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A Study of Inpatient Care of Patients with Diabetic Foot Ulcers in a District General Hospital

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Background: Diabetic foot ulcers (DFU) are associated with increased morbidity and mortality, and carry considerable financial implications for healthcare organisations. Scant data is available on the outcomes for patients who are admitted for treatment of DFU. **Methods:** 117 diabetic patients who were admitted to hospital for management of DFU from January 2006-August 2012. Data was collected retrospectively from clinical and computer records, laboratory and radiology results were obtained from the hospital database. **Results:** Of the 117 patients, mean age 66.3 years [86 male (73.5%)], 97 (82.9%) type two diabetes, and 52 (44.4%) patients on insulin. 86 patients (78.8%) were already known to the Specialist Diabetic Foot Clinic; 103 patients (88%) were admitted under the physicians. Mean duration of stay was 18.9 days (range 1-90). Co-morbidities included: hypertension in 96 patients (83.0%), ischaemic heart disease in 76 patients (66%) and dyslipidaemia in 103 patients (89.5%). 40 patients (34.7%) were current smokers. Peripheral neuropathy and peripheral vascular disease was present in 80.5% and 60% respectively; osteomyelitis confirmed in 41 patients (35.1%). Healing rate of DFU was 56.4 % (66/117); mean healing time 4.9 months. 38 patients (32.5%) had amputations. 33 (28.4%) patients died during the duration of the study, 20.5% of these within 12 months of their admission. Those patients who died in the first 12 months were older ($p=0.02$), and had a longer duration of stay in hospital (27 v 15 days, $p=0.03$). Admission CRP was significantly higher in those patients who died (135 v 78 mg/L, $p=0.02$), although creatinine, HBA1c and cholesterol levels were not found to be predictive of mortality. 22 (67%) of patients who died had non-healing of their ulcer ($p<0.01$) of which 14 (63.3%) of them died within 2 months from admission. Patients who underwent amputations tended to have shorter length of stay. **Conclusions:** Prediction of outcomes in patients with diabetic foot ulcers remains difficult. More research is required to determine if this trend can be modified.