

Adherence to foot care behavior in different diabetic foot risk groups.

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The **aim** of this study was to investigate the psychological and emotional predictors of foot care behavior in diabetic patients with and without current or previous foot ulcers. **Research design and methods.** 357 diabetic patients with moderate to severe neuropathy took part in this study. 112 patients (45%) had no diabetic foot ulcer history (group 1), 145 (55%) had current or previous diabetic foot ulcer (group 2). Upon explanation of the goal of the study and physical examination all patients filled in foot care behavior (FCB) and patient interpretation of neuropathy (PIN) questionnaires. PIN consists of cognitive and emotional domains. Psychometric assessment of PIN was made using principal component factor analyze with varimax rotation. In order to identify the predictors of FCB the multiple lineal regression analyze was performed with FCB (preventive or potentially damage) as dependent variable. **Results.** The factor analysis produced 10 factors with 72% of cumulative explanations of total variance. Regression analysis revealed different predictors of avoiding behavior in two groups. In group 1 (without ulcers) underestimation of external factors resulted in potentially dangerous actions. The same behavior was observed in those patients who did not realize the negative consequences of DPN and were sure that doctors are in charge of diabetic foot ulcers and amputations. Negative emotions or even aggression towards health care professionals lead to foot damaging foot care too. In group 2 only emotional pattern “Worry about consequences” was predictor of potentially dangerous behavior. The similar and unique predictor in both groups of preventive foot care was a factor represented statements of personal controllability -“Efficacy of foot self-care”. **Conclusion.** Predictors of adherence to preventive and avoidance behavior depend on current or previous diabetic foot ulcer. In case of history of diabetic foot ulcer fear to lose leg makes the patient to be more accurate in potentially dangerous actions. If the patient had no history of diabetic foot ulcer his failure to understand the consequences of DPN results in wrong avoidance behavior. Aggression towards health care professionals results in poor adherence to foot care. Independently of current or previous foot ulceration the patients’ active controllability was significant predictor of preventive foot care behavior.