

## The Diabetic Foot in Germany

### Analysis of Quality in specialised Diabetic wound care centers

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The diabetic foot syndrome is an important medical and economic problem of health care. The working group of the diabetic foot and the German diabetes society established a system for accrediting hospitals or outpatient clinics to treat diabetic wounds. Basis is to proof the quality of structure (staff, premise, facilities), procedures and the evaluation. Each participating center (n=130; 46 hospitals and 84 outpatient departments) documented consecutively 30 patients. An evaluation of the outcome was performed six months after the initial presentation. We present the outcome data of 3864 cases (hospitalized [H] 1367; outpatients [O] 2497) (guideline: [www.ag-fuss-ddg.de](http://www.ag-fuss-ddg.de)). Initially 1214 Patients (31%) were stage Wagner 1 and 1223 patients Wagner 2. Wagner 3 were diagnosed for 868 patients (22,5%), Wagner 4 for 10,4% and stage 5 in 15 cases (0,4%). After 6 months ulcerations of 2006 patients (55%) were completely healed and 993 at stage Wagner 1 (27%). The improvement of wounds were statistical significant. Stage 3 (H: 31% vs. O: 17%), stage 2 (H: 20% vs. O: 5%) and stage 5 (H: 0,7% vs. 0,2%) were significant increased in the hospitalized group. Wagner 1 (H: 15% vs. O: 40%) was higher in outpatients, stage 2 was similar in both groups. For 33% of patients a concomitant infection was diagnosed (H: 31%; O: 34%). Arterial occlusive disease was similar between hospitalized and outpatients. Significantly higher was Armstrong grade D in the hospitalized group (45,4% vs. 25,3%). Most of the lesions healed (p=0.001), but 3.9 % (n=171) had a major amputation (above ankle) and 17% (n=666) a minor surgical manipulation (H: 25,6%; O: 12,7%; p<0.001). There was a clear correlation of outcome with Wagner and Armstrong grade. 179 patients (4,6%) died during the observation time. The mortality was significant (p<0.001) higher in hospitalized patients (7% vs. 3,3%). These data represent the first analyses of the treatment outcome of diabetic foot lesions in specialized centers in Germany. The data reflect a perspicuous lower rate of amputations in the accrediting centers compared to the up to now available epidemiological data in Germany. Next evaluation will give interesting data of the development of quality as soon as the participating centers will be re-evaluated in two years.