

P37

Podiatric Needs and Associations of Patients with Diabetes on Renal Replacement Therapy

Gardiner P¹, Tuthill A². ¹ Diabetic Foot Clinic, Cork University Hospital, Cork, Rep. of Ireland, ² Department of Endocrinology, Cork University Hospital, Cork, Rep. of Ireland.

Introduction: Evidence indicates that patients with diabetes who develop end-stage renal failure (ESRF) are at higher risk of lower limb complications (ulceration and amputation) than those without ESRF. Studies have suggested that outcomes may be improved with appropriate podiatric input. There is also evidence demonstrating that the prevalence and incidence of depressive disorders among patients with chronic illness are significantly higher than that of the general population. **Aims:** The aims of this study were threefold: (i) to investigate the prevalence of lower limb pathologies among patients with diabetes in a haemodialysis (HD) unit; (ii) to investigate reported anxiety and depression, and health-related quality of life (HRQOL) among this patient population and (iii) to investigate their access to appropriate podiatric care. **Methods:** This single-centre study invited patients to undergo a foot assessment and complete two questionnaires, namely the Hospital Anxiety and Depression Scale (HADS) and the Short Form-36 (SF-36). Patients' access to podiatric care was also examined; comorbidity data were collated from medical notes. **Results:** The HD patient population at this unit includes 44 patients (34% female) with diabetes (16% Type 1). To date, podiatric examination indicates an ulcer prevalence of 23% and a 19% prevalence of amputation; HADS assessment indicates 61% of patients with normal mood states, 22% and 11% of patients indicated mild and moderate levels of anxiety respectively, while 11% and 22% of patients reported mild and moderate states of depression respectively. One patient indicated severe levels of depression; this patient had an elective major amputation pending. Using the SF-36 the mean physical component of quality of life was lower in patients with foot disease when compared to those with no history of ulcer/amputation (25.3 v 31.7 respectively). Evaluation of access to podiatric care revealed that 22% of patients were not receiving any podiatry care, 15% were treated in primary care, 33% in secondary care, one patient did not require podiatry input (bilateral amputee); the remainder received private podiatric care. From the assessment process, 26% of patients did not appear to receive podiatric care appropriate to their need. **Conclusion:** This study highlights the high frequency of lower limb complications and mood disorders within this population, negatively impacting HRQOL. It is also apparent that a significant number of patients do not receive appropriate podiatric care.