

Compression Stockings for the Prevention of Venous Leg Ulcer Recurrence: Health Quality Ontario Recommendation

DRAFT RECOMMENDATION

- Health Quality Ontario, under the guidance of the Ontario Health Technology Advisory Committee, recommends publicly funding medical-grade compression stockings for the prevention of venous leg ulcer recurrence in people with a healed venous leg ulcer

RATIONALE FOR THE RECOMMENDATION

The Ontario Health Technology Advisory Committee has reviewed the findings of the health technology assessment¹ and determined that compression stockings are an effective intervention that reduce the risk of venous leg ulcer recurrence in people with a healed venous leg ulcer and offer good value for money.

The Ontario Health Technology Advisory Committee members also took into consideration the lived experiences of the people with healed venous leg ulcers. People with a healed venous leg ulcer who were interviewed reported that using compression stockings improved their condition and that they had less leg swelling.

Based on these considerations and discussions among the members of the Committee, Health Quality Ontario decided to recommend public funding for medical-grade compression stockings for people with a healed venous leg ulcer.

Decision Determinants for Compression Stockings for the Prevention of Venous Leg Ulcer Recurrence

Decision Criteria	Subcriteria	Decision Determinants Considerations
Overall clinical benefit How likely is the health technology/intervention to result in high, moderate, or low overall benefit?	Effectiveness How effective is the health technology/intervention likely to be (taking into account any variability)?	The available evidence shows that compression stockings are effective in preventing venous leg ulcer recurrence. In people with a healed venous leg ulcer, wearing compression stocking helps to reduce the risk of recurrence by about half (GRADE: Moderate).
	Safety How safe is the health technology/intervention likely to be?	There are no serious adverse effects with compression stockings. However, some people may not use the stockings owing to feelings of leg tightness, itching, sweating, skin irritation, or pain.
	Burden of illness What is the likely size of the burden of illness pertaining to this health technology/intervention?	The estimate for the prevalence of active venous leg ulcer in Ontario is 0.65 per 1,000 people over the age of 25 years (about 6,700 people). The estimate for people 65 years of age and older is about 5,000. In a Canadian study, the mean times to ulcer healing were 62 days and 77 days for the two types of bandages examined. Within 1 year, 92% of active venous ulcers healed with treatment.
	Need How large is the need for this health technology/intervention?	People with a venous leg ulcer are usually older adults. Venous leg ulcers are a difficult condition to treat. Even after successful treatment and healing, ulcers often recur. Therefore, these ulcers are an important challenge for patients and the health system. The chronic nature of venous leg ulcers creates a clinical challenge, adding to clinicians' workload and to health care costs.
Consistency with expected societal and ethical values^a How likely is adoption of the health technology/intervention to be congruent with societal and ethical values?	Societal values How likely is adoption of the health technology/intervention to be congruent with expected societal values?	The majority of people with venous leg ulcers are of advanced age and may suffer from other health problems and/or impaired mobility. Venous leg ulcers are difficult to treat and often become chronic, affecting the person's social, personal, financial, and psychological well-being. There are no ethical issues.
	Ethical values How likely is adoption of the health technology/intervention to be congruent with expected ethical values?	
Value for money How efficient is the health technology/intervention likely to be?	Economic evaluation How efficient is the health technology/intervention likely to be?	Compression stockings are likely to be cost-effective compared with no compression stockings in the prevention of venous leg ulcers (ICER: \$27,300/QALY). There was some uncertainty in our results, but most simulations (>70%) showed that the ICER remained below \$50,000 per QALY.

Decision Criteria	Subcriteria	Decision Determinants Considerations
<p>Feasibility of adoption into health system</p> <p>How feasible is it to adopt the health technology/intervention into the Ontario health care system?</p>	<p>Economic feasibility</p> <p>How economically feasible is the health technology/intervention?</p> <p>Organizational feasibility</p> <p>How organizationally feasible is it to implement the health technology/intervention?</p>	<p>Publicly funding compression stockings for people with healed venous leg ulcers would result in additional costs to the province. Over the next 5 years, we estimate that these costs will range from \$0.95 million to \$3.19 million per year.</p> <p>Compression stockings for the prevention of venous leg ulcer recurrence are currently used in clinical practice in Ontario. Well-fitting compression stockings, patient education, and regular check-ups are the preventive measures available.</p> <p>Some people have difficulty putting stockings on and may rely on community nursing services for assistance.</p>

Abbreviations: ICER, incremental cost-effectiveness ratio; QALY, quality-adjusted life-year.

^aThe anticipated or assumed common ethical and societal values held in regard to the target condition, target population, and/or treatment options. Unless there is evidence from scientific sources to corroborate the true nature of the ethical and societal values, the expected values are considered.

Draft — do not cite. Report is a work in progress and could change following public consultation.

REFERENCE

1) TBA

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