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PAID and WHO-5 are valuable tools to disclose problem areas in poorly controlled diabetes patients with foot complications

Glindorf, M, K, Rasmussen, A, Christensen, U.B, Rytter, K, Steno Diabetes Center, Gentofte, Denmark

Background and aims: Studies have shown that 1 out of 7 patients with diabetes will get foot ulcers. People with diabetic foot ulcers are often male, characterized by increased comorbidity, and are often socially marginalised, isolated and have a relatively low educational level and low socioeconomic status. Knowledge is lacking on the attitudes of people with diabetes towards diabetes generally and towards foot ulcers specifically, as well as knowledge on their quality of life. The aim of this study is to develop the quality and organization of the multidisciplinary team in the foot clinic and to focus on poorly controlled patients and their needs to get a better HbA1c. This presentation will focus on baseline data and the outcomes of the questionnaires PAID (Problem Areas In Diabetes) and WHO-5 wellbeing index. **Materials and methods:** A controlled, prospective, descriptive study with follow-up after 1 year. 48 patients with type 1 and 2 diabetes with a foot complication, HbA1c > 75 mmol/mol and referred to orthopaedic surgeon in the foot clinic. The patients are seen by a multidisciplinary team. To monitor psychosocial issues, patients are screened with PAID, WHO-5. In addition various baseline variables are registered. **Results:** 48 patients aged 56 ± 22 years, male 70,8 %, HbA1C 87 (75-124) mmol/mol, Type 1 diabetes 54 %, disease duration 25,1 (2-67) years, multiple complications 85,4 %, neuropathy assessed by biothesiometry >25 Volt 100 %. Foot complications are ulcers 75 % assessed by Texas classification, Charcot 16,6 %, deformity 16,6 %, tenotomy 10,4 % (20,8 % > 2 complications). Multi-pharmacological treatment 100 %. 43 patients answered PAID and WHO-5. 37,2 % had a PAID sum-score > 33 indicating serious diabetes related problems, especially with fear from hypoglycaemia and complications, feeling alone with diabetes and with affected mood. 34,8 % had a WHO-5 score < 50 indicating poor well-being and 18,6 % < 20 indicating depression. WHO-5 Item 3: I have felt active and vigorous, and Item 4: I woke up feeling fresh and rested, had generally low score (0-2). High PAID score correlates with low WHO-5 score. **Conclusion:** These results confirm that poorly controlled patients with a foot complication is a very vulnerable group. Many experience serious diabetes related problems, depression, and complications. Both PAID and WHO-5 are sensitive measurements. The results suggest that attention should be paid to screening for depression in this group of patients. An exploration of the underlying reasons for the low WHO-5 scores may also be relevant, especially concerning the lack of feeling rested and vigorous. For example, one could investigate what impact it has on patients that they must follow a relief regime resulting in reduced physical activity and social contact.