[P34] THE SIMPLE STAGING SYSTEM IDENTIFIES PATIENTS AT RISK OF ADVERSE CLINICAL OUTCOME: RESULTS FROM A ONE YEAR COHORT STUDY

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Aim: To evaluate the clinical outcome of patients presenting to a specialist diabetic foot clinic at one year follow-up in comparison to their staging in the simple staging system (SSS) of the foot at presentation.

Method: We conducted a retrospective cohort evaluation of patients attending the clinic over a one year period. The clinic uses a Simple Staging System to document the clinical state of the foot at every clinic visit. The SSS grades the foot from Stage 1 to 6 with increasing severity of clinical state: Stage 1, intact and Normal Foot; Stage 2, intact but At Risk Foot (neuropathy, ischaemia or Charcot); Stage 3, is an Ulcerated but Non-Infected Foot; Stage 4, Infected Foot; Stage 5, A Necrotic Foot; Stage 6, Non Salvageable Foot; and Non-Applicable if intact foot but has leg ulceration. We analysed the clinical outcome at one year with regards to probability of admission to hospital and mortality rate and ulcer healing. This was done for a cohort of individual patients who attended the clinic between February and March 2015. Consecutive clinic attendance data was captured on a Silhouette Database over the subsequent year. Data and clinical outcome extracted and analyzed with MS Excel spreadsheet.

Results/Discussion: There were a total of 491 individual patients who attended the clinic between 16th February and 20th March 2015. They subsequently had a total of 4,901follow-up appointments in the subsequent year. At baseline: 1% were staged as Not Applicable, 0.4% as Stage 1, 29.1% as Stage 2, 48.1% as Stage 3, 18.3% as Stage 4, and 3.1% as Stage 5. Over the one year follow-up period, 3% of patients with Stage 2 at baseline needed an admission, and in a sequential increment Stage 3, Stage 4 and Stage 5 had 10%, 19% and 27% probability of an admission respectively. There was also a sequential increment in their probability of death at one year follow-up, with 3% mortality of Stage 3, 7% mortality of Stages 3 and 4, and a 13% one year mortality with a baseline presentation with Stage 5. During the follow-up 15% of patients with a baseline Stage 3 achieved an intact foot i.e. a Stage 2 as did 2% of those with Stage 4 at baseline but none in the group with Stage 5 at baseline. One patient with Stage 5 progressed to Stage 6, depicting a 1/15 (7%) risk of major amputation.

Conclusion: This data partly validates the Simple Staging System with association of an increased risk of adverse clinical outcome in patients with higher SSS score. SSS score of 5 was associated with nearly twice the Relative Risk of mortality compared to Stages 3 and 4. The use of the SSS could help track patients progress as well as help to identify patients in whom care ought to be intensified to help avoid adverse outcomes.