

HealthFocusProductsAustralia

OptiDerma®

OPALA

For the preventative treatment and management
of chronic wounds
for Aged Care providers.

A model for change.

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OptiDerma - OPAL A

A model for change

Topics covered today

- Wounds in Aged Care – “A SNAP SHOT”
- Why so many wounds in Aged Care?
- Current “Reactive Model” of wound care.
- Current “Preventative Model” of wound care.
- OptiDerma OPAL A Aged Care experience
 - “A model for change”.

Wounds & Aged Care A Snap Shot

- Approx 400K chronic wounds in Australia!
- Approx 25% of Aged Care Facility residents have a wound!!
- 30% Hospitalised >65y.o. develop a pressure wound.
- Costs in excess of \$2.6 billion p.a.
- 50% community nursing budget.
- Big problem.

“The Price of Wisdom”

Why elderly develop wounds that are slow to heal.

- Loss of skin elasticity due to collagen depletion.
- Thinning of skin, loss of fat deposition.
- Reduction in blood and nerve supply.
- Atrophy of sweat glands.
- Drier skin.
- Decreased mobility, proprioception.
- Adds up to...

Skin that is easily damaged.

**Wounds that are slow to
heal.**

The “Reactive” Wound Care Environment

- Our current model is one of reacting to a wound that needs treating.
- With specialised dressings, compression Tx, pressure redistribution, bariatric Tx, nutritional support, antibiotics, surgery.
- We treat the wound after it happens... we are fixated on this!

The Current “Preventative” Wound Care Environment

- There are protocols in place for wound prevention in Aged Care... however they don't seem to be working (25% remember).
- We are currently obsessed with barrier products such as Sorbolene, which are not enough.
- We need to improve the overall integrity of older person's skin to assist in the prevention of wounds occurring and speed healing time.

An Alternative Model

- We need to improve what we can with simple cost effective treatments.
- Elderly skin is dry and poorly vascularised.
- We need to optimise the healing environment. Moisturise the skin, stimulate blood flow, provide anti-inflammatory, debriding and antibacterial treatments.
- Control nutrition and chronic disease.

An Alternative Model

- Rejects Sorbolene products – barrier creams are not enough.
- Optimises skin integrity of elderly.
- Treats early with best practise.
- Assumes hydrated vascularised skin will resist wounding more and heal faster.

ST. ANN'S - COMPTON DOWNS: CLINICAL TRIAL

A randomised control trial using OptiDerma Moisturising Skin Support (MSS) for promoting skin integrity, peripheral circulation and wound care outcomes.

Objective: To determine the efficacy of using OptiDerma Moisturising Skin Support for promoting skin integrity, peripheral circulation and wound care outcomes compared to a generic cream or emollient such as Sorbolene.

Design: Randomised control trial, 3 month period across 2012 & 2013.

Setting: Residential aged care facility, Tasmania, Australia.

REF : Matt Fone RN 2013

What is OptiDerma & Opal A?

- OptiDerma is a moisturising product that contains the active bio-pharmacueutical OPAL A.
- OPAL A is derived from the inner flesh of the Carica Papaya fruit.
- Has shown to be:
 - Anti-inflammatory (papain)
 - Vasoactive (NA, Nitric oxide)
 - Proteolytic (papain)
 - Antibacterial/antioxidant activity
- Improves skin integrity & healing environment.



Results of Compton Downs Study

- “Overall, participants using OptiDerma (MSS) either maintained or improved skin quality and displayed the greatest improvements in skin colour, temperature and resolving wounds”.
- The use of OptiDerma Moisturising Skin Support has clearly shown positive results in promoting skin integrity, peripheral circulation and wound care outcomes.
- Ideally, the trial’s sample space and duration would have been much broader but given the time constraints, the results still managed to identify improvements across many qualities when comparing OptiDerma to a generic Sorbolene.

Results of Compton Downs Study



Royal Hobart Hospital (RHH) Trial

The aim of this prospective study was to obtain further information on the clinical effectiveness of OPAL A, administered as a primary wound dressing, for the treatment chronic ulcers of varying aetiology.

- Nine patients; four had venous ulcers, three had pressure injuries, and two had mixed aetiology ulcers.
- All patients had their ulcers for ≥ 6 months before the study.

RHH Trial - Findings

- Wound bed tissue showed improvement in seven of the nine patients
- The most noticeable improvement in wound bed occurred in patients with chronic venous ulcers
- Reduction in pain was reported by three patients.
- Wound exudate was decreased in seven patients, with no evidence of maceration or dehydration around the wound edges or surrounding skin. All except one patient reported that the OPAL A dressing was comfortable.

But at what cost?

- Recall wound care is expensive.
- Chronic wounds cost approx \$100 per WEEK to treat.
- A cost comparison between Sorbolene products and OptiDerma OPAL A has also been undertaken in Tasmania.

OptiDerma versus Sorbolene

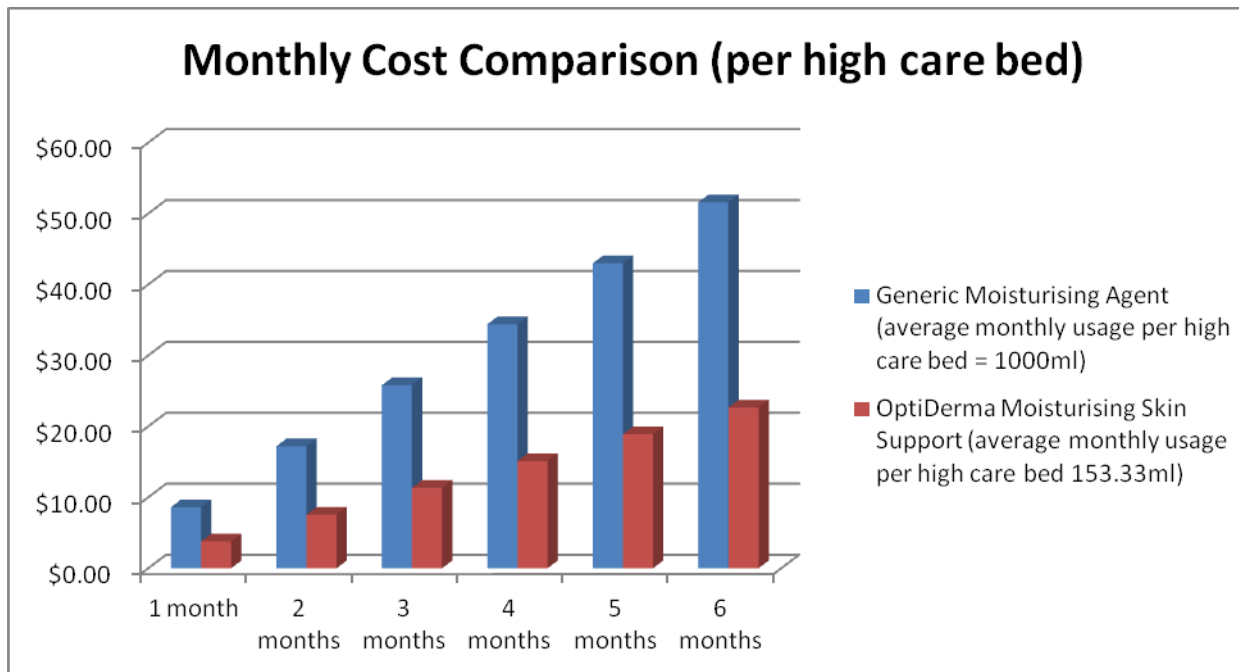
- 90% RACF trialled OptiDerma in high care beds.
- Measured treatment cost change.
- Reduction in number of chronic wounds.
- Ease & satisfaction of use by nursing staff.
- Skin integrity improvement & minor wound healing.

Tasmanian Trial Findings

- 75% (2100 HCB) of trialling homes have switched to OptiDerma MSS and Activated Healing Gel as a first line skin management program.
- OptiDerma product usage is a third of Sorbolene products at similar cost per unit.
- Reported superior treatment and preventative product of Sorbolene.
- Cheaper alternative for better outcome.

Cost of OptiDerma versus Sorbolene

- \$22.66/mth versus \$51.60/mth



A NEW MODEL

In Summary: A new model for Aged Care.

- OptiDerma OPAL A has shown superiority to Sorbolene and other generic emollients/creams.
- Decreased costs of wound management.
- Improved clinical outcomes.
- Emphasis on improving skin integrity as preventative approach to Chronic wound management.

What the nurses say

Testimonial:

Having seen the results first hand in comparing the use of a generic product and OptiDerma Moisturising Skin Support, I would strongly recommend its use for all clinical settings, ages and skin types.

Compared to generic Sorbolene, OptiDerma clearly showed a greater capacity for encouraging wound healing and the qualities associated with improved peripheral circulation.

I would anticipate that this product could also be used as a prophylactic for reducing the prevalence of wounds such as skin tears and pressure sores.

Matt Fone
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Thank you

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