

[P28] DIAGNOSIS OF CHARCOT FOOT - A MARKER OF OVERALL DECLINE IN HEALTH AND WELL-BEING: THE PATIENT'S PERSPECTIVE

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Aim: The impact of a clinical diagnosis of Charcot foot with/ without deformity and its long-term treatment with a total contact cast on patient's quality of life has not been studied. The aim of this research was to enhance the understanding of the lived experience of the active Charcot foot with a view to investigate patient's acceptance and "life with a Charcot foot".

Method: We carried out a prospective study in diabetic foot patients recently diagnosed with acute Charcot foot presenting to one clinical centre and undergoing treatment with casting therapy. We applied a novel method of auto-photo elicitation and qualitative interviews, which were evaluated with interpretive phenomenological analysis. Participants were asked to bring in 3 to 5 of their own photographs to demonstrate how the diagnosis and management of active Charcot foot had affected their lives. These photographs were used as the basis of a discussion in a semi-structured, tape recorded interview.

Results/Discussion: We studied 8 patients with an acute active Charcot foot (6 males and 2 females; 2 with type 1 and 6 with type 2 diabetes). The mean age was 59 ± 9.8 years (mean \pm SD) and the mean duration of diabetes was 16 ± 12.5 years. All patients were treated with total contact casting. One patient had bilateral involvement and was treated with two casts. Time from symptom onset to diagnosis ranged from 3 days to 6 months (10 ± 9.5 weeks). Three patients had already developed Charcot foot deformity at the time of presentation to the Foot Clinic. Duration of casting therapy prior the interviews ranged from 3 to 7 months (3 ± 1.8 months).

Patients identified several areas of concern including issues surrounding non recognition of symptoms and misdiagnosis of Charcot foot, lack of available information, the challenges of acceptance of the diagnosis, effects on diabetes, depression and suicidal thoughts, isolation, loss of meaningful activity and employment, changing sense of self, effects on relationships, and fear of the future. All patients saw being diagnosed with a Charcot foot as a marker of overall decline in health and well-being.

Conclusion: This is the first study that has explored the patient's perspective of the lived experience of active Charcot foot and its treatment with a total contact cast. It has demonstrated that both the diagnosis of a Charcot foot and its long-term management with total contact casting, have an immediate and severe impact on patient's perceived quality of life and sense of well-being. More patient focus research is required in order to improve patient care.