

A multicenter survey on the diabetic foot and medical economics in China

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Objective: To investigate the classification and the pathogenesis of diabetic foot and peripheral artery disease and the medical cost of these patients in the hospital. **Methods:** Patients with foot problems and/or peripheral artery disease (PAD) were surveyed from January 1 to December 31, 2005 in 14 teaching hospitals located in different cities in China, including demographic data, present and past history of the foot and PAD, the classification and phases of the foot ulcers based on the Wagner system and Texas system, control of the hyperglycemia and lipids disorder, medical cost in hospital and the diabetic complications and relative risk factors. All staff involved in the survey were trained before the study and the standard form were used for the purpose. **Results:** 634 diabetic patients with foot problems and/or peripheral artery disease were analyzed. Foot problems most often occurred in the elderly diabetic patients with long duration, low education level and low income. Most of these patients had diabetic complications or cardiovascular risk factors, including neuropathy (68.0%), hypertension (57.4%), retinopathy (42.8%), nephropathy (40.4%), smoking (38.8%), lipids disorder (30.0%), PAD (28.7%), coronary heart disease (28.5%), cerebral vascular disease (24.3%). 55.5% of the ulcers were at the Wagner stage 1 or 2. In 58.9% of these patients only one ulcer was detected. 28.8% of these patients were with gangrene, mainly toe or toes gangrene. 67.9% of ulcers were complicated with infection. Most common ulcers were mixture of ischemic and neuropathic. The average direct medical cost in the hospital for the diabetic patients with foot problems and/or peripheral artery disease was 14,906 RMB (about US\$ 1850). **Conclusion:** Foot problems seriously increase the medical cost of the diabetic patients. The elderly diabetic patients with long duration, lower education level and more diabetic complications or more cardiovascular risk factors should be paid more attention on intensifying foot care and preventing education of foot problems.