# Incontinence Associated Dermatitis in hospitalized patients: prevalence and associated factors.

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**Disclosures Statement - None** 

## AIMS

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To identify and analyze the prevalence and demographic and clinical factors associated with the occurrence of Incontinence Associated Dermatitis (IAD).

## **METHODS**

<u>Design and setting</u>: Observational, cross-sectional, analytical and descriptive epidemiological study performed in seven hospitals located in Manaus, Brazil.

#### Data collection procedures:

The data were collected through medical records, interviews and physical examination of all hospitalized patients, during the period from March to June 2015. The following instruments were used for data collection: sociodemographic and clinical data and Incontinence Associated Dermatitis Intervention Tool (IAD-IT). The prevalence of IAD was obtained in a single day in each hospital (point-prevalence).

Sample: The final sample was 775 patients that were 18 years and older.

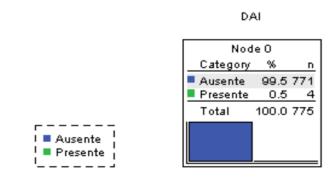
<u>Data Analysis</u>: Data were analyzed by means of: Chi-square test or Fisher's exact test for the categorical variables and T-test for the numerical variables. Decision tree model (Classification and Regression Tree - CART algorithm) was used to identify IAD - associated factors in a simultaneous and isolated way. The adopted statistical significance level was 5%.

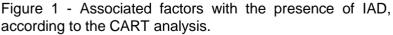
Ethical issues: the study was approved by Research Ethics Committee (n. 912.522).

# RESULTS

- Out of 775 patients, the average age was 60.4 years (SD=18.7), with male gender predominance (59%).
- IAD prevalence: 0.5% (4 patients).
- IAD regions: outer lips, right gluteus region and perianal region.
- Early IAD was the most frequent (2/40%) according to the Incontinence Associated Dermatitis Intervention classification tool.

Statistically significant differences were evidenced between the groups with or without IAD regarding the following variables: use of diapers (p=0.035), stiffness (p=0.042), use of soap/beauty bar soap (p=0.043) and moisturizer (p=0.024). However, in the Classification and Regression Tree (CART) algorithm has not confirmed associated factors with IAD occurrence in the studied sample (Figure 1).





## CONCLUSION

The IAD prevalence obtained in the present study was low and there were not associated factors with IAD occurrence by the CART. Longitudinal studies are necessary to confirm the relationships found between the studied variables, contributing to a more accurate diagnosis of the causality of these conditions, and, therefore, the establishment of more effective measures of IAD prevention and treatment in the hospital setting.