

INCONTINENCE ASSOCIATED DERMATITIS – LET’S LOOK A BIT FURTHER

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INCONTINENCE ASSOCIATED DERMATITIS (IAD)

- LET'S LOOK A BIT FURTHER.....

- Quality continence care is the cornerstone of IAD prevention and management. This session will explore best practice and evidence in IAD prevention and management and how this practice can help you meet the new quality indicator for IAD

TO BE COVERED

- What is IAD?
- Causes of and Risk Factors for IAD
- Classifications of IAD
- Differences between IAD and Pressure Ulcers
- IAD Skin Care
- Continence Assessment and Management for the Prevention and Management of IAD

WHAT IS IAD?

- Incontinence associated dermatitis (IAD):
 - Type of irritant contact dermatitis
 - Characterised by erythema and oedema in the peri-anal and/or genital skin
 - Moisture-associated skin damage
 - Found in persons with faecal and/or urinary incontinence

Beeckman, D et al. (2015) Proceedings of the Global IAD Expert Panel. Incontinence-Associated Dermatitis: Moving Prevention Forward. Wounds International 2015. <https://woundsinternational.com/consensus-documents/incontinence-associated-dermatitis-moving-prevention-forward/>

Beeckman, D. et al (2017) The Ghent Global IAD Categorisation Tool (GLOBIAD). Skin Integrity Research Group – Ghent University 2017 https://images.skintghent.be/20184916028778_globiadenglish.pdf

INCIDENCE OF IAD?

- 6-23% of people in residential aged care experience IAD

Australia Government. Department of Health and Aged Care (2023) National Aged Care Mandatory Quality Indicator Program Incontinence Care.
<https://www.health.gov.au/sites/default/files/2023-02/qi-program-module-8-incontinence-care.pdf>

RISK FACTORS FOR IAD

- Faecal incontinence +/- urinary incontinence
- Pre-existing poor skin condition
- Occlusive skin protection products
- Skin cleansing with soap and water
- Friction to skin

Beeckman, D et al. (2015) Proceedings of the Global IAD Expert Panel. Incontinence-Associated Dermatitis: Moving Prevention Forward. Wounds International 2015. <https://woundsinternational.com/consensus-documents/incontinence-associated-dermatitis-moving-prevention-forward/>

RISK FACTORS FOR IAD

- Impaired mobility, Impaired cognition
- Pain, Pyrexia
- Medications
- Poor nutritional status, Poor health
- Diabetes mellitus
- Being overweight

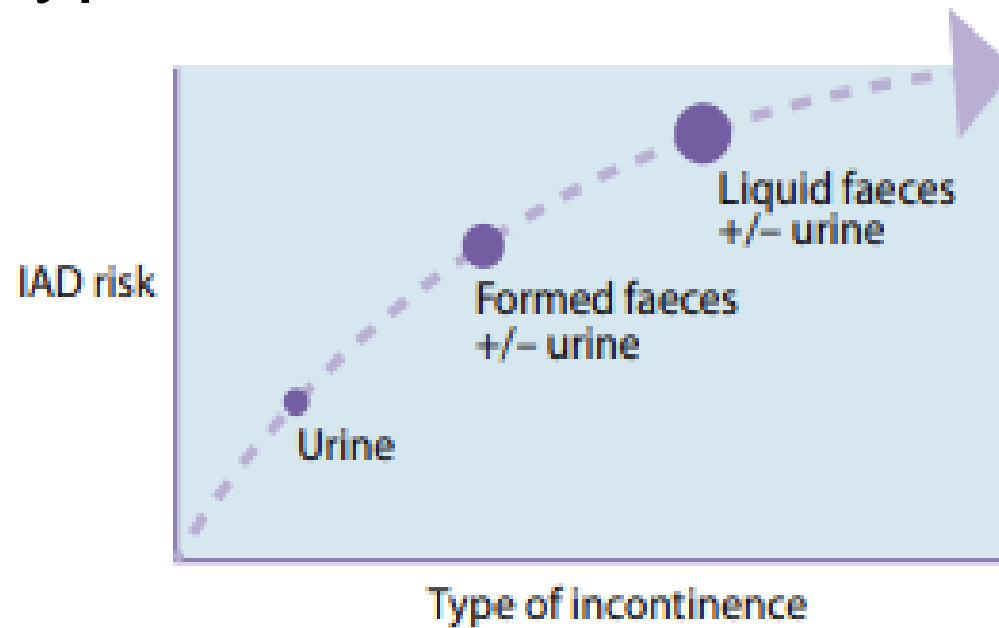
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RISK FACTORS FOR IAD

- Incontinence type risk of IAD:



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CAUSES OF IAD

- Outer skin layer – stratum corneum – works to prevent overhydration
- Healthy skin is acidic (pH of 4-6) to aid the skin barrier and skin microbiome

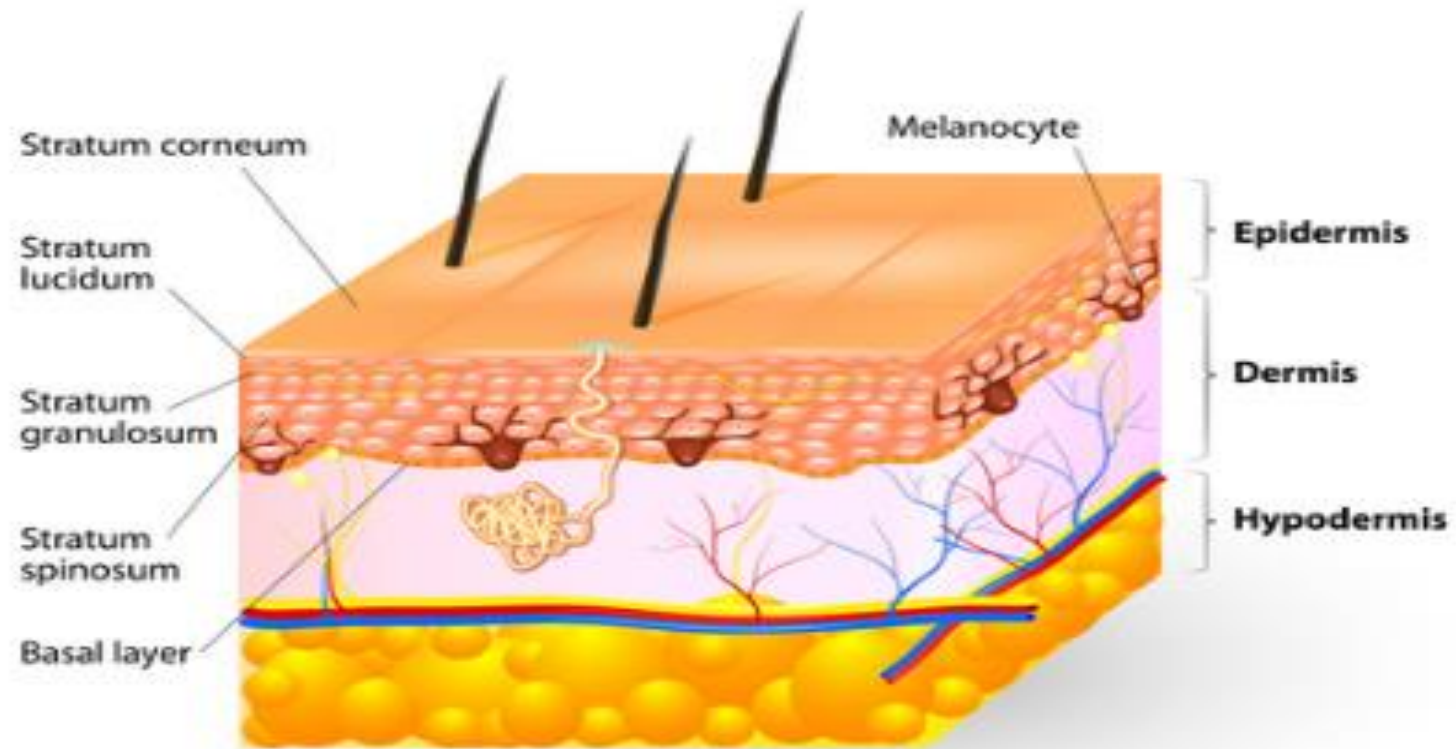
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CAUSES OF IAD

FREE STOCK IMAGE

LAYERS OF HUMAN SKIN (2024) LAYERS OF HUMAN SKIN. MELANOCYTE AND MELANIN ROYALTY.

THE LAYERS OF HUMAN SKIN



CAUSES OF IAD

- IAD is caused by urine and faeces on the skin resulting in:
 - overhydration and structural disruption
 - more alkaline skin
- Plus friction to the skin

Beeckman, D et al. (2015) Proceedings of the Global IAD Expert Panel. Incontinence-Associated Dermatitis: Moving Prevention Forward. Wounds International 2015. <https://woundsinternational.com/consensus-documents/incontinence-associated-dermatitis-moving-prevention-forward/>

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<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD011627.pub2/epdf/full>

CONSEQUENCES OF IAD

- Increased care needs
- Decreased independence
- Impacts on activities and sleep
- Reduced quality of life

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CLASSIFICATIONS OF IAD – CATEGORY 1A = PERSISTENT REDNESS

REF: BEECKMAN, D. ET AL (2017) THE GHENT GLOBAL IAD CATEGORISATION TOOL (GLOBIAD). SKIN INTEGRITY RESEARCH GROUP – GHENT UNIVERSITY 2017 [HTTPS://IMAGES.SKINTGHENT.BE/20184916028778_GLOBIADENGLISH.PDF](https://images.skintghent.be/20184916028778_GLOBIADENGLISH.PDF)

Category 1A: Persistent redness without clinical signs of infection

Critical criterion

Persistent redness

A variety of tones of redness may be present. Patients with darker skin tones, the skin may be paler or darker than normal, or purple in colour.

Additional criteria

- Marked areas or discolouration from a previous (healed) skin defect
- Shiny appearance of the skin
- Macerated skin
- Intact vesicles and/or bullae
- Skin may feel tense or swollen at palpation
- Burning, tingling, itching or pain



CLASSIFICATIONS OF IAD – CATEGORY 1B = PERSISTENT REDNESS

REF: BEECKMAN, D. ET AL (2017) THE GHENT GLOBAL IAD CATEGORISATION TOOL (GLOBIAD). SKIN INTEGRITY RESEARCH GROUP – GHENT UNIVERSITY 2017 [HTTPS://IMAGES.SKINTGHENT.BE/20184916028778_GLOBIADENGLISH.PDF](https://images.skintghent.be/20184916028778_GLOBIADENGLISH.PDF)

Category 1B: Persistent redness with clinical signs of infection

Critical criteria

Persistent redness

A variety of tones of redness may be present. Patients with darker skin tones, the skin may be paler or darker than normal, or purple in colour.

Signs of infection

Such as white scaling of the skin (suggesting a fungal infection) or satellite lesions (pustules surrounding the lesion, suggesting a *Candida albicans* fungal infection).

Additional criteria

- Marked areas or discolouration from a previous (healed) skin defect
- Shiny appearance of the skin
- Macerated skin
- Intact vesicles and/or bullae
- Skin may feel tense or swollen at palpation
- Burning, tingling, itching or pain



CLASSIFICATIONS OF IAD – CATEGORY 2A = SKIN LOSS

REF: BEECKMAN, D. ET AL (2017) THE GHENT GLOBAL IAD CATEGORISATION TOOL (GLOBIAD). SKIN INTEGRITY RESEARCH GROUP – GHENT UNIVERSITY 2017 [HTTPS://IMAGES.SKINTGHENT.BE/20184916028778_GLOBIADENGLISH.PDF](https://images.skintghent.be/20184916028778_GLOBIADENGLISH.PDF)

Category 2A: Skin loss without clinical signs of infection

Critical criterion

Skin loss

Skin loss may present as skin erosion (may result from damaged/eroded vesicles or bullae), denudation or excoriation. The skin damage pattern may be diffuse.

Additional criteria

- Persistent redness
A variety of tones of redness may be present. Patients with darker skin tones, the skin may be paler or darker than normal, or purple in colour
- Marked areas or discolouration from a previous (healed) skin defect
- Shiny appearance of the skin
- Macerated skin
- Intact vesicles and/or bullae
- Skin may feel tense or swollen at palpation
- Burning, tingling, itching or pain



CLASSIFICATIONS OF IAD – CATEGORY 2B = SKIN LOSS

REF: BEECKMAN, D. ET AL (2017) THE GHENT GLOBAL IAD CATEGORISATION TOOL (GLOBIAD). SKIN INTEGRITY RESEARCH GROUP – GHENT UNIVERSITY 2017 [HTTPS://IMAGES.SKINTGHENT.BE/20184916028778_GLOBIADENGLISH.PDF](https://images.skintghent.be/20184916028778_GLOBIADENGLISH.PDF)

Category 2B: Skin loss with clinical signs of infection

Critical criteria

Skin loss

Skin loss may present as skin erosion (may result from damaged/eroded vesicles or bullae), denudation or excoriation. The skin damage pattern may be diffuse.

Signs of infection

Such as white scaling of the skin (suggesting a fungal infection) or satellite lesions (pustules surrounding the lesion, suggesting a *Candida albicans* fungal infection), slough visible in the wound bed (yellow/brown/greyish), green appearance within the wound bed (suggesting a bacterial infection with *Pseudomonas aeruginosa*), excessive exudate levels, purulent exudate (pus) or a shiny appearance of the wound bed.

Additional criteria

- Persistent redness
A variety of tones of redness may be present. Patients with darker skin tones, the skin may be paler or darker than normal, or purple in colour
- Marked areas or discolouration from a previous (healed) skin defect
- Shiny appearance of the skin
- Macerated skin
- Intact vesicles and/or bullae
- Skin may feel tense or swollen at palpation
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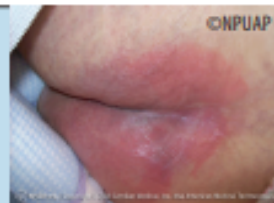


DIFFERENCES BETWEEN IAD AND PRESSURE ULCERS

OUSEY, K., O'CONNOR, L., DOUGHTY, D., HILL, R. AND WOO. K. (2017) IAD MADE EASY. LONDON. WOUNDS INTERNATIONAL 2017:8(2)

[HTTPS://WOUNDSINTERNATIONAL.COM/MADE-EASY/IAD-MADE-EASY/](https://woundsinternational.com/made-easy/iad-made-easy/)

Parameter	IAD	Pressure injury
History	Urinary and/or faecal incontinence	Exposure to pressure/shear
Symptoms	Pain, burning, itching, tingling	Pain
Location	Affects perineum, perigenital, peristomal area; buttocks; gluteal fold; medial and posterior aspects of upper thighs; lower back; may extend over bony prominence	Usually over bony prominence or associated with location of a medical device
Shape/edges	Affected area is diffuse with poorly defined edges/ may be blotchy	Distinct edges or margins
Presentation/depth	Intact skin with erythema (blanchable/non-blanchable), with/without superficial/ partial-thickness skin loss	<ol style="list-style-type: none"> 1. Presentation varies from intact skin with non-blanchable erythema to full-thickness skin loss 2. Base of wound may contain non-viable tissue
Other	Secondary superficial skin infection (e.g. candidiasis) may be present	Secondary soft tissue infection may be present



■ PREVENTION AND MANAGEMENT OF IAD

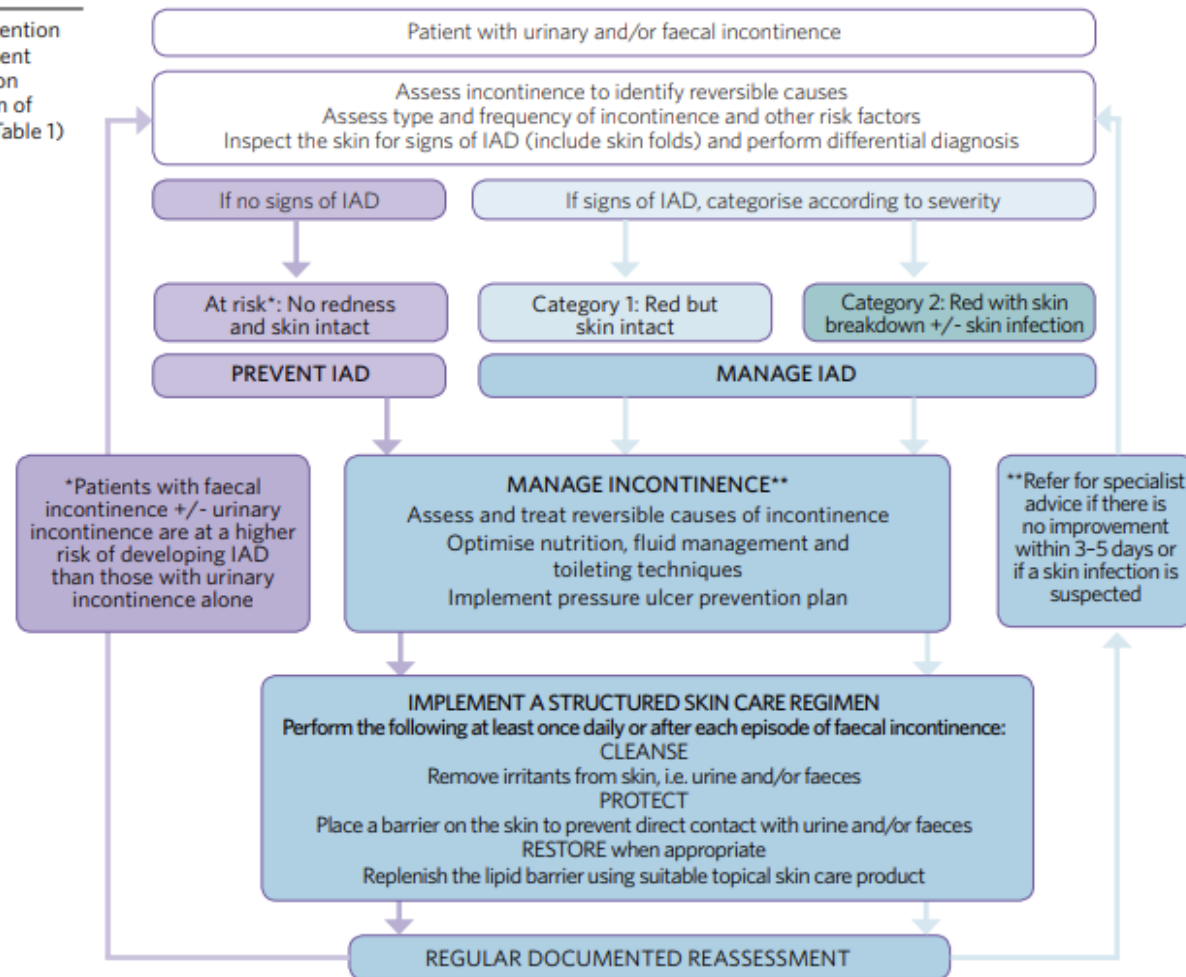
- Skin care regime
- Continence assessment and management

PREVENTION AND MANAGEMENT OF IAD

BEECKMAN, D ET AL. (2015)

PROCEEDINGS OF THE GLOBAL IAD EXPERT PANEL. INCONTINENCE-ASSOCIATED DERMATITIS: MOVING PREVENTION FORWARD. WOUNDS INTERNATIONAL 2015. [HTTPS://WOUNDSINTERNATIONAL.COM/CONSENSUS-DOCUMENTS/INCONTINENCE-ASSOCIATED-DERMATITIS-MOVING-PREVENTION-FORWARD/](https://woundsinternational.com/consensus-documents/incontinence-associated-dermatitis-moving-prevention-forward/)

Figure 8 | Prevention and management of IAD based on categorisation of severity (see Table 1)



SKIN CARE REGIME

- Skin assessment on all people with UI and/or FI
- Manage risk factors
- Correct differential diagnosis – for appropriate treatment, documentation and quality reporting
- Follow a structured skin regime
- Appropriate referral on

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Beeckman, D. et al. (2016) Interventions for preventing and treating incontinence-associated dermatitis in adults. Cochrane Database of Systematic Reviews 2016, Issue 11. Art. No.: CD011627. DOI: 10.1002/14651858.CD011627.pub2. <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD011627.pub2/epdf/full>

SKIN CARE FOR IAD

- Cleanse daily and with each episode of faecal incontinence
- Minimise friction
- Consider a gentle, no-rinse cleanser or wipe
- Consider a soft, disposable non-woven cloth
- Dry skin gently if needed

Beeckman, D et al. (2015) Proceedings of the Global IAD Expert Panel. Incontinence-Associated Dermatitis: Moving Prevention Forward. Wounds International 2015. <https://woundsinternational.com/consensus-documents/incontinence-associated-dermatitis-moving-prevention-forward/>

SKIN CARE FOR IAD

- Use of topical skin-care procedures and products to cleanse, protect and restore
- Avoid soap and water
- Consider a leave-on product

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Beeckman, D. et al. (2016) Interventions for preventing and treating incontinence-associated dermatitis in adults. Cochrane Database of Systematic Reviews 2016, Issue 11. Art. No.: CD011627. DOI: 10.1002/14651858.CD011627.pub2.
<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD011627.pub2/epdf/full>

SKIN CARE FOR IAD

- Use products designed IAD
- Low irritant, hypoallergic
- Transparent or easy to see through
- Process manageable and cost effective
- Doesn't affect continence product functioning
- Works with other skin care products

Beeckman, D et al. (2015) Proceedings of the Global IAD Expert Panel. Incontinence-Associated Dermatitis: Moving Prevention Forward. Wounds International 2015. <https://woundsinternational.com/consensus-documents/incontinence-associated-dermatitis-moving-prevention-forward/>

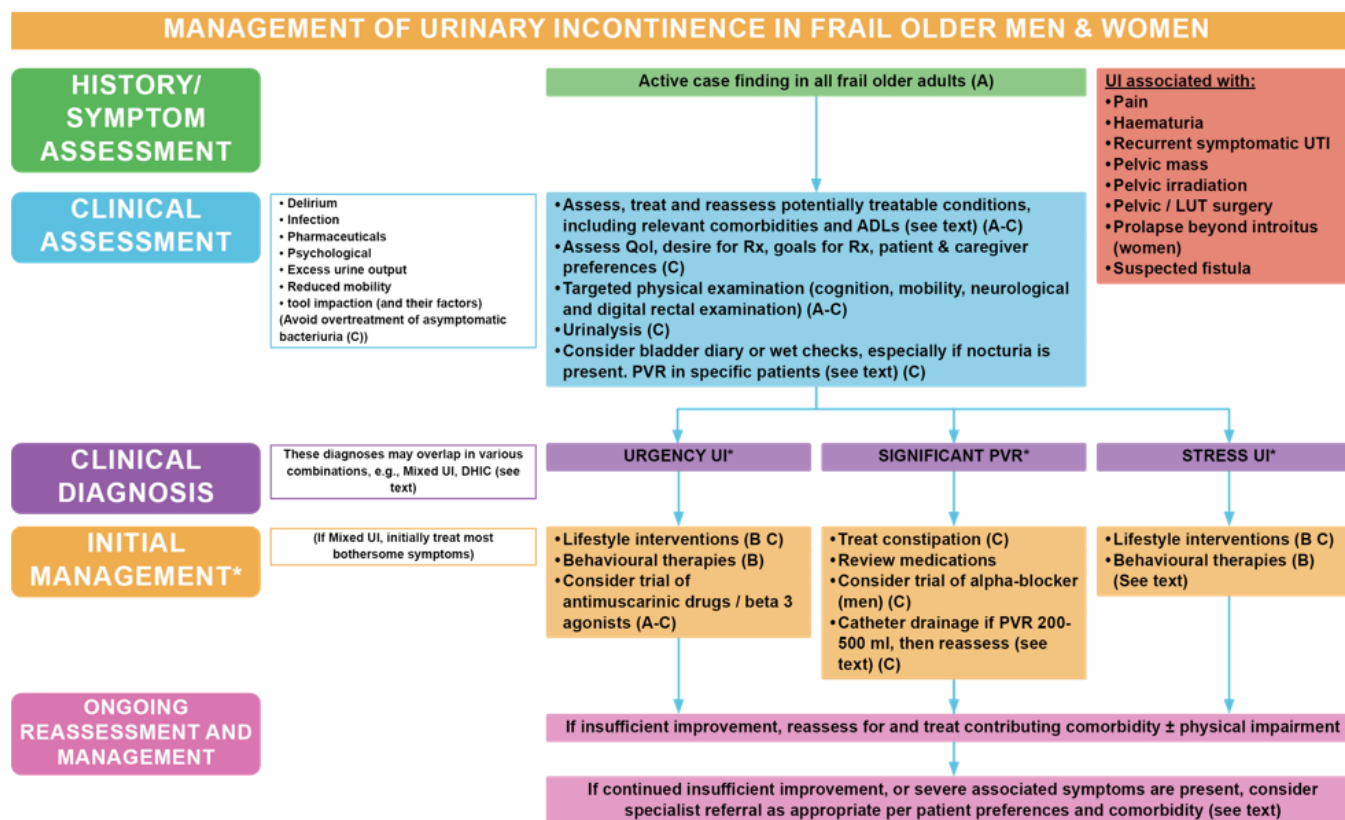
CONTINENCE ASSESSMENT AND MANAGEMENT

- Consider the individual person's:
 - Degree of bother
 - Goals of care
 - Treatment preferences
 - Ability to undertake interventions
 - Life expectancy

Wagg, A. et al (2023) Chapter 23 – Scientific Committee Recommendations. In Cardozo, L. et al (Ed.), Incontinence 7th Edition. Bristol, UK: ICI-ICS. International Continence Society, 2023, pp. 2143-2202

CONTINENCE ASSESSMENT AND MANAGEMENT – URINARY

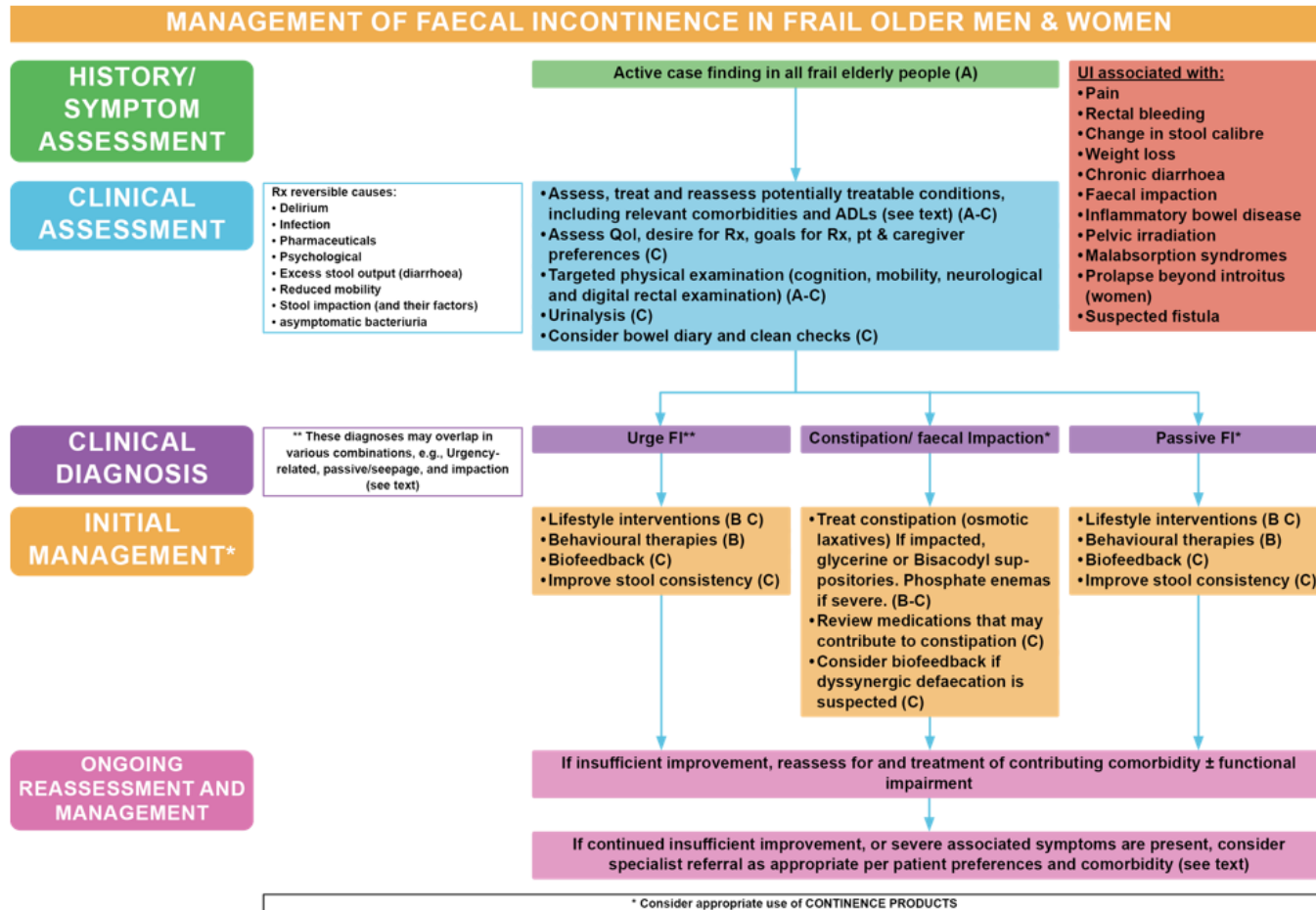
CARDOZO, L. ET AL (ED.) (2023) INCONTINENCE 7TH EDITION. INCONTINENCE 7TH EDITION ALGORITHM SLIDES. BRISTOL, UK: ICI-ICS. INTERNATIONAL CONTINENCE SOCIETY, 2023



* Consider appropriate use of CONTINENCE PRODUCTS

CONTINENCE ASSESSMENT AND MANAGEMENT – FAECAL

CARDOZO, L. ET AL (ED.) (2023) INCONTINENCE 7TH EDITION. INCONTINENCE 7TH EDITION ALGORITHM SLIDES. BRISTOL, UK: ICI-ICS.
INTERNATIONAL CONTINENCE SOCIETY, 2023



CONTINENCE ASSESSMENT

- Consider the impact on urinary and continence status of:
 - Comorbidities
 - Current medications
 - Functional status
 - Cognitive impairment

Wagg, A. et al (2023) Chapter 23 – Scientific Committee Recommendations. In Cardozo, L. et al (Ed.), Incontinence 7th Edition. Bristol, UK: ICI-ICS. International Continence Society, 2023, pp. 2143-2202

CONTINENCE ASSESSMENT

- Physical examination
- Urinalysis check for haematuria or symptomatic UTIs
- Bladder chart
- Bowel chart
- Sleep patterns
- Post Void Residual Volume (PVR) in certain people

Wagg, A. et al (2023) Chapter 23 – Scientific Committee Recommendations. In Cardozo, L. et al (Ed.), Incontinence 7th Edition. Bristol, UK: ICI-ICS. International Continence Society, 2023, pp. 2143-2202

CONTINENCE DIAGNOSIS

- Common continence diagnoses in frail aged:
 - Urgency Urinary Incontinence
 - Stress Urinary Incontinence
 - Mixed Incontinence

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CONTINENCE DIAGNOSIS

- Common continence diagnoses in frail aged:
 - Urgency Faecal Incontinence
 - Passive Faecal Incontinence
 - Constipation/Faecal Impaction

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CONTINENCE MANAGEMENT

- Conservative management:
 - Lifestyle interventions
 - Bladder training
 - Prompted voiding
 - Containment

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CONTINENCE MANAGEMENT

- Conservative management:
 - Pelvic floor muscles
 - Medication for Overactive Bladder
 - Alpha-blockers
 - Fibre supplement
 - Loperamide with diarrhoea

Wagg, A. et al. (2023) Chapter 14 - Incontinence in frail older adults. In Cardozo, L. et al (Ed.), Incontinence 7th Edition. Bristol, UK: ICI-ICS. International Continence Society, 2023, pp. 1463-1572

PREVENTION AND MANAGEMENT OF IAD

- Use of absorbent continence products
- Use of diversionary or external collection continence products
- Use of containment continence products

Fader, M. et al. (2023) Chapter 19 – Management Using Continence Products. In Cardozo, L. et al. (Ed.), Incontinence 7th Edition. Bristol, UK: ICI-ICS. International Continence Society, 2023, pp. 1942-2012

PREVENTION AND MANAGEMENT OF IAD



Indwelling Catheters



Sheaths



7

Faecal collection device



PREVENTION AND MANAGEMENT OF IAD



Innovation with focus on the patient
The first non-invasive faecal catheter on the market

PREVENTION AND MANAGEMENT OF IAD

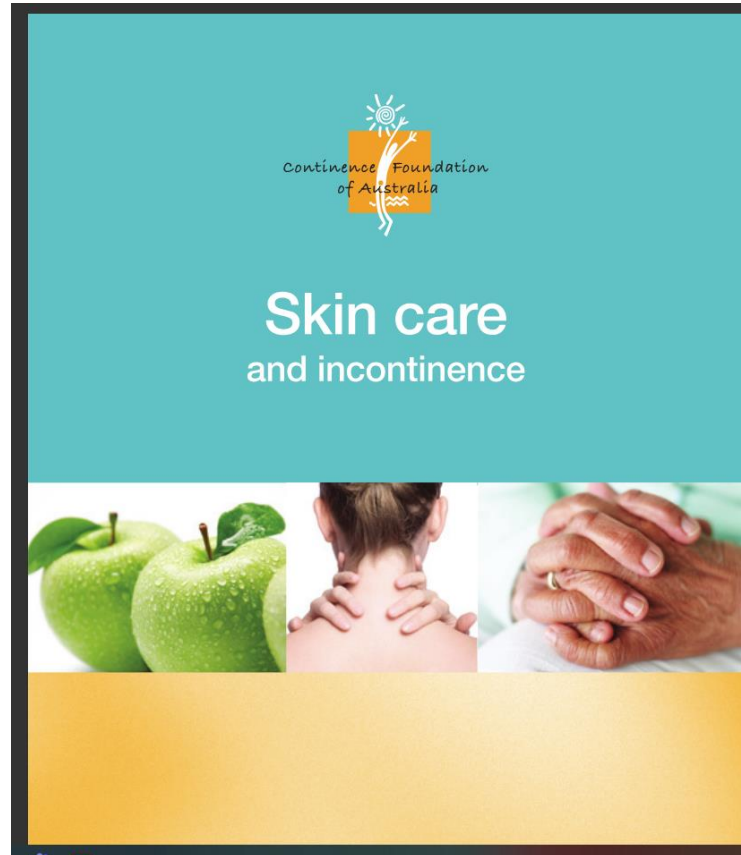
TrueClr Active External Catheter
White Paper



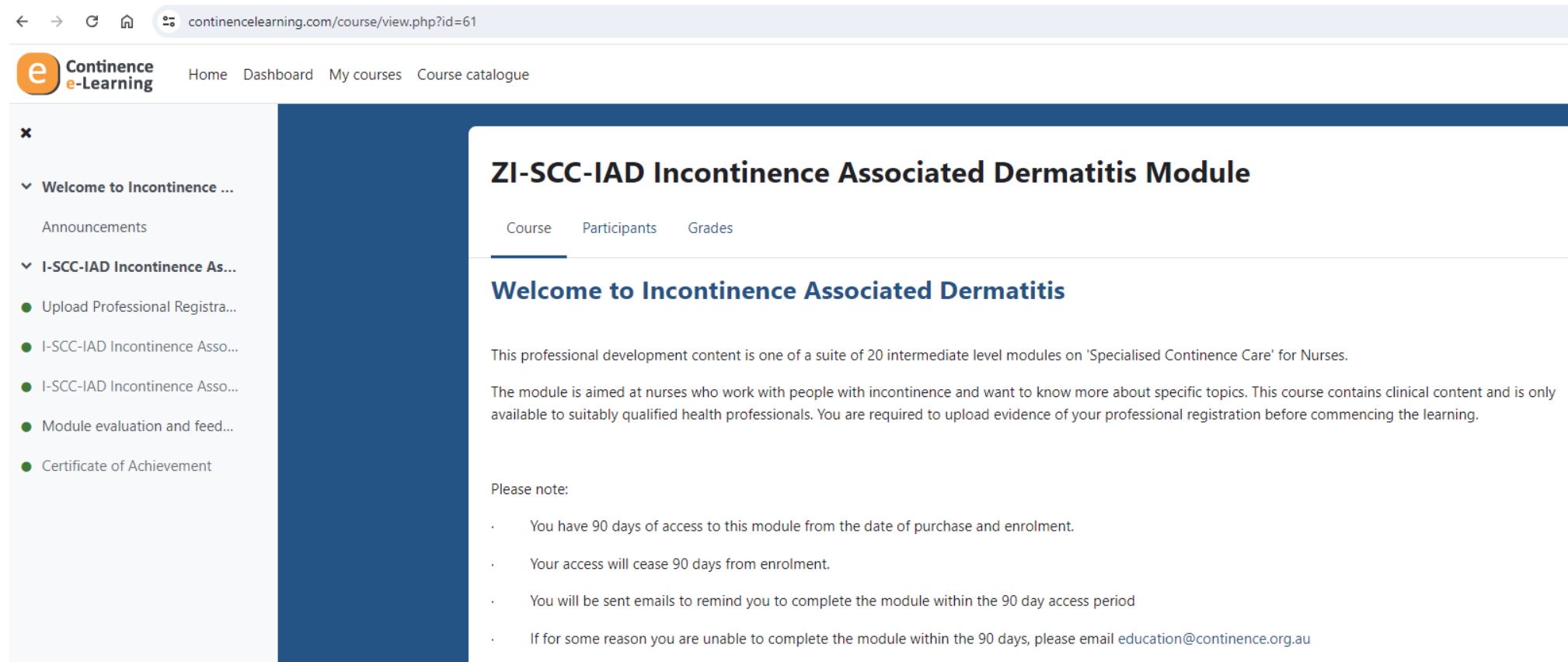
CONTINENCE FOUNDATION OF AUSTRALIA – CARER INFORMATION - WWW.CONTINENCESUPPORTNOW.COM



CONTINENCE FOUNDATION OF AUSTRALIA – RESOURCES - WWW.CONTINENCE.ORG.AU



CONTINENCE FOUNDATION OF AUSTRALIA – IAD MODULE - WWW.CONTINENCELEARNING.COM



The screenshot shows a web browser at the URL continencelearning.com/course/view.php?id=61. The page features a navigation menu on the left with options like 'Home', 'Dashboard', 'My courses', and 'Course catalogue'. The main content area is titled 'ZI-SCC-IAD Incontinence Associated Dermatitis Module' and includes tabs for 'Course', 'Participants', and 'Grades'. The 'Course' tab is active, displaying a 'Welcome to Incontinence Associated Dermatitis' section. This section contains introductory text about the module's purpose and a list of notes regarding access and completion requirements.

ZI-SCC-IAD Incontinence Associated Dermatitis Module

Course Participants Grades

Welcome to Incontinence Associated Dermatitis

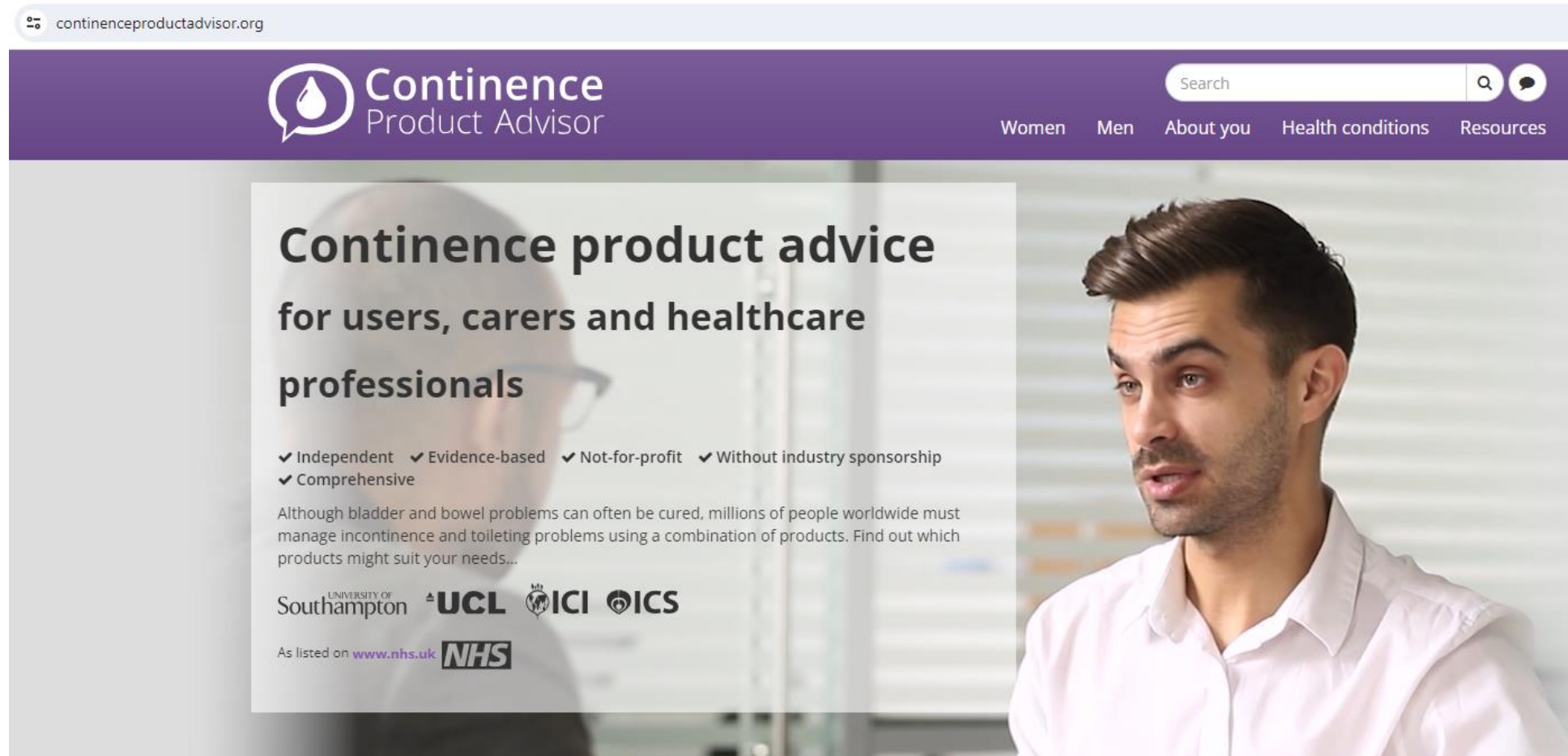
This professional development content is one of a suite of 20 intermediate level modules on 'Specialised Continence Care' for Nurses.

The module is aimed at nurses who work with people with incontinence and want to know more about specific topics. This course contains clinical content and is only available to suitably qualified health professionals. You are required to upload evidence of your professional registration before commencing the learning.

Please note:

- You have 90 days of access to this module from the date of purchase and enrolment.
- Your access will cease 90 days from enrolment.
- You will be sent emails to remind you to complete the module within the 90 day access period
- If for some reason you are unable to complete the module within the 90 days, please email education@continence.org.au

CONTINENCE PRODUCT ADVISOR – WWW.CONTINENCEPRODUCTADVISOR.ORG



NATIONAL CONTINENCE HELPLINE

- Nurse Continence Specialists
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- Free confidential
 - advice, support,
 - resources and information



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CONCLUSION

- Continence assessment and management is the corner stone of IAD prevention and management
- Skin care regimes are then able to support IAD prevention and management if followed strictly and are manageable

REFERENCES

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THANK YOU