

[P63] IMPACT OF A DIABETIC FOOT ULCER: THE FAMILY'S POINT OF VIEW

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Aim: Several studies have already evaluated the Quality of Life (QoL) of patients with a diabetic foot ulcer (DFU). The objective of present study was to investigate the reported QoL of the patient's caregivers (partners and children).

Method: This was a prospective cohort study of patients presenting in a one-year period (2015) with a DFU, Wagner 2 or more, at the Antwerp University Hospital. QoL was assessed using the Diabetic Foot ulcer Scale (DFS) for patients; an adjusted version of this questionnaire was applied for the caregivers. Univariate analysis was used to see whether there was a relation between the QoL of the patient and the QoL of the caregivers. Participation was on a voluntary basis. This study was approved by the local ethics committee; written informed consent was obtained. Data were collected in an Excel database and processed using SPSS.

Results: 25 patients with DFU agreed to participate, as well as their caregivers. Mean age was 69,4 ± 10,1 years. Infection was present in 13 patients (52%), 16 patients had PAD (64%), 11 had neuropathy (44%), 15 had chronic renal insufficiency (60%). Ulcers were localized at the toes (n=11; 44%), forefoot (n=5; 20%), heel (n=7; 28%) or on other locations (n=2; 8%). Mean duration of the DFU was 7,98 +/- 1,44 months. Ulcers were classified according to Wagner as: grade 2 (n=14; 56%), grade 3 (n=8; 32%), grade 4 (n= 3; 12%).

Of these 25 patient, 13 had partners included in this study, 3 had their child included and 7 patients had both partner and child included. In total, 30 caregivers agreed to participate; 20 (66,7%) were partners and 10 (33,3%) were children of patients. Male:female ratio was 7:23.

The DFS questionnaire is divided into multiple subsets (Leisure, physical health, daily activities, emotions, non-compliance, family, friends, treatment, satisfaction, positive attitude and financial). Significant relations ($p < 0,005$) were shown between QoL of patients and their partners for the subsets 'satisfaction' and 'financial'. Low patient QoL in these subsets correlated with low partner QoL. No significant relations were found for other subsets.

Conclusion: A lot of research is done in the field of QoL in patients with a DFU. However, the impact of the DFU on the patient's relatives has not been studied extensively yet. Low QoL of patients correlates with low QoL of partners. Much more research is needed in this field.