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The impact of the "shared care" of diabetic foot in lower limb amputation risk reduction

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Background: This study was performed to evaluate the results of an educational and screening program on diabetic foot in all diabetic patients, referred for the first time, to the Division of Diabetes of Pistoia Hospital. **Methods:** Between 1999 to 2007 all diabetic patients referred for the first time to our Section, 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 diabetic foot. During a 15 minutes talk by specialized nurses it was underlined the importance of a proper foot care and 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 footwear), evaluation of arteriopathy, observing foot colour, temperature, presence of foot pulses, reflexes examination and/or claudication, evaluation of neuropathy using biothesiometry and the 10 g Semmes Weinstein monofilament test. 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 2007 we evaluated incidence of new foot ulcerations during this 8 years, by clinical records reports. **Results:** The number of patients (referred for the first time to the Section) subjected to educational/screening program 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, 472 in 2005, 531 in 2006 and 506 in 2007. Among these the prevalence of complications was: peripheral vascular disease 8,9%, neuropathy 24.4%, retinopathy 21%, microalbuminuria/nephropathy 32.6%, ischemic heart disease 12%, lesions at risk for foot ulcerations 14.4%, active ulceration at the first access to the Section 1.8%, previous ulcerations 0.4%, amputated at the first access to the Section 0.5%. Finally the prevalence of new ulcerations in the 1999-2007 was 3.1%. Moreover in the same period of time (2005-2007) in the general population of our district the previous published study (Diabetes Research and Clinical Practice 2007) has been confirmed, in terms of reduction of total amputation and hospitalization for diabetic foot. **Conclusions:** The use of a standardized protocol of screening/prevention/education/follow up for diabetic foot complications allowed us to make diabetic patients and general practitioners fully aware of the importance of prevention of diabetic foot lesions, and to promote a "shared care" between specialists and general practitioners of diabetic patients for the most correct management of diabetic foot lesion, with the aim of reducing the rate of reulceration and significantly lowering amputations.