Chronic wounds represent nowadays a widespread and very cost-intensive problem. An adequate care provision of chronic wounds is therefore a big challenge for the patients themselves on the one hand and for the society as a whole, particularly against the background of an ageing society and increasing cost pressure. The necessity of reinforcing integrative care structures represents a very important task, especially in Germany as the division between the different health care sectors – particularly between the ambulatory and the stationary sector – is traditionally very high. This division may lead to meaningful efficiency losses of the related health care provision. The relevance of this issue appears even more higher if chronic wounds are regarded as a major cause of morbidity in the population (Franks 2007) and if the impact of chronic leg ulceration on the patients’ quality of life is taken into account.

**Background**

Data analysis revealed – for both instruments that were used – that the areas of pain and mobility play a crucial role from the patients’ perspective. Improvements in pain turned out to be, however, much more higher reaching nearly the value of the healthy population after 24 weeks. In contrast to this, the degree of physical mobility remained on a high level both compared to the healthy population as well as to the values of the other subscales.

**Aim**

The main aim of the study fulfilled was to investigate changes in the overall as well as in the wound-specific quality of life of patients with different types of chronic wounds in the course of time.

**Methods**

Data from a wound care centre on patients’ quality of life - using both a generic as well as a wound-specific instrument - was collected at four points in time – in the beginning, after 4 weeks, after 12 weeks and after 24 weeks. Sensitivity analyses were carried out for different subpopulations. In the following figure the underlying methodology and the main measuring instruments are shown.

The inclusion criteria for the study was the existence of a predefined chronic wound of any etiology. Beyond that the patient’s had to be insured at the cooperating health care insurance. The period of investigation was from April 2007 to June 2008, the overall case number was N=48. The main characteristics of the study population were a high share of leg ulcer (54 %), an amount of 57 wounds (48 % ≥ 7 cm² wound size), an average age of 74 years, a share of 56 % women, and a share of 62 % of people living alone.

**Results**

A holistic approach with a main focus on pain reduction, as well as on the improvement of mobility in combination with further strategies to strengthen the patients’ mental well-being and compliance can be recommended. Only if the patients’ mental health state is accounted for too, significant improvements towards wound healing and the patients’ quality of life can be expected. The patients’ mental health plays an important role especially with regard to the patients’ compliance as a relevant factor in wound healing.

**Discussion**

Sensitivity analyses showed that the mental state of the patient has - beside relevant concomitant diseases such as diabetes for example - a high impact on the chance of success to completely heal the wound.

For literature please contact author