

Executive Summary

Incontinence-Associated Dermatitis: Moving prevention forward

Best Practice Update 2026

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Global IAD Expert Panel 2026

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Foreword

In 2015, international experts published “Incontinence-associated dermatitis: Moving prevention forward”, summarising best practice principles and providing actionable guidance for clinicians worldwide. This landmark publication catalysed significant changes in clinical practice.

Over the past decade, new evidence has emerged, deepening understanding of Incontinence-associated dermatitis (IAD), increasing recognition of its prevalence and impact, and highlighting effective prevention and management strategies. Furthermore, feedback from diverse healthcare professionals (HCPs) and clinical settings has provided important real-world insights, making an update to the 2015 publication essential.

Therefore, in October 2025, a meeting of the international expert group was organised to address these emerging unmet needs. Additional experts were included, with the aim of achieving broader global representation.

A 2026 update is underway and will synthesise the latest evidence, translating it into practical guidance to support clinicians, inform quality improvement initiatives and strengthen patient outcomes. The document will reflect both the progress made and the ongoing need for innovation in IAD care.

Objectives

The objectives of the 2025 meetings were:

- To understand the current IAD landscape
- To identify and appraise evidence that has emerged since 2015
- To highlight the impact of IAD on patients and caregivers
- To discuss barriers in achieving improved patient outcomes
- To identify best practices for:
 - Identification of at-risk populations
 - Categorisation of IAD
 - Evidence-based prevention and management
 - Delivery of education to HCPs, patients and caregivers.

Additional objectives included: informing quality improvement initiatives, discussing future research needs, analysing health economic aspects, supporting the development of clinical decision-support algorithms, and clarifying the roles of different professionals (including non-clinical staff) in the prevention and management of IAD.

Major recommendations

- To implement evidence-based strategies to prevent and manage IAD, incorporating current understanding of pathophysiology, risk factors and patient care pathways
- To promote accurate and comprehensive documentation using validated tools – e.g. the Ghent Global IAD Categorisation tool (GLOBIAD) – to support clinical decision-making, benchmarking and quality improvement
- To educate frontline HCPs on appropriate use of validated tools (e.g. GLOBIAD) and comprehensive record-keeping to improve care outcomes
- To optimise product selection and intervention frequency based on current evidence, emphasising timely use of advanced wound care products and long-term cost-effectiveness
- To define specific guidance on prevention and early diagnosis of IAD based on the best possible evidence and adapted to local resources for non-professional carers of people at risk of IAD
- To integrate emerging research and real-world clinical insights into practice, supporting continuous improvement, staff education, and innovation in IAD care.

Next steps

Building on these insights, the forthcoming Best Practice publication will extend existing knowledge by providing a peer-reviewed global resource that integrates clinical strategies, practical tools and implementation considerations. The document will aim to guide HCPs in optimising IAD prevention and management, supporting consistent practice across diverse clinical settings, and highlighting areas for future research and innovation.

At a systemic organisational level – as well as clinical recommendations – it is vital for healthcare organisations to adopt embedded formal reporting systems to record incidents of IAD, and alert expert wound care clinicians to these clinical events to support intervention on the clinical floor and provide data in support of business cases to introduce IAD protocols. Systematic reporting must be in place to enable organisations to know the extent of the IAD challenge in their own clinical area. Ultimately, this can be used to facilitate change and improve outcomes for patients.

Additionally, the importance of patients, their families and non-professional carers will be recognised. Future recommendations will include defining and implementing training, counselling and monitoring programmes for non-professional carers of people with or at risk of IAD, ensuring the availability of necessary resources and tools. Non-professional carers must be empowered to recognise the first signs of skin damage and to implement simple preventative measures in the home care setting correctly. Developing up-to-date guidance with a synergistic approach is essential.

Finally, it is of paramount importance to remember the assessment and management of IAD is deeply personal and the ultimate aim is to preserve health, avoid unpleasant consequences of IAD – including pain and loss of skin integrity – and be mindful of patients' dignity. Care should always be carried out with dignity preservation in mind. IAD prevention and management is an important aspect of wider rehabilitation and preserving activities of daily living.

A snapshot of the Best Practice recommendations from the upcoming publication



HCPs should recognise that not all individuals who develop IAD are incontinent. Incontinence refers to the involuntary loss of urine or faeces. However, IAD can occur whenever the skin is exposed to urine and/or faeces, even in individuals who otherwise have control over bladder or bowel function; for example, during periods of acute illness, assisted toileting, or diarrhoea. This distinction is important: preventive measures and care strategies may differ between individuals with chronic incontinence and those who experience intermittent or situational exposure to urine and/or faeces.



All HCPs should have a thorough understanding of skin assessment, the pathophysiology of incontinence, and the factors contributing to IAD development. They should also be knowledgeable about evidence-informed preventive measures and treatments to ensure effective, targeted care.



HCPs should receive setting-specific training on systematic skin assessment, diagnosis, differential diagnosis, and standardised classification of IAD. Only trained and competent HCPs should perform these tasks, with responsibilities and accountabilities defined by the organisation according to established competence frameworks and quality standards or procedures. These activities should be performed by HCPs only when aligned with their education, training, and professional competence ensuring accurate assessment, consistent classification and high-quality care.



HCPs should have access to proper IAD protocols and there should be a dedicated section in the patient health records covering assessment, diagnosis, classification, prevention and treatment plans. All findings, including wound photographs, should be documented, and clear escalation or referral criteria/pathway should be defined.



HCPs should understand that appropriate and consistent product use is essential for effective IAD prevention and management. Barrier products that provide durable protection (e.g. acrylate-based products containing cyanoacrylate acrylic tetrapolymer), resist wash-off, and allow regular ongoing skin inspection are preferred, as these properties help maintain skin integrity, minimise irritation from urine or faeces (and other associated moisture), and support early detection of skin changes that may require intervention.



Healthcare organisations should ensure that all staff have access to appropriate, tailored products for IAD prevention and management, to optimise patient outcomes, support long-term cost-effectiveness. Sustainability in product selection must be embedded in policy, with fewer product options and a stronger focus on evidence-based products, taking price, effectiveness, and environmental impact into account. Organisations should also provide ongoing, practical education to HCPs to promote knowledge retention and optimise the use of product application in clinical practice.

