# DIABETIC FOOT SCOPE OF THE PROBLEM

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- Definition of DF
- Diabetic Foot among Diabetes complication
- Risk factors for amputation
- Risk Categorization
- Prevention of amputation
- Barriers / Some suggested solutions



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## **DF** Definition

The foot of a diabetic patient that has the potential risk of pathologic consequences including infection, ulceration and or destruction of deep tissues associated with neurologic abnormalities, various degrees of peripheral vascular disease and/or metabolic complications of diabetes in the lower limb

## **DF** Definition

Any foot pathology that results directly from diabetes or its long-term complications

> (Boulton 2002), Diabetes, 30 : 36, 2002. **Dy Step**



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#### **DF** among other Diabetic Complications

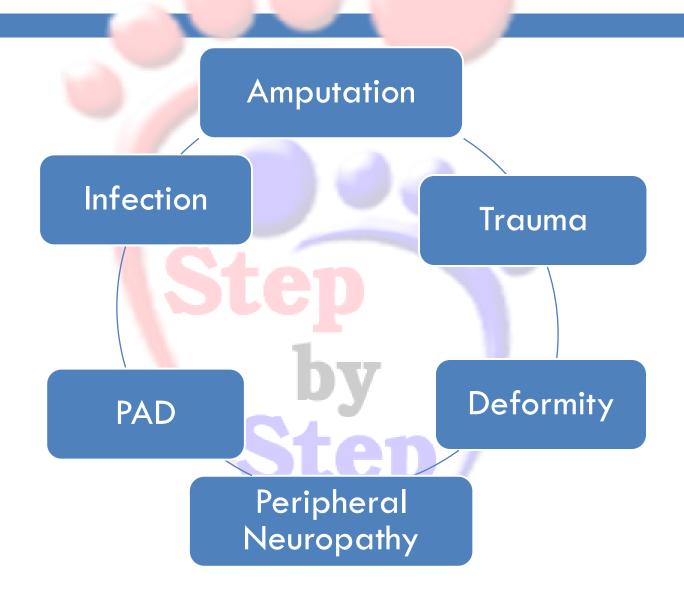
Fundus Exam for Diabetic retinopathy

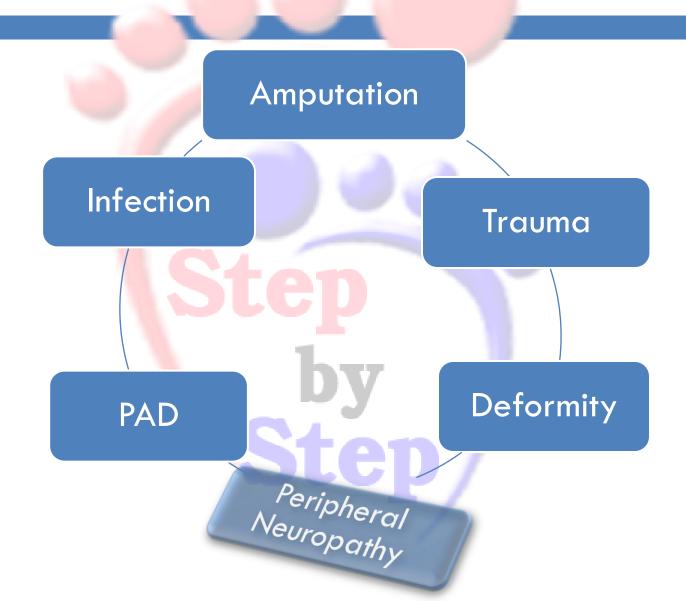
Microalbuminuria for Diabetic Nephropathy

Annual screening for DF !!
Low Tech High touch
Easiest to detect
Truly Preventative



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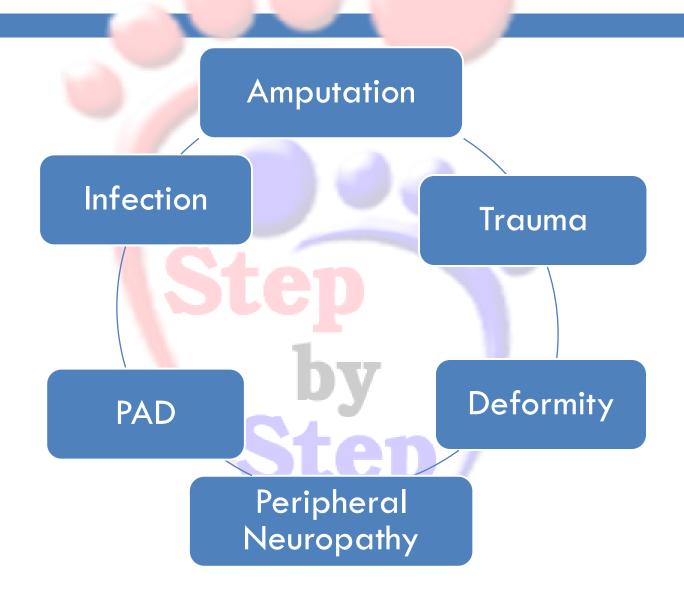
## **Peripheral Neuropathy**

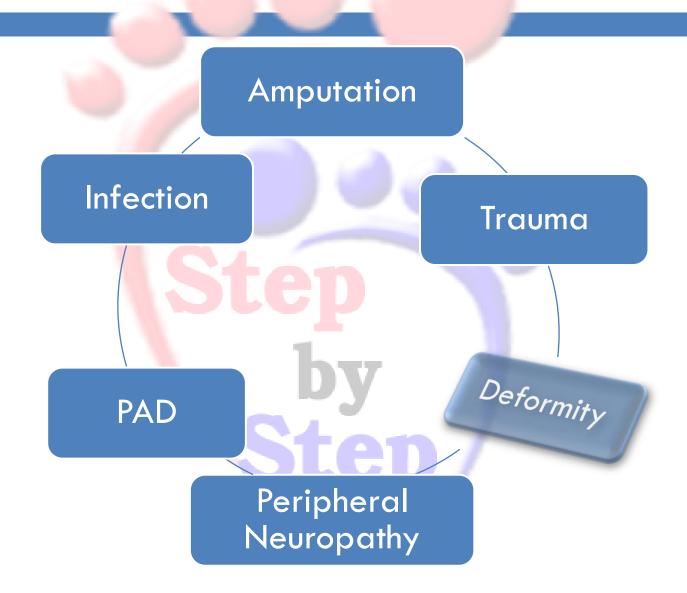
- Variable prevalence according to the diagnosis; based on ?? symptoms, signs, tuning fork, monofilament or nerve conduction studies
- Neuropathy related to 50-75% of non traumatic amputation
- Physicians miss the diagnosis of DPN in 61% of patients
- Management of Neuropathy/ Beyond Pains

## Screening for Neuropathy

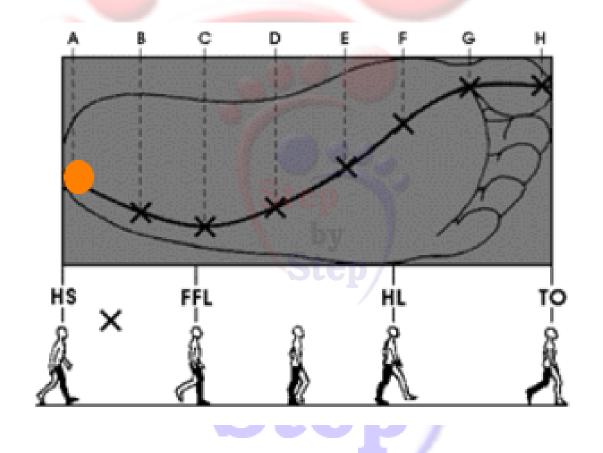








## Foot Deformity





## Foot Deformity









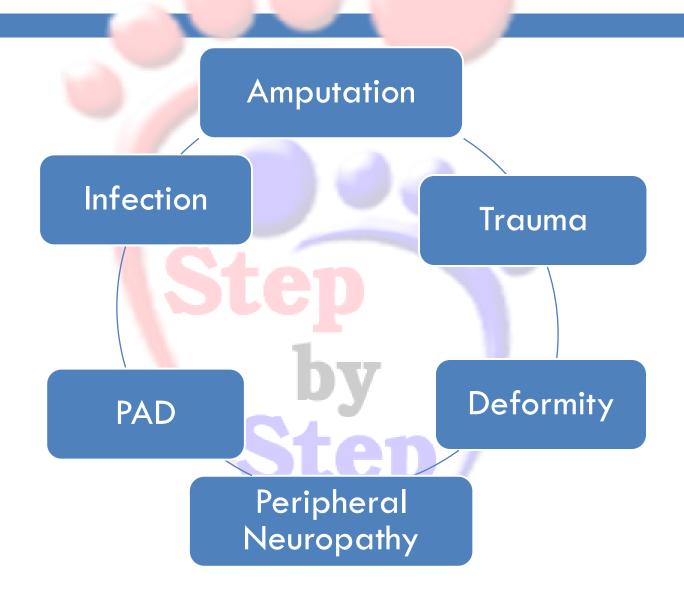
Step

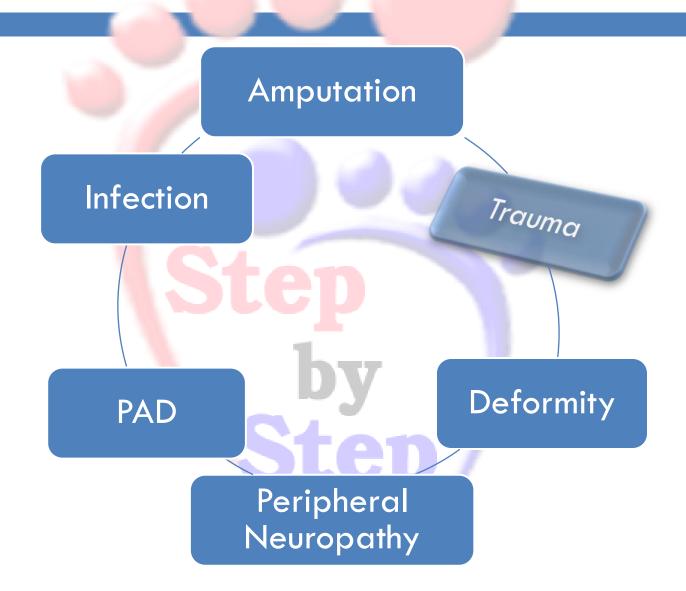




#### Plantar Pressure Assessment







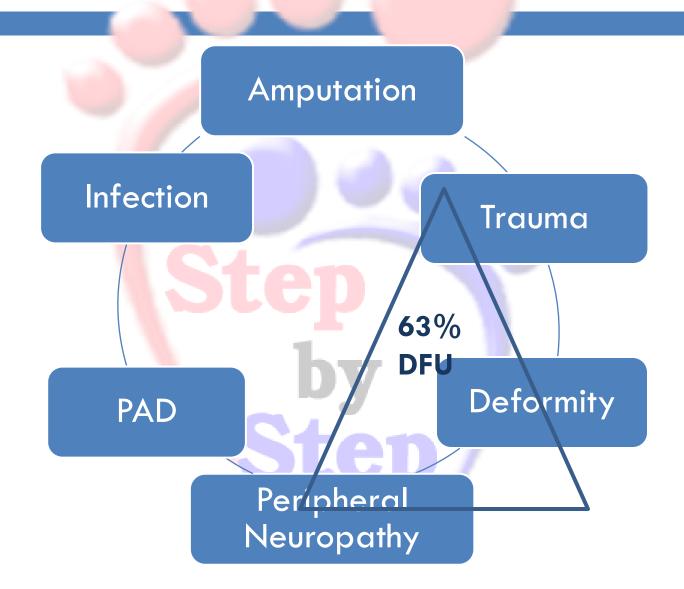


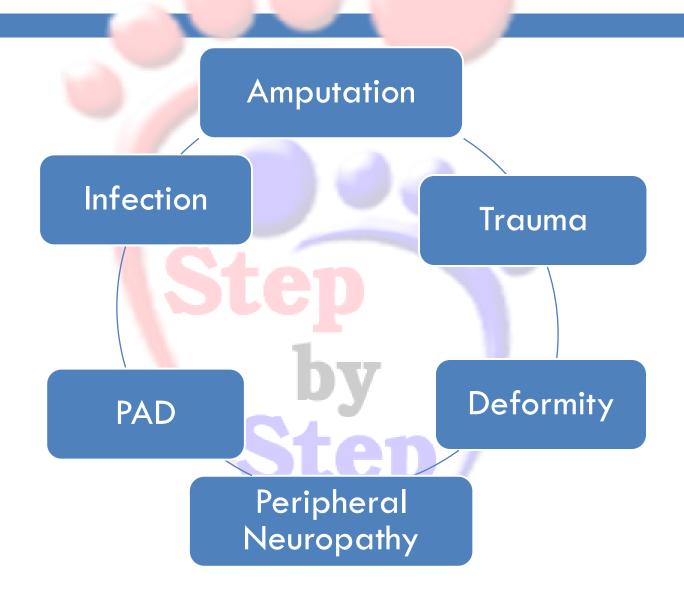
- Intrinsic : Deformity / Callus
- Extrinsic : Poor Footwear/ foreign bodies inside the shoes/ Previous surgery
- Behavioral:
  - Changing the Level of activity

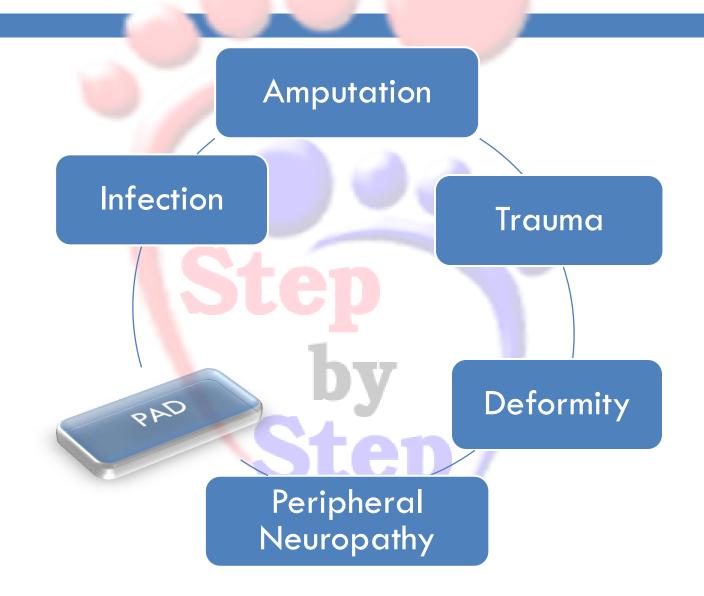












#### PAD

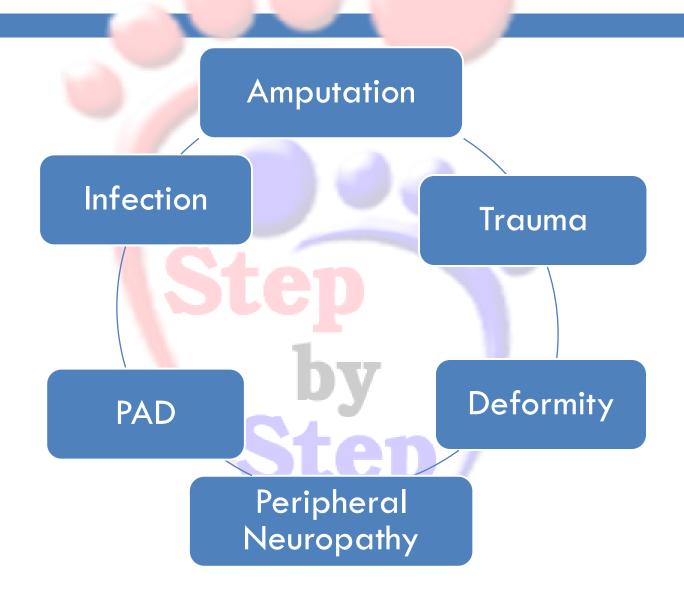
- Diabetics have 2-5 fold increase in PAD
- Younger age
- Loss of female protection
- Different presentation
- Different anatomical distribution/less collaterals

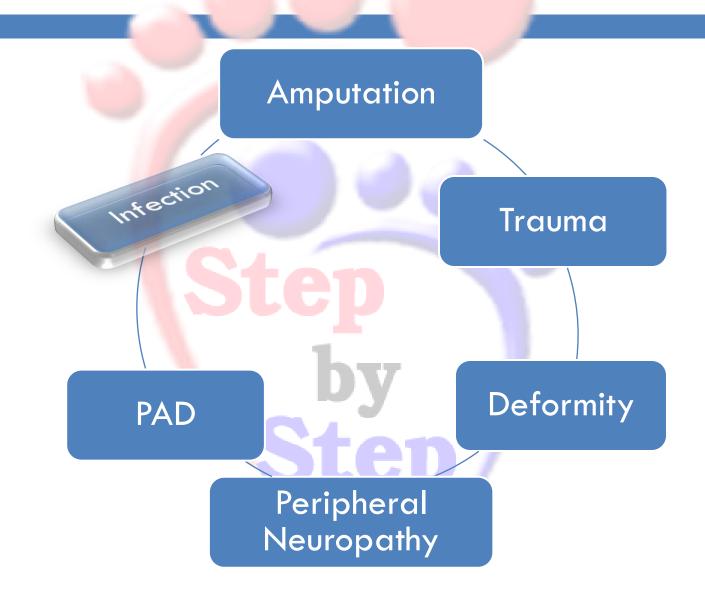














#### "The germ is nothing. It is the terrain in which it is found that is everything"

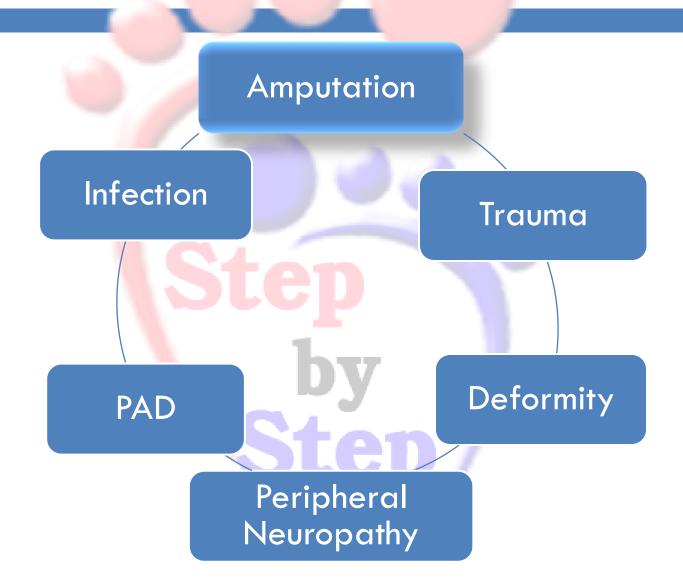
# Pasteur, L. (1880) De l'attenuation virus du cholera des poules. CR Acad. Sci. 91: 673-680.

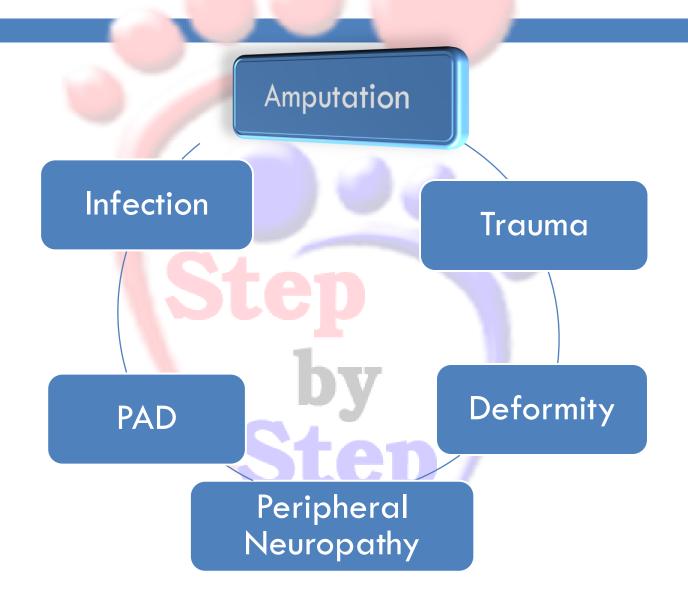


#### Common serious complication of Diabetics

Proper clinical assessment allow prompt management







#### Amputation never solves the problem

	1 yr	<b>3</b> yrs	5 yrs
Re-ulceration:	34%	61%	70%
Primary healing			
Amputation:	3%	10%	12%
Mortality:	8%	27%	42%
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	. UY		
Healing with amputa	tion		
Amputation:	13%	35%	48%
·		410/	720/
Mortality:	20%	41%	73%

Apelqvist, 1993, J Intern Med.





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### **Risk Categorization**

Category	Risk profile	Check up frequency
0	No sensory neuropathy	Once a year
1	Sensory neuropathy(DN)	Once/ 6 month
2	DN and PAD and/or foot deformities	Once /3 month
3	Previous ulcer/Amputation	Once 1month



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- Barriers against Foot care implementation

Education of patients and health care providers

Regular check up and identification of the foot at risk

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Barriers against implementation of DF program/ how to overcome ?

- Structural Heath care system and referral guidelines/ Meetings/ Medical recording system
- Multidisciplinary Team/ Done
- Lack of time/ Specialist foot team
- Podiatrist / DFCA
- Orthotist and scarce orthotics



