



HONEY OR BEE PRODUCTS

Recommendation 7: Do not use honey (or bee related products) for the purpose of wound healing in diabetes-related foot ulcers (Strong; Low)

Rationale: We found six RCTs (28, 39-43) of interventions containing topical bee or honey products which reported some of our outcomes of importance. All were deemed at high risk of bias and any positive results on wound healing should be treated with caution. The only blinded study of a royal jelly found no difference in healing over 12 weeks (40). No studies reporting data on amputation, cost effectiveness or quality of life were found.

Overall, therefore, the certainty of any positive benefit of the topical use of honey or bee related products is very low. Although adverse effects were rarely reported, the groups' experience was that any undesirable effects are likely to be trivial. However, the balance of effects could not be ascertained as either favouring the intervention or the comparison. Resource use was thought to be similar to standard of care but no formal cost-effectiveness data was found. Although thought to be feasible, and acceptable to patients and with equity unaffected it was felt that in the absence of certainty of benefit we cannot recommend the use of any of these products for promoting wound healing in diabetes-related foot ulcers.

COLLAGEN OR ALGINATE

Recommendation 8: Do not use collagen or alginate dressings for the purpose of wound healing of diabetes-related foot ulcers (Strong; Low)

Rationale: We found twelve RCTs (29, 44-54) of collagen or alginate (or both) as an intervention to enhance wound healing and which fulfilled our inclusion criteria. All were at moderate or high risk of bias and most were non-blinded. Four studies compared collagen only with moist wound therapy (45, 47, 48, 52), one study (46) used collagen-alginate, one used a calcium alginate. (51), one compared a collagen/oxidised regenerated cellulose/silver treatment with foam (29), one the same collagen/oxidised regenerated cellulose but without silver (54), one compared collagen with negative pressure wound therapy(50), one compared collagen with gauze or hydrocolloid dressings (49) and another two (51, 53) alginate alone as the intervention. Of the twelve studies, nine of them (29, 45-47, 49, 51-54) did not report a difference in wound healing or reduction in ulcer area at the end of study duration. Thus any reported positive outcomes should be treated with caution.

The group agreed that in view of the known low incidence of undesirable effects, it is possible that the balance of effects favours the intervention, although the certainty of this was very low. The cost of these interventions was thought to be moderate, although no formal cost effectiveness studies were found and so the certainty of this was low. Equity, acceptability and feasibility were agreed to be unlikely to be affected. Nevertheless given the uncertainty of benefit and possible cost implications, we do not recommend the use of any of these products for promoting wound healing in diabetes-related foot ulcers.