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### Prevalence of risk factors of diabetic foot ulcers in the North-West region of Russia

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**Background and Aims:** The prevalence of risk factors of diabetic foot ulcers varied in the different populations. Data concerning this problem in Russian population are lacking. We aimed to estimate the prevalence of the risk factors in the city Cherepovets, which is situated at the North-West of Russia. **Patients and Methods:** 675 outpatient patients with diabetes mellitus (DM) were examined. Mean age  $55,2 \pm 14,9$  yrs, duration of diabetes  $10,7 \pm 8,7$  yrs, type 1/2 DM: 95/580. HbA1c  $9,4 \pm 1,9\%$ . Clinical data and data about the history of prior foot ulcer or amputation, foot deformities, palpation of foot pulses, 10-g monofilament testing were collected. Risk of foot ulcer stratified according to guidelines of International consensus on the diabetic foot as low, medium, high and very high. **Results:** In total cohort 5,5% patients had the very high risk, 47,6% - high risk, 30,6% - medium and 15,3% - low. Foot deformities were the most prevalent risk factor (55,7%). 18,2% patients were unable to feel 10-g monofilament. The prevalence of peripheral artery disease (PAD) was 33,5%. 3,2% patients had history of ulceration or amputation, in addition to 2% ulcer events revealed at screening. The high prevalence of the risk factors of PAD was noticed: tobacco smoking (13,9%), arterial hypertension (56,5%), history of vascular events (38%). The prevalence of risk factors differed according to type of DM. Type 2 patients characterized with higher prevalence of foot deformities and PAD compared with type 1 ones (57,8% and 27,6%; 31,9% and 12,3%). In type 1 patients the history of prior foot ulcer or amputation was higher compared with type 2 (8,6% and 3,9%). **Conclusion:** The prevalence of patients with risk of foot ulcer in studied population is extremely high. More of the half in this population has high and very high risk of ulceration. These data suggests the need in organizing the out-patient diabetic foot-clinic and possibly introduction of the different approach to prophylaxis of foot ulcer in type 1 and 2 DM.