

Positive skin care outcomes using a patented blend of bioavailable quadrapeptide Olivamine* via a topical nutritional skin care cream

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ABSTRACT

Millions of skin cells die each second, some due to normal cellular forces, dehydration or starvation. With aging, skin cells are less able to defend and repair themselves. Our patients are at risk for developing skin integrity problems, including xerosis, skin tears, and “deep purple buttocks”.

The aging process results in decreasing sebum production often characterized by development of scaling, fissures and pruritus of the stratum corneum. Breaks in the stratum corneum allow an invasion of micro-organisms such as bacteria, fungi, and yeast resulting in erythema and pain and may lead to infections, skin tears or pressure ulcers. At risk patients were identified and randomly selected for application of new skin therapy cream. Olivamine*, a blend of amino acids, vitamins, potent antioxidant hydroxytyrosol, methylsulfonylmethane and dimethicone was delivered via a skin care cream. The formulation is capable of nourishing, repairing, and enhancing the function of stratum corneum. Positive outcomes for the patients included skin recovery as well as maintenance of fragile skin integrity, relief of pain and itching, reduction of skin tears and protection from damage related to dehydration. The facility experienced reduced costs, enhanced patient satisfaction and minimization of litigation from negative outcomes.

GOALS

- Minimize skin tears
- Minimize risk of infection
- Minimize pressure ulcers
- More effective conditioning of the stratum corneum and dermal layer

TREATMENT PLAN

Apply skin care cream with Olivamine two to three times a day to affected areas.

*Remedy Skin Repair Cream with Olivamine™ from Medline Industries, Inc., Mundelein, IL

Olivamine is a registered trademark.

CASE STUDY I

MS is a 96 year old female with dementia, depression, osteoporosis, osteoarthritis, DJD, peripheral edema, kyphosis, hypertension and macular degeneration. She has a MDS, ADL score of 18 and a Braden score of 12. She has been in the nursing home since March of 1998 and has a significant history for skin tears on her upper and lower extremities. Skin tear history from April 29, 2004 to January 13, 2005: five lower leg skin tears and four upper extremity skin tears. On January 13, 2005, skin care cream with Olivamine* was applied to upper and lower extremities, two times a day.

The resident had one skin tear to lower extremity that was caused by trauma. Prior to January 13, the skin was dry, cracked and flaky, and by the end of data collection, (February 25) it became smooth and well-hydrated, with improved turgor.

Multiple areas of discoloration prior to starting treatment with skin care cream with Olivamine.



After approximately 2 months, the discoloration resolved and the skin was smoother and hydrated.



CASE STUDY II

MR is a 90 year old female with dementia, delivering safe ADL skin care is challenging due to strike out behavior by the patient, PVD, DJD and history of skin tears on upper extremities. Resident has a MDS, ADL score of 11 and a Braden score of 16. She has been in the nursing home since August of 2001. Skin tear history from March 3, 2004 to January 13, 2005: three upper extremity skin tears. On January 13, 2005, skin care cream with Olivamine was applied to upper extremities, two times a day.

During the study period, from January 13, to March 11, 2005, the resident did not develop any skin tears. Staff was impressed by the suppleness of the tissue and the improved elasticity.

The skin was dry, flaky and discolored prior to starting treatment with skin care cream with Olivamine.



In less than 2 months, the skin was smooth, hydrated and discoloration has resolved following treatment.



CASE STUDY III

BC is an 80 year old female with dementia, arthritis, osteoarthritis, hypertension, DJD and history of skin tears. Resident has a MDS, ADL score of 19 and a Braden score of 14. She has been in the nursing home since March of 1992. Patient skin tear history from February 18, 2005 to March 4, 2005: three upper extremity skin tears and three lower extremity skin tears. On February 18, 2005, skin care cream with Olivamine was applied to upper and lower extremities, two times a day.

BC developed no skin tears on either upper or lower extremities during the treatment timeframe, February 18 to March 11, 2005.

Laceration on leg dry cracked skin between the toes prior to starting treatment



Notice the smooth and hydrated appearance to the skin, after approximately 3



CASE STUDY IV

GM is an 87 year old female with dementia, hypertension, IDDM, COPD, ASHD and “deep purple buttocks”. Resident has a MDS, ADL score of 6 and Braden score of 16. She has been in the nursing home since July of 2004. On January 12, 2005, skin care cream with Olivamine was applied two times a day to sacral area.

From the time period, January 12, to March 11, 2005, the “deep purple buttocks” became much lighter in color. Skin integrity was maintained and skin has a well-hydrated appearance.

Skin dry and “deep purple buttocks” prior to starting treatment



After treatment, discoloration was lighter, and the skin was smooth and hydrated.



CONCLUSION

- Since implementation of the skin cream, the frequency of skin tears was reduced.
- A reduction in skin tears does minimize the risk of infection. No skin infections develop in these case studies.
- Data shows a trend that the higher the MDS, ADL score the greater the risk of skin tears.
- The product was easy to apply and the treatment protocol was easy for staff to follow.
- Quick results encouraged staff to support the treatment plan.
- This facility developed criteria for residents at risk of developing skin tears and preventative care planning is initiated with the cream.
- Vice-President of Clinical Services approved for skin care cream with Olivamine to be added to facility skin management protocol for management of skin tears.
- Administration able to focus on the cause of skin tears and provide education to staff on how to provide care for the frail older adult versus the negative follow-up of investigations.

CRITERIA FOR USE OF SKIN CARE CREAM WITH OLIVAMINE TO MINIMIZE RISK OF SKIN TEARS IN THE NURSING HOME

- Residents with a history of skin tears
- Residents with dry, cracked, or flaky skin
- Those with thin, torn skin or neuropathy
- Residents that are depended on staff for ADL care.
- Consider residents with a MDS, ADL score greater than 10

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