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Identifying the need for early foot examination and classification in newly diagnosed Type 2 Diabetes patients.

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Introduction: Stringent foot examination is essential when undertaking review clinics to reduce the risk of complications resulting from Type 2 Diabetes.

Aim: To encourage similar foot assessment and classification in Primary Care, and provide an easy tool with which GP's/Diabetes Nurses could identify those potentially at risk.

Method: 175 patients with Type 2 Diabetes diagnosed within that year attended the health education sessions, (102 Male (58%), 73 Female (42%), Mean age=58.4 years, Mean HbA1c=7.87)

Investigations: Neurothesiometry to assess for neuropathy, ABPI (Ankle, Brachial Pressure Index) to assess ischaemia, foot assessment by Podiatrist. Using these assessments patients were classified into Low Risk, High Risk and Very High Risk. Those with no neuropathy, PVD (Peripheral Vascular Disease) or foot problems were classed as Low Risk. Those with 1 of the above were classed as High Risk. Those with 2 or more of the above were classed as Very High Risk.

Results: Low Risk patients=93 (53%)(57 Male (61%), 36 Female (39%), Mean age=49.3 years, Mean HbA1c=7.5). High Risk patients=76 (44%)(41 Male (54%), 35 Female (46%), Mean age=58.9 years, Mean HbA1c=8.0). Very High Risk patients=6 (3%)(4 Male (67%), 2 Female (33%), Mean age=67 years, Mean HbA1c=8.0)

Conclusion: Age appeared to be the most important factor when identifying those at higher risk. HbA1c and gender did not appear to be as significant, although there were some differences worth noting.

Recommendation: The high percentage of patients in the High Risk category highlights the need for foot examination from the time of diagnosis. It is proposed that patients over the age of 55 should be automatically referred to community podiatry and assessed regularly.