

PREVENTION OF PRESSURE ULCER IN PATIENTS WITH SPINAL CORD INJURIES: WITH SPECIAL REFERENCE TO CULTURAL, ECONOMIC AND SOCIAL BARRIERS IN DEVELOPING COUNTRIES

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Pressure ulcers (PU's) in patients with spinal cord injury (SCI) are associated with incredible financial cost and human suffering shield.¹ PU occurs in 25-30% of the SCI patients during the initial five years of their injury while the lifetime prevalence of PU in SCI patients ranged from 80% -95%.²⁻⁴ Infections and septicemia due to PU are the leading causes of death of SCI patients in developing countries. PU's accounts for about one-fourth of the cost of care for SCI patients.⁵ PU's not only increase length of hospital stay but also one of the major causes of unplanned rehospitalization after SCI and that's why the cost of treatment of PU's are much more than other medical conditions.⁶ The overall health system cost of managing PU's SCI patients in Pakistan has not been determined, but the economic impact of this preventable problem is substantial. Considering the longstanding nature of these PU's and the fact that the treatment did not heal the wounds, the cumulative cost to treat chronic pressure ulcers in the Pakistani healthcare system is likely enormous. In reality, prevention of PU is less costly than the treatment of the PU itself.⁷

In 2000, the Consortium of Spinal Cord Medicine produced guidelines for the assessment, prevention, and treatment of pressure ulcers in SCI patients.⁸ These guidelines, however, do not consider the regional and cultural differences and are therefore not helpful to clinicians and SCI patients in developing countries. Pakistan, a developing country, where even basic health care facilities are not available, implementation of international clinical practice guidelines (ICPG) for the prevention of PU's in SCI patients are never considered in health care system. This is partly due to the complexity of design and wording of ICPG's and partly due to cultural barriers, negative attitudes, cultural myths, superstitious beliefs, inadequate funding/lack of resources, lack of interprofessional team approach poor health care facilities and workforce shortages. Pakistan is not alone among the developing countries regarding the enormous challenges it is facing and the shortcomings of its health care system. Almost all developing nations face similar problems, to varying extents. Despite the challenges, addressing the needs of the SCI patients and prevention of secondary complications in SCI patients living in developing countries is important from the perspective of human rights and it is quite likely to be cost-effective.

Because PU's are known to disrupt rehabilitation, prevent individuals with spinal cord injury from attending work or school and are associated with incredible financial costs and human sufferings especially in developing countries, that's why there is a dire need to develop cost-effective preventive strategies for PU prevention in SCI patients, which not only

consider the physical and psychological aspect of SCI patients, but also take into accounts the specific cultural, geographical, economical, and religious factors prevailing in Pakistani society. Keeping in mind the local natural, human and capital resources of Pakistan, manufacturing assistive devices that are available, affordable and usable which help in the prevention of PU's in SCI patients, should be part of these preventive strategies. In addition, the physical and human geography of Pakistan and the concentration of healthcare providers in larger urban centres present complex challenges to equitable healthcare delivery. The evolution of the Pakistani healthcare system to meet these challenges has increased the importance of certain approaches, such as self-management and telehealth, which must be incorporated into these preventive strategies.

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