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Significant increase in number and complexity of Diabetic Foot Clinic cohort: results of a 13 year interval audit

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Introduction and Objective: There is a tendency for a diabetic foot injury to rapidly progress to necrosis or foot deformity. Thus all diabetic foot injuries need to be treated with urgency. There has been an apparent trend of increase in number and complexity of patients attending our Diabetic Foot Clinic. The aim of this study was to demonstrate this change in case mix over the past 13 years. **Design and Method:** A Simple Staging System (SSS) was used to categories a cross-section of consecutive patients attending the clinic in 2000 compared to attendance in 2013. Consecutive patients attending the clinic were given a staging of 1 to 5. Stage 1: normal foot, with low risk; Stage 2: intact but at-risk with neuropathy and or iscahemia; Stage 3: ulcerated but non-infected; Stage 4: ulcerated and infected; Stage 5: with necrosis. Data analysed with MS Excel and SPSS v20, with ChiStats 11 to compare proportions. **Results:** There were 604 individual patients in 2000, but 343 individual patients attending over a two week period from the 2rd-13th of December in 2013 (with 1,350 individual patients over the year; 2012 to 2013). Mean age was 64±12 years, 62% males. The 2013 cohort comprised of 61% with neuropathy, 29% neuroischaemic and 10% with pure iscahaemia. There were more patients with Stage 2(at risk) in 2000 compared to 2013 cohort, 58% vs 31% respectively; Stage 3(ulcerated) had 30% in 2000 vs 42% in 2013; Stage 4(infected) had 8% in 2000 vs 22% in 2013; Stage 5(necrotic) had 4% in 2000 vs 5% in 2013. P=0.0007 for the percentage increase in patients with Stage 3, 4 and 5. Of the 31% in 2013 with Stage 2; 34% had ischaemia with review in joint vascular clinic, and 31% with Charcot deformity, seen in the casting clinic and joint orthopaedic clinics. **Conclusion:** This review demonstrates 123% increase in patient load, and significant increase in complexity of patients attending the foot clinic. The patients at stage 2 are also more complex. There are now more patients presenting at Stage 3 to 5. Thus more work still needs to be done to raise the awareness or need for an urgent and early referral for assessment and treatment to avoid late presentation. The clinic also needs more support in order to accommodate the complexity of patients.