

Advancing pressure ulcer prevention and therapy – from clinical burden to strategic priorities

Beáta Grešš Halász¹, Andrea Pokorná²

¹Faculty of Medicine, P. J. Šafárik University in Košice, Košice, Slovak Republic; Co-chair of EPUAP Education Committee, Member of EWMA Education Committee

²Faculty of Medicine, Masaryk University, Brno, Czech Republic, EPAUP President, EWMA Scientific recorder

Email beata.gress.halasz@upjs.sk, apokorna@med.muni.cz

For referencing Grešš Halász B, Pokorná A. Advancing pressure ulcer prevention and therapy – from clinical burden to strategic priorities. *Journal of Wound Management*. 2025;26(2):57.

DOI <https://doi.org/10.35279/jowm2025.26.02.01>

Submitted 16 June 2025, Accepted 16 June 2025

Pressure ulcers present a persistent global challenge to healthcare systems, patients and their families. Given their high incidence and prevalence, as well as the significant costs they incur, pressure ulcers represent a substantial burden. For patients, they cause significant discomfort, including pain, limitations in daily activities, psychological distress, and temporary or permanent disability and limitations in social, working, and family life. Not only can they be invalidating, but they can also be the main cause of death. All these factors are interconnected in terms of quality of life. Therefore, they can significantly impact the overall quality of life of these patients as well as their relatives. However, pressure ulcers are preventable in most cases, which is positive news on which to base predictions of success.

Pressure ulcer care is multidimensional. The management of pressure ulcers requires expertise from multiple disciplines, making it a key area of focus. The first and most important step is the early detection of risks. Many professionals involved in managing pressure ulcers and their risks work tirelessly to improve the success of prevention and treatment. This includes the expertise and correct, systematic actions of healthcare professionals. Due to high preventability, there is great hope of succeeding in reducing and, in many cases, fully avoiding pressure ulcers. However, this is often not an easy path.

The prevention and treatment of pressure ulcers often depends on the availability of necessary resources, as well as the knowledge, skills and willingness of those involved in the context of proactivity and evidence-based multidisciplinary. These topics are covered by the authors of the articles published in this special issue of the *Journal of Wound Management* on pressure ulcers. Primarily, to successfully prevent and treat pressure ulcers, it is crucial to grasp the current situation, for which we need an accurate understanding of incidence and prevalence. The articles in this issue by Alena Langafova and her colleagues, Sebastian Probst, Georgina Gethin and colleagues all address this. In addition Simona Saibertová and her colleagues consider the cost associated with this understanding. The occurrence, and the development of pressure ulcers also depend on the predispositions and prognosis of patients' health conditions at an individual level. The paper in this edition by Vildan Çakar and Ayiše Karadağ addresses this. However, the modern era brings innovations in the form of new knowledge, professional

recommendation reports and technologies and sophisticated devices that assist professionals, as well as patients and their relatives, in preventing and treating pressure ulcers in the context of supporting self-care and independence. These are addressed in our articles by Alperen Pala and colleagues, Justyna Cwajda-Białasik and her colleagues.

In summary, it is important to recognise that pressure ulcers are mostly preventable and not inevitable. They are a patient safety issue and a measure of healthcare quality. These wounds affect patients in a variety of clinical settings. They are not just skin-deep; they indicate systemic failure and often reflect lapses in patient care, risk assessment and preventive strategies. They also reflect the commitment and willingness of those involved. While frailty, immobility, and comorbidities heighten the risk, the occurrence of pressure injuries often signals missed opportunities for intervention. The good news is that there have been positive improvements in the early and accurate identification of risk factors, the application of evidence-based prevention methods and the treatment of pressure ulcers. These improvements are evident in the forms of new knowledge which have to be regularly updated, systematic and rational management, and implementation of sophisticated innovative technologies, that must be integrated thoughtfully into care workflows. The challenge is not just to develop effective methods and tools, but to ensure equitable access across resource-limited settings. We are confident this special issue will support at least the promotion of gaining relevant and evidence-based information.