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Evaluation of education in the secondary prevention of foot ulcers in people with diabetes

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Guidelines emphasise the importance of education in the prevention of foot ulceration, even though there is little evidence of its effectiveness. We have therefore undertaken a randomised controlled trial of the effect of targeted education in the group at highest risk: those with previous ulceration. Patients managed in one of three specialist units with ulcers which had healed and who remained ulcer-free for four weeks, were randomised 1:1 to receive either usual care or a structured educational interview in their own home. The content of the educational interview was based on recommended guidelines and refined following discussion with a focus group of ulcer-sufferers, supplemented by coloured images of different foot problems and also targeted at the individual's personal needs. The interview was followed by a telephone interview after one month. Ulcer recurrence was documented at 6 and 12 months, and foot care behaviour, mood (HADS) and quality of life (QoL, DFS-SF) at 12 months. To detect a reduction in the 12 month incidence of new ulceration from 35% to 15% (two-sided, 80%, $p<0.05$), 69 were required in each group. There were 87 patients in the intervention group and 85 controls, and the groups were well-matched at baseline. There was no significant difference between groups in new ulceration at either 6 months (30% intervention versus 21%, $p=0.21$) or 12 months (41% versus 41%, $p=0.34$), and no difference in the incidence of amputation 8 minor and 1 major in each group at 12 months). A significantly greater number of recommended foot care behaviours were reported at 12 months in the intervention group ($p=0.03$) but there was no significant effect of education on mood or QoL. The lack of an effect of an education programme in this group may relate to a number of factors. These include (i) the fact that these patients had had their previous ulcer managed in a specialist footcare unit and may therefore have already benefited from unstructured education, (ii) the education programme may not have focused on factors most likely to influence ulcer recurrence, (iii) an education programme may have reduced impact on ulcer incidence in those at the highest risk of new ulceration – because of the dominance of other factors, such as the severity of peripheral arterial disease, and (iv) footcare behaviour in such a population may not be sufficiently modifiable to influence the incidence of new ulcers without an educational intervention which is so intensive that it could not be implemented on a wide scale.