

[P10] PATIENTS ON HAEMODIALYSIS HAVE A HIGHER NUMBER OF RISK FACTORS FOR DIABETIC FOOT ULCERATION

Leticia Heys¹, Hazel Pollard², Satyan Rajbhandari³

¹NHS, Royal Preston Hospital, Preston, United Kingdom

²Lancashire Care Foundation Trust, Lancashire Teaching Hospitals, United Kingdom

³Lancashire Teaching Hospital, Chorley, United Kingdom

Introduction: There is a high level of ulceration and amputation in diabetic patients with CKD stage 5. Until recently CKD stage 5 was not itself considered a risk factor in the NICE risk stratification tool. Many patients were therefore placed into the low “no risk” category and are still not accessing regular Podiatry care including preventative health education and the removal of pressure related hyperkeratotic lesions which are a contributory factor of new foot ulceration. The aim of the study was to determine if diabetic patients on haemodialysis had a higher prevalence of risk factors compared to diabetic patients without CKD5.

Methods: Patients in a Trust in the northwest region of the UK are screened on an annual basis within the GPs practices using the NICE guidance for risk stratification. 122 patients at the main haemodialysis unit were screened over a period of 3 years and compared with the patients from the local community clinics and domiciliary visits to determine if there were any significant differences between the 2 groups using the variables within the foot screening tool.

Results: 122 patients were included, 61 on haemodialysis (HD) vs 61 diabetes control (DC). There was no difference in age. Age: HD 67.7 +/- 12.7 years vs DC 68 +/- 14.2; p= NS. Significant differences (p<0.001) were found in the following risk factor variables. History of foot ulceration: HD 23 (**37.7%**) vs DC 2 (**3.3%**); **p < 0.0001**. Current ulcer: HD 14 (**22.9%**) vs DC 1 (**1.6%**); **p < 0.001**. Less smokers were found in the haemodialysis group, HD 3 (4.9%) vs DC 13 (21.3%); p = 0.01. Poor eye sight was five times more common, HD 32 (**52.5%**) vs DC 6 (**9.8%**); **p < 0.0001**. Neuropathy was two and half times more common, HD 35 (**57.4%**) vs DC 14 (**22.9%**); **p < 0.001**. Ischaemia was found to be four and half times more common, HD 27 (**44.3%**) vs DC 6 (**9.8%**); **p < 0.0001**. Statistical differences p<0.01 were found with foot deformity, HD 32 (52.5%) vs DC 16 (26.2%); p < 0.01, callus and/or nail problems, HD 35 (57.4%) vs DC 20 (32.8%); p = 0.01. There were more males in the HD group. Sex Male (%): HD 44(72.1%) vs 27 (44%); p<0.01. Statistically there was no difference in amputation: HD 5 vs DC 0 ; p = 0.06, however this is likely due to the fact that bilateral amputees do not have foot screening undertaken, currently the prevalence of bilateral amputees on the haemodialysis unit is 12.5% (n=4).

Conclusion: Risk factors for foot ulceration are more common in subjects undergoing haemodialysis. Patients with CKD are also more likely to have a higher number of risk factors for diabetic foot ulceration. Current foot risk stratification includes patients with CKD 5 within the high risk category but preventative care is still not targeting this vulnerable group. Further evidence is required on access to care and the independent risk factor of CKD 5.