

Results of an Educational/Screening Prevention Programme on Diabetic Foot in Diabetic Patients

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Background: This study was performed to evaluate the results of an educational and screening prevention programme on diabetic foot in all diabetic patients, referred for the first time to the Diabetes Unit of Pistoia Hospital. **Methods:** Between 1999 to 2004 all diabetic patients referred for the first time to the Diabetes Unit underwent a primary prevention educational programme. All the patients affected by diabetes received appropriate information about the general management of diabetes, including diabetic complications with particular attention to the diabetic foot. During a 15 minutes talk performed by specialized nurses the patients were educated about the importance of a proper foot care and a periodic careful foot observation. According to the international guidelines, the diabetic patients were submitted to a careful foot inspection, (including the evaluation of foot deformities, hyperkeratosis, type of the footwear), evaluation of arteriopathy, observing foot colour, temperature, presence of foot pulses, reflexes examination, and evaluation of neuropathy using biothesiometry and the 10 g Semmes Weinstein monofilament. The patients with lesions at risk of ulceration (hyperkeratosis, deformities) received podiatric care and the prescription of appropriate footwear; those with peripheral vascular disease and neuropathy underwent further investigation; those with active foot ulcerations received care in the foot clinic. During following visits all patients received again educational nursing and medical support. In 2005 we evaluated the incidence of new foot ulcerations during these 6 years by clinical records. **Results:** The number of patients (referred for the first time to our Unit) subjected to educational/screening programme on foot complications were as follows: 303 in 1999, 382 in 2000, 433 in 2001, 422 in 2002 and 425 in 2003, 496 in 2004. Among these the prevalence of complications was: peripheral vascular disease 8%, neuropathy 21.4%, retinopathy 17%, microalbuminuria/nephropathy 31.6%, ischemic heart disease 10.8%, lesions at risk for foot ulcerations 14.4%, active ulceration at the first admission to the Unit 1.8%, previous ulcerations 0.4%, amputated at the first admission to the Unit 0.5%. Finally the prevalence of new ulcerations in the 1999-2004 was 3.3%. **Conclusions:** Since all diabetic patients are potentially at risk of diabetic foot, an effective foot care education programme, an early detection of high risk foot lesions and treatment by the specialists may reduce the number of amputations, which is considered a marker of quality of foot care in diabetes.