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Translating research to practice: systematic reviews for the diabetic foot

¹Fiona Hawke and Joshua Burns ¹Podiatry Dept, The University of Newcastle, NSW, Australia

²Podiatry Dept, Westmead Hospital/The University of Sydney, NSW, Australia

The evidence-based medicine movement has provoked an exponential increase in the quantity and quality of research on the diabetic foot. As a result, healthcare providers are overwhelmed by unmanageable amounts of information. Systematic reviews can refine this literature to allow efficient integration into clinical practice; strengthening the link between best research evidence and patient care. The Cochrane Collaboration, an international not-for-profit organisation, was established in 1993 to help practitioners, patients and policy developers make informed decisions about health care. The Cochrane Wound Group and Peripheral Vascular Disease Group in particular have coordinated many systematic reviews of interventions for the treatment of the diabetic foot and its complications (Table 1).

Table 1 Cochrane systematic reviews for the diabetic foot (DF)

Antibiotics and antiseptics for venous leg ulcers. Compression for preventing recurrence of venous ulcers. Compression for venous leg ulcers. Debridement of diabetic foot ulcers. Dressings for the treatment of DF ulceration. Hyperbaric oxygen therapy for chronic wounds. Laser therapy for venous leg ulcers. Oral zinc for arterial and venous leg ulcers. Pressure relieving interventions for preventing and treating DF ulcers.	Patient education for preventing DF ulceration. Silver based wound dressings and topical agents for treating DF ulcers. Supervised exercise therapy versus non-supervised exercise therapy for intermittent claudication. Therapeutic ultrasound for venous leg ulcers. Topical agents or dressings for pain in venous leg ulcers. Topical silver for treating infected wounds. Vitamin E for intermittent claudication.
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High-quality systematic reviews present an opportunity to streamline diabetic foot-related literature; reducing the time, cost, training and skills necessary to establish solid evidence base for practice.