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The prevalence of foot ulcer risk factors in Egyptian diabetic patients.

Mamdouh El-Nahas, Hanan Gawish, Manal Tarshoby and Omnia State. Diabetes and Endocrinology Unit, Internal Medicine Department, Mansoura University, Egypt.

The effect of ethnicity on diabetic foot ulceration (DFU), neuropathy and peripheral arterial disease (PAD) remains controversial. Contradictory results about the prevalence of DFU and amputation had been especially reported in diabetic patients of African descent living in UK or USA. The large nature of Africa continent that include diverse populations together with the possible effect of environmental and cultural factors on racial differences, make it plausible to study African patients in their original countries. Egypt is geographically located in Africa, however, it is also considered as a Mediterranean country. Few studies had reported the prevalence of DFU as part of diabetes related complications but, to our knowledge, there has not been any previous survey on DFU risk factors in Egypt. Objective: To study the prevalence of DFU and their risk factors in a cohort of patients presented to outpatient diabetes clinic at Mansoura University Hospital. Subjects and methods: 1220 diabetic patients were screened over 1 year for DFU, neuropathy, PAD, foot deformities, skin and nail abnormalities. Patients were also questioned about receiving any previous education about foot problems or foot care. Results: The mean age of our patients was 50.5 ± 10.9 years and 36.8 % were male. The mean duration of diabetes was 7.9 ± 5.9 years and mean BMI was 34.5 ± 6.7 . The prevalence of active foot ulceration or past history of DFU was 1.2 % and 5.7 % respectively; so, the overall DFU prevalence was 6.9 %. 5.07 SW monofilament insensitivity was found in 113 patients (9.3 %). Only 38 patients (3.1%) had absent foot pulses that proved by doppler ultrasound to have PAD. The prevalence of Hallux valgus, hammer toe and flat foot was 23.4, 10.2 and 2.1 % respectively. Dry skin and calluses were recorded in 544 patients (44.6%) and 69 patients (5.7%) respectively. Tinea pedis was found in 532 patients (43.6%). Thick nails and badly cut nails were found in 215 (17.6%) and 376 (30.8%) respectively. The shoes were inappropriate in 751 patients (61.6%) and 1145 patients (93.8%) didn't receive any prior foot education. Conclusion: Despite the low prevalence of insensate neuropathy and PAD in our diabetic patients the prevalence of DFU is still high. The lack of knowledge regarding diabetic foot problems, the inappropriate foot wears and the high prevalence of skin and nail pathology in Egypt could explain this paradox. It is suggested that regional differences in the risk factors for DFU should be considered when preventative strategies for DFU are planned. Education of patients and healthcare providers together with establishment of podiatric care may have better outcome in our country.