

**Diabetic foot care in France : evolution of hospitalization from 1997 to 2003.**

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**Introduction :** Hospital admissions for diabetic foot ulcerations, lower limb amputations and revascularizations are markers of the importance of diabetic foot pathology and of the quality of foot care. No study has been done yet in France about this subject.

**Methods :** We have used the national database of the French Hospital Information System (PMSI) for private and public hospitalizations from 1997 to 2003. The ICD-10 codes for diabetes and its complications were selected, crossed with codes for foot ulceration, procedures of revascularization, lower limb amputations, operations on stumps and debridements of wounds.

**Results :** Between 1997 and 2003, the number of new treated diabetic patients registered by the French Health Care increased on a rhythm of 9% per year, with a total of 1.967.000 subjects in 2004 (3.27% of the French population). During the same period, hospital admissions for diabetic patients, aged 18 years or more, increased of 5.6% per year, and for care of diabetic foot ulcerations of 8.8% per year. Each year, 8% of all diabetic admissions (16% of total hospitalization days) were caused by a diabetic foot problem. We observe a sharp increase of "non surgical" hospitalizations (+15.9% per year), while surgical stays for diabetic foot grew slower (+2.9% per year). Depending on the year, the procedures were a debridement in 14 to 18% of cases, a revascularization in 40 to 43%, an amputation in 40 to 42%. Amputation level was limited to toes or foot in 2/3 of cases, while major amputations (leg or thigh) occurred in 1/3 of cases. Hospital admission rate for 1000 diabetic persons grows from less than 13‰ for patients under 55 years to 30‰ for those above 84 years. In 2003, the 35900 hospital admissions for diabetic foot wounds concerned 24400 patients, mostly men (68%), younger than women (mean age of 66.6 vs 70.3). More than 80% patients had only one hospitalization during the year, 12% needed two stays and 7% three or more stays (with numerous amputations). Mean traditional hospital length of stay shortened from 19.6 to 18.1 days, while "a one day hospitalization" (less than 24 hours) for care of diabetic foot ulceration grew from 17% in 1997 to 42% in 2003.

**Conclusion :** In spite of the development of conservative surgery during the last years, more than 4 "surgical" admissions for diabetic foot on 10 still lead to a lower limb amputation in France. Amputation rate for men is still 3 times more than for women.