

[P50] NEUROPATHY IS MORE COMMON THAN PERIPHERAL VASCULAR DISEASE OR DEFORMITY AS A RISK FACTOR FOR DIABETIC FOOT IN URBAN INDIAN POPULATION

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Aim: 69 million people suffer from diabetes in India who are likely to develop chronic complications. Annual screening is very important to detect and treat early complications. Screening for complications are not done in a structured way in India and Diabetic Foot screening is one of the most neglected field. It is due to the lack of education both of patients and that of health care providers. In order to address this we have developed a concept of mobile screening using a van, which can be taken to sub-urban areas for screening for chronic complications of diabetes. We wanted to analyse various risk factors present for diabetic foot ulceration in this population.

Method: We used 12 mobile vans to drive to primary care practices of urban and sub-urban India across Delhi, Kanpur, Lucknow, Hyderabad, Pune, Chennai, Bangalore & Cochin. Mobile vans were equipped with screening for all complications of diabetes including retinal camera, point of care pathology test, ECG and detailed foot assessment tools. This was performed by trained nurses using standard operating procedure. We screened 5000 subjects within the last 6 months.

Results/Discussion: Foot data was available on 969 subjects out of which 566(58.4%) subjects were males. Mean age was 54.1 (+/- 11.5) years. 55 (5.7%) subjects needed active treatment on the spot for active ulcers of painful corn. Data on shoes were not available on 91 subjects or were not wearing shoes. 637 (72.6%) were not wearing appropriate footwear. Neuropathy in the form of absent monofilament sensation was present in 149 (15.4%) subjects. 34 had absent Dorsalis Pedis and 35 had absent Posterior Tibial pulses. 34 subjects had a history of foot ulcers and 16 had undergone amputations in the past. Foot deformity was present in 38 subjects. Fissures were the most common abnormality present in 452 (46.6%) of subjects. 434 (44.8%) had symptoms of painful neuropathy.

Conclusion: High risk foot is present in 15% of these subjects due to neuropathy but peripheral vascular disease was rare. This may be due to younger age of this population or even due to early cardiovascular death in subjects with vascular disease. Foot deformity was less common in this population possibly due to use of open shoes. Symptoms of painful neuropathy was very common but these were usually mild not needing treatment. Despite this foot education and use of appropriate footwear is lacking. There is a need to increase awareness of diabetic foot problem in India.