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A Study of Inpatient Care of Patients with Diabetic Foot Ulcers in a District General Hospital

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Foot ulceration in diabetes is known to represent a major cause of morbidity and mortality, and carry considerable financial implications for healthcare organisations. Little research has studied the outcomes for patients who are admitted for treatment of their foot ulcer. We identified 63 patients who were admitted to Hospital for management of their diabetic foot ulcers from January 2006-November 2008, and of these, notes were obtained for 61. Of the 61 patients [45 male (73.8%), mean age 69.7 (range 38-98) years, 54 (88.5%) type two diabetes, 36 on insulin]; 34 patients (55.7%) were already known to the Specialist Diabetic Foot Clinic; 48 patients (78.6%) were admitted under the physicians, remainder being admitted by surgical or orthopaedic teams. Mean duration of stay was 18 days (range 1-85). Co-morbidities included: hypertension in 47 patients (77.0%), ischaemic heart disease in 43 (70.4%) and dyslipidaemia in 50 (81.9%). 15 patients (24.6%) were current smokers. 24 (39%) patients died during the duration of the study, 18 of these within 12 months of their admission. Those patients who died in the first 12 months were older ($p=0.02$), and had a longer duration of stay in hospital (27 v 14 days, $p=0.03$). Admission CRP was significantly higher in those patients who died (144 v 80 mg/L, $p=0.02$), although creatinine, HBA1c and cholesterol levels were not found to be predictive of mortality. Antibiotic usage was variable, with multiple combinations of 1-4 antibiotics being used. The most commonly used were clindamycin (27 patients) and ciprofloxacin (23 patients). There was no difference in the length of intravenous antibiotic course between the two groups. Those patients who died were more likely to have non-healing of their ulcer ($p<0.01$). Patients who underwent amputations tended to have shorter length of stay (not significant), and significantly lower creatinine levels (57 v 127, $p=0.002$). Three of these patients subsequently died, but only one in the next 12 months. **In conclusion**, prediction of outcomes in patients with diabetic foot ulcers remains difficult, but those patients admitted to hospital had a high mortality rate in the following 12 months. More research is required to determine if this trend can be modified.