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Improvement of Diabetic Foot Care: Results of a 7-Year Prospective Study from the Implementation to a Global Approach

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In 2007 we published the results of a 5-year period study (1999-2003), performed to evaluate whether the implementation of a programme for prevention and treatment of diabetic foot lesions could decrease the number of amputations in the area of our interest (Pistoia (ITALY), 171,000 inh). Following the establishment of a strategy including prevention, patient and staff education, multidisciplinary treatment of foot ulcers and close monitoring, diabetic foot care resulted greatly improved. The implementation of the International Consensus on Diabetic foot lesions was introduced in Pistoia at level of Primary Care (Health Care District, general practitioners), and at level of Secondary Health Care through the creation of a multidisciplinary care team at the hospital, including the diabetologist, specialized nurses, podiatrist, orthopaedic surgeon and cardiologist. Recently, the collaboration with GPs has been further reinforced through the development of the Chronic Care Model (CCM) which ensures to patients an integrated assistance between GPs and specialists (2009). The aim of the present study was to evaluate: 1. the increasing % of patients referred to our unit for diabetic foot lesions, who underwent an educational programme including footcare during years 2004-2011, 2. the possible reduction of the number of severe foot lesions and of amputations occurring during these years. 3. the increasing number of revascularization procedures performed in the same period of time. Methods: Clinical records are kept by the diabetologist and the database for this study was taken from DRG Tuscany database, from Eurotouch and CCM database. The data of this study demonstrate: 1. a 40% increase of patients referred for the first time to our unit (from 496 in 2004 to 806 in 2011) who underwent the primary prevention programme including foot care. 2. a significant reduction of numbers of lesions seen (45%) (from 340/years in 2004 to 186 ys in 2011) and reduction of high grade severity lesions (WTCS) (>2) (20%) in outpatients. 3. a reduction of incidence of major amputations (from 3 x 100000 inh in 2004, to 1.8 in 2011; p<0.01), while a different trend was observed concerning minor amputations, with an incidence rate of 3,5 in 2004 and 6,2 in 2011. 4. following the increasing collaboration with the cardiologist dedicated to revascularization procedures, an increasing number of below knee endovascular procedures (BKEP) has been performed (from 10 in 2004 to 110 in 2011). 5. in this period outpatients treated by podiatrist in primary and secondary prevention were increased from 160 to 922. Analysis of preliminary data shows that, following the implementation of ICDF, a significant improvement of foot care in diabetic patients has been observed, and in the period of our observation the percentage of the patients seen by the foot care team has become progressively higher, such that now in the health area of our interest all diabetic patients are screened for diabetic foot every year and patients with high risk of ulceration or with diabetic foot are referred to the local Diabetic foot unit.