CAUSES AND RISK FACTORS FOR THE PREVALENCE OF PRESSURE INJURY IN ELDERLY PEOPLE RECEIVING INPATIENT CARE

SUMMARY

Aim: The aim of this study was to investigate the prevalence and risk factors of pressure ulcers in hospitalized patients at the a private university hospital in Turkey,.

Methods: It is a descriptive prospective cross-sectional design. The population was calculated by G power analysis according to the number of elderly patients hospitalized in a year (N=594). The sample of the study consisted of 382 elderly patients hospitalized in a private university hospital. Ethics committee approval was obtained. Study data were evaluated using the sociodemographic diagnosis and health diagnosis form, the Braden scale, and the The National Pressure Injury Advisory Panel pressure sore staging system. Analysis of risk factors was performed using SPSS IBM version software.

Results: The mean age was 76.20±*8.36* (with pressure injury: 79.34±8.38, without pressure injury: 74.81±7.98*)* years. The prevalence of patients with pressure injury was 30.6% with a prevalence of 14.1% of hospitalize-acquired pressure injury. The most frequent sites were sacrum/coaxes and Trochanter / ischium. Stages II ((%31.6) and III and IV (%24.7) were the mainly stages described. Statistical analysis showed significant correlation with long-term hospitalization, chronic disease recurrence, oral feeding difficulty, high number of invasive procedures, history of pressure sores, dependency incontinence in mobilization and position change, age ≥ 75 years. These variables were defined as risk factors.

Conclusion: Pressure injury for elderly patients remains a major problem in the hospital. Age, inactivity due to the disease process, number of invasive procedures, past health history, incontinence in hospitalized elderly are important pressure injury factors for hospitalized elderly. Identifying risks specific to the elderly can be an important step in preventing this problem.

Keywords: pressure injury, risk factor, prevalence, older patient.