

Wound Care Products – Silver Dressings Guidance

Summary

- Antimicrobial dressings (for example, silver, iodine or honey) should **not** routinely be chosen ahead of non-medicated dressings.^{1,2}
- Silver dressings should not be used long term: 2-4 weeks treatment as a maximum is recommended.^{3,10}
- Stop silver dressings at 4 weeks (or earlier if the infection is controlled).¹⁰
- Only prescribe as an acute script.³

How are silver dressings thought to work?

Silver reacts with moisture in wound exudate, releasing silver ions that exchange with sodium ions in the exudate. The silver ions then exert a broad antimicrobial effect against bacteria, fungi, viruses and protozoa. Silver works by damaging microbial cell walls, inhibiting replication & reducing growth.

What are the disadvantages of silver dressings?

Silver Dressing is possibly harmful; silver is released into the wound and could be systemically absorbed with a risk of toxicity and resistance, hence the maximum period of use without review should ideally not exceed two weeks.³ Systemic toxicity is likely to occur only where a large proportion of the body surface area (e.g. 30% or more) is treated, or where smaller wounds are treated for over 30 days.⁴

There is some evidence to suggest silver dressings may delay wound healing.^{4,5}

Evidence

There is no robust clinical evidence published to suggest that silver dressings are any more effective than un-medicated dressings for the prevention or treatment of wound infection.¹ The least costly dressings that meet the required clinical performance characteristics should be chosen.¹

All dressings, including antimicrobial dressings, are classified as medical devices not medicines. They must meet the applicable 'essential requirements' on safety and performance which is a review of the relevant scientific literature. Clinical trial data or data from randomised controlled trials (RCTs) are not required. This results in published studies and reviews having methodological limitations.

Overall the clinical evidence to support using silver dressings (especially beyond 2-4 weeks) is uncertain. Studies are also lacking on their cost effectiveness.

The National Prescribing Centre reviewed the evidence for advanced wound dressings for chronic wounds in primary care in 2010 and concluded that there was no robust clinical evidence that dressings containing silver are more effective than un-medicated dressings for the prevention or treatment of wound infection.²

In 2012 the East & South East Specialist Pharmacy Service produced a summary of clinical evidence reviews and guidance on the use of silver dressings. They mention three Cochrane Collaboration reviews^{7,8,9} none of which established evidence of the clinical effectiveness of silver dressings. A Drugs and Therapeutics Bulletin review⁴ concluded that silver dressings should not be used on uncomplicated leg ulcers or acute wounds, although there is some weak evidence for use in infected burns.

A more recent NICE review agrees with the conclusions of these studies.¹ The local expert consensus remains that these products should only be used for a maximum of 4 weeks.

The spend on silver dressings has increased over time and is expected to be approximately £600k for 23/24. Much of this spend is on non-formulary silver dressings and anecdotal reports indicate that silver dressings are often accidentally chosen by primary care prescribers when choosing a wound dressing, see below. If short-term use were more consistently implemented then the silver dressing spend could be significantly reduced by 20% without any detrimental effects on patient care.

Guidance should be shared with GP practices to promote short-term use of silver dressings.

Conclusion

Silver dressings are high cost, there is a lack of evidence on clinical effectiveness and they have potential risk of toxicity so GPs are advised to decrease inappropriate prescribing of silver dressings. This will improve patient care, reduce possible toxicity and also reduce unnecessary costs.

Information for prescribing Clerks: Correct Choice of Requested Dressing To Prescribe

Manufacturers of Wound Care Products commonly use the same brand name within the product name of a wide range of different dressings. Usually the Brand name appears at the beginning of the product name. It requires great care by a prescribing clerk to select the correct dressing, especially when the process is not electronic. Choosing the correct Brand name on its own is not enough, there are often a number of very different options within each brand range.

Many silver dressings have '**Ag**' in their title so these dressings may appear at the beginning of an alphabetical list. As the first product seen with the correct brand name they can often be selected in error.

Some silver dressing product names do not mention Ag or silver in them e.g, Acticoat.

Acticoat has 4 different silver containing dressings which can cause confusion. These are Acticoat; Acticoat 7; Acticoat Flex 3 and Acticoat Flex 7.

Silver dressings should not be on "repeat" prescriptions as they should only be used short term.

References

- (1) NICE Key points from the evidence. Chronic wounds: Advanced wound dressings and antimicrobial dressings 2016
<https://www.nice.org.uk/advice/esmpb2/chapter/key-points-from-the-evidence#overall-summary> <accessed 29th April 24>
- (2) The National Prescribing Centre MeReC Bulletin, June 2010; Vol 21. No. 1.
- (3) Wounds UK | Vol 10 | No 2 | 2014, Dowsett,C , Adopting the 2-week challenge in practice: making the case for silver dressings.
<https://www.wounds-uk.com/journals/issue/38/article-details/adopting-the-2-week-challenge-in-practice-making-the-case-for-silver-dressings>
- (4) Anon. Silver dressings – do they work? Drugs and Therapeutics Bulletin, 2010; 48;38-42
- (5) British National Formulary; British Medical Journal & Pharmaceutical Press; London. September 2023
- (6) O’Meara SM, Cullum NA, Majid M, et al. Systematic review of antimicrobial agents used for chronic wounds. Br J Surg 2001; 88(1): 4-21.
- (7) The Cochrane Collaboration; Topical silver for preventing wound infection (2010)
<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD006478.pub2/epdf/full>
- (8) The Cochrane Collaboration; Topical silver for treating infected wounds (2010)
<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD005486.pub2/epdf/full>
- (9) The Cochrane Collaboration; Silver based dressings and topical agents for treating diabetic foot ulcers (2011)
<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD005082.pub2/epdf/full>
- (10) HWE Wound care formulary. www.hweclinicalguidance.nhs.uk search in “all clinical areas and documents” review “Woundcare & TV” section; then “ICS woundcare formulary”

Appendix 1: Silver Dressings

Alphabetical List Commonly-prescribed Silver dressing names

ActivHeal Aquafiber Ag	Atrauman Ag
Allevyn Ag Adh	Biatain Ag
Allevyn Ag Gentle	Biatain Ag Adh
Allevyn Ag Gentle Border	Biatain Alginate Ag
Allevyn Ag Heel	Biatain Silicone Ag
Aquacel Ag	KerraContact Ag Formulary
Aquacel Ag Extra	Mepilex Border Ag
Aquacel Ag Foam Adh	Suprasorb A + Ag
Aquacel Ag Ribbon	Tegaderm Alginate Ag
Aquacel Ag+ Extra Formulary	UrgoClean Ag
Aquacel Ag+ Ribbon Formulary	

Version	2.0
Developed by	Sue Brassington (version 1.0) and Updated by Sarah Crotty (v2.0), Senior Pharmacists HWE ICB
Ratified by	V2.0 MODIG May 2024