier Dressings were more effective than other silver dressings at resolving clinical signs and symptoms (CSS) of local infection and reducing time to wound healing in patients with infected chronic wounds

Wounds were three times more likely to heal with ACTICOAT Dressing than the other silver dressings used in the study



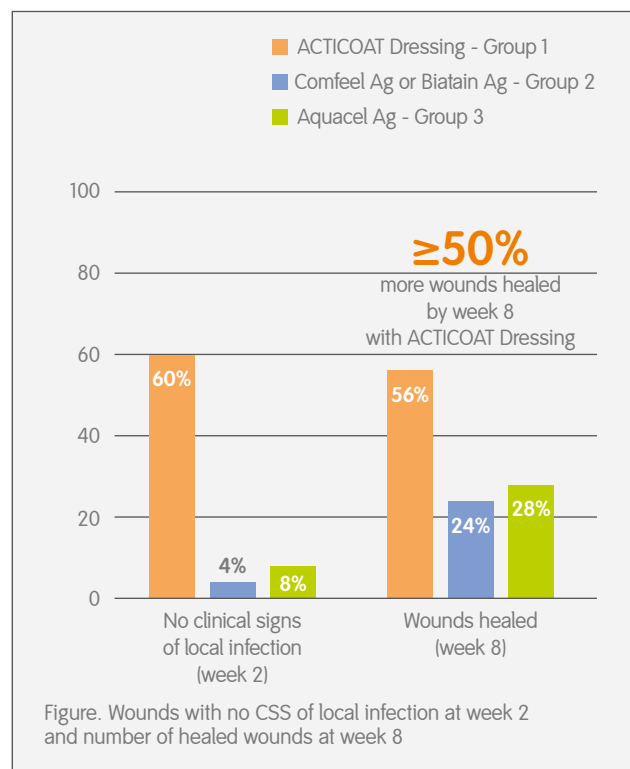
Study overview

- A prospective, comparative study conducted at a single centre in Spain to assess time to resolution of clinical signs of local infection and wound healing progress over 8 weeks with different silver dressings
- Patients with chronic wounds (median duration 4 weeks) with at least three signs of local infection received one of three types of silver dressing until CSS of local infection resolved, followed by a dressing without silver until healing or for up to 8 weeks
 - Group 1: ACTICOAT Dressing (n=25)
 - Group 2: Comfeel™ Ag for wounds with low (minimal) exudate (n=9) or Biatain™ Ag for wounds with moderate exudate (n=16) (Coloplast, Minneapolis, USA)
 - Group 3: Aquacel Ag™ (n=25) (ConvaTec, New Jersey, USA)



Key results

- CSS of local infection resolved within the first 2 weeks of treatment in more wounds in Group 1 (60%) than in Group 2 (4%) and Group 3 (8%; Figure)
 - CSS of local infection were approximately twice as likely to resolve within 4 weeks of treatment in Group 1 than in Group 2 (hazard ratio 1.96; p=0.018) and Group 3 (hazard ratio 1.89; p=0.025)
- Compared with Groups 2 and 3, respectively, patients in Group 1:
 - Had a shorter mean time to resolution of infection (2.5, 3.9 and 3.8 weeks)
 - Healed $\geq 50\%$ more wounds by week 8 (Figure)
 - Required $\geq 33\%$ fewer treatments on average (7.6, 11.6 and 11.4 treatments)
 - Necessitated fewer dressing changes (189, 291 and 285 changes)
- Wounds in Group 1 were three times more likely to heal than in Group 2 (hazard ratio 2.74, p=0.042) and in Group 3 (hazard ratio 2.80, p=0.027)
- Maceration was more frequent in Group 2 (26.1%) than in Groups 1 and 3 (2.1% and 3.9%, respectively)



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Evidence in focus (continued)

Conclusion



Time to resolve CSS of local infection and time to healing were both significantly faster with ACTICOAT® Dressing than with the other silver dressings used in this study in patients with infected chronic wounds. In addition, fewer treatments were required and more wounds healed during the study with ACTICOAT Dressing.

Considerations



- Due to the distinctive appearance of the dressings, healthcare professionals and patients knew which dressing they were receiving
- Bacteriological sampling to confirm local infection was not performed
- The authors concluded that targeted use of silver dressings for antimicrobial intervention in patients with infected chronic wounds as done in this study can achieve cost savings
- A cost impact analysis based on this study showed that a dressing strategy involving ACTICOAT was more clinically effective and less costly than one involving Aquacel Ag™ and resulted in a 51% cost saving per wound healed¹

Study citation



*Gago M, Garcia F, Gaztelu V, Verdu J, Lopez P, Nolasco A. A comparison of three silver-containing dressings in the treatment of infected, chronic wounds. *Wounds*. 2008;20(10):273-278.

Available at: [Wounds Research](#)

For detailed product information, including indications for use, contraindications, precautions and warnings, please consult the product's applicable Instructions for Use (IFU) prior to use.

References: 1. Searle R, Bielby A. Dressing strategies for the management of infected wounds in community wound care: impacts and implications. Poster presented at: Wounds UK Annual Conference, Harrogate, UK; November 2010.