

P30

What are the factors causing reulceration in the diabetic foot?

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It is well documented that patients with diabetes with a previous history of foot ulcers are at high risk of reulceration. At our centre we have previously reported that 32% of new referrals with an ulcer had had a previous foot ulcer.

Aim: To identify factors which may precipitate reulceration in patients with previously healed ulcers. **Method:** 62 consecutive patients who had reulcerated were asked a list of questions from a proforma **Results:** Average HbA1c 8.1% Average BMI (body mass index) 28.5 Kg/m² 8 (13%) had type 1 diabetes, 54 (87%) had type 2 diabetes 55 (89%) were Caucasian, 7 (11%) were of Asian origin Only 51 of the 62 patients (82%) were attending for regular podiatry 42 (68%) reported being active. Only 2 patients (3%) were chair-bound

In 48 (77%) of patients neuropathy was deemed to be the predominant cause of the ulcer. In 3 (5%) of patients ischaemia was felt to be the predominant cause of the ulcer.

Precipitating factors: 4 (6.5%) recollected an injury Only 29 (47%) were wearing fitted shoes. Over half of them (15=52%) were deemed unsatisfactory. Over half of the patients (33=53%) were not wearing fitted shoes. **Site of ulcer:** 49 (79%) reoccurred in the same foot, 30 of these (61%) reoccurred at the same site. This is not surprising since 43 patients (69%) had foot deformity. 44 patients (71%) had callus present which indicated increased pressure loading. **Education:** 48 (77%) recollected receiving education about foot care. Only 13 of them (27%) recollected having been given written information. Out of the 48 patients only 30 (63%) reported examining their feet daily. 29 of the 48 patients (60%) still walked barefoot. **Conclusion:** Not surprisingly, the majority of the ulcers reoccurred at the same site because of foot deformity. Although patients were offered custom-made shoes, over half of them were not wearing them. Despite remembering having education about foot care, 60% of these patients were still walking barefoot. Although education is an essential feature of prevention of reulceration, for some reason patients appear to find it difficult to put the education into practice.