



Barriers against the establishment of appropriate foot care

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What is the responsibility of Diabetologist towards his patient

- 1. To control blood glucose**
- 2. To prevent and treat acute diabetic complications**
- 3. To prevent and treat chronic diabetic complications**



It is the same strategy for all chronic diabetic complications:

Screening of all diabetic patients for early stages of the disease

- **For D retinopathy: fundus examination**
- **For D nephropathy: testing for UAE**



Diabetic foot complications

- Examination of the foot for early manifestations of the disease.
- Strangely enough, all what is needed for screening for DF complications is spending less than 2 minutes in foot examination
- **"low tech-high touch" approach**



The challenge

- Of all the late complications of diabetes, foot problems and their risk factors are probably the easiest to detect.
- Of all the late complications of diabetes, foot problems are probably the most preventable.



However

**Diabetic foot service is still
far away from the
standards of care**



Why ?

- **Definitely there are a lot of barriers against the establishment of appropriate foot care in developing world**



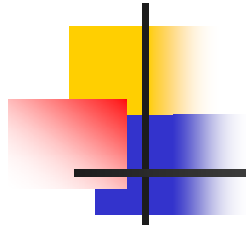
Barriers against appropriate foot care in developing world

- ❑ No formal training in podiatry;
- ❑ Suitable shoes and orthotics are rarely found,
- ❑ The concept of a multidisciplinary team approach does not exist.
- ❑ Preventative care has a low priority.
- ❑ Illiteracy, socio-economic factors,
- ❑ Different cultural beliefs,
- ❑ Barefoot walking,
- ❑ Low awareness among health care professionals

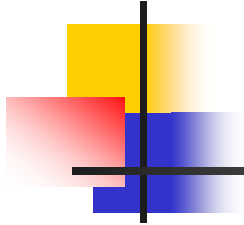


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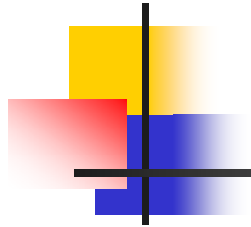
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- **Podiatry or chiropody is a field of health care devoted to the study and treatment of disorders of the foot, ankle, and sometimes knee, leg and hip (collectively known as the lower extremity).**



- In the United States and much of Canada, podiatrists have a Doctor of Podiatric Medicine (D.P.M.) degree.
- To achieve this degree, podiatrists have four years of undergraduate university training .



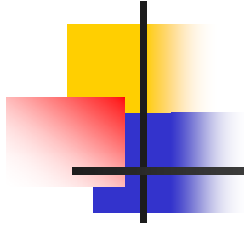
**What can be done in countries
that had no podiatrist e.g. Egypt**



Step-by-Step foot care for people with diabetes.

- In 2003, the International Diabetes Federation (IDF) and IWGDF had conducted a project to improve diabetic foot care in the developing world called ‘**Step by Step**’.

Pract Diab Int 23 : 1-5 2006 .

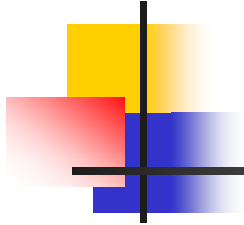


- **The project was conducted in India and Tanzania**
- **They selected general practitioners from allover the country. The selected participants were offered a basic course of two and half days in 2004 and an advanced course of two and half days in 2005.**



The courses taught the principles of basic foot care, including:

- **Nail cutting and callus removal,**
- **Education and practical management guidelines, such as how to:**
 - **Take a history.**
 - **Conduct a physical examination.**
 - **Screen for neuropathy and ischaemia.**
 - **Classify and stage the foot.**



- To practise the techniques for debridement and cutting undermined edges of ulcers, the participants were provided with sweet limes as ‘guinea pigs’ for diabetic feet. The delegates were taught with the help of these sweet limes – creating ulcers, probing ulcers and cutting out undermined edges using a forceps.



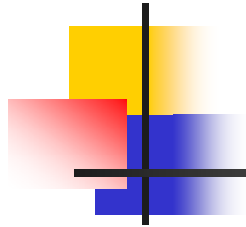
Key Message

- **As it is mandatory for the diabetologist to cover the absence of dietitian.**
- **It will be also mandatory for some diabetologist to cover the absence of podiatrist and get the necessary experience to provide some podiatric service to their patients.**

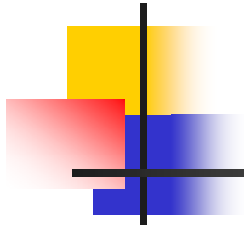


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- Shoes should not be considered as fashionable accessory, but an essential medical devices.



- Examination of footwear should be a complementary part of foot examination
- Any practitioner would be doing her patients with diabetes a disservice if he or she did not examine their footwear during each office visit.

An example for the inappropriate footwear with defective insole



Not only providing therapeutic footwear
but educating our patient to frequently
use it.

- There is no point in providing therapeutic footwear that will be left to gather dust in the closet.
- Therapeutic footwear can be “friends of the oppressed foot” only if it is worn.

Boulton and Jude 2001



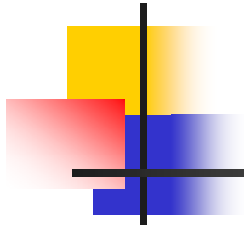
Key Message

- Examination of footwear should be routine part of examination of diabetic patients.
- We should advice our patients about the suitable footwear especially if they had insensate feet.

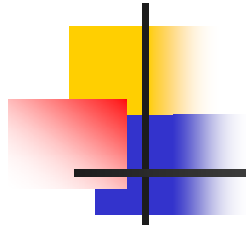


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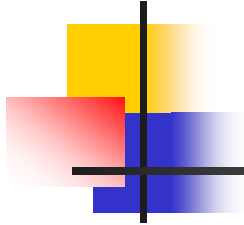
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- It is not sufficient to have well trained health care professionals that can do certain intervention.
- It is necessary to put in place organizational arrangement that will maximize the chance that the intervention will be performed.



- There is strong evidence that the institution of a multidisciplinary foot-care team reduces amputation rates
 - JAPMA 86:421–426, 1996
 - Fed Practitioner 20:26–34, 2003
 - Diabetes Care 28:248-253, 2005



- **Definitely the multidisplinary and team work approach is needed in all stages of diabetic foot**
- **Even in the postoperative period**



Key Message

It is unwise to leave a patient with a painless leg to search for treatment in different departments.

we need to be sure that the patient will turn up for the appropriate intervention in the right place and at the right time



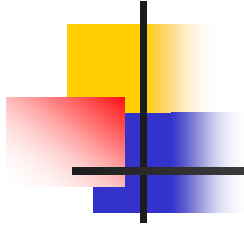
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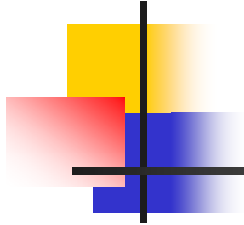
Prevention

- Although we always say that “prevention is better than treatment” but we usually neglect preventative measures in our practice.
- In patients with DN, we usually concentrate upon alleviation of pain and forget that protecting a feet that lost its sensation could be more beneficial.



I marvel that society would pay a surgeon a large sum of money to remove a person's leg—but nothing to save it.

George Bernard Shaw

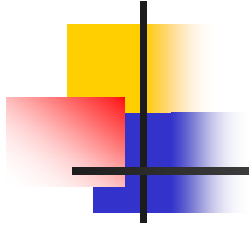


- **Indeed prevention should be viewed as the most important intervention in all stages of DF.**



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**One day everything will be well – that
is our hope.**

**Everything is fine today - that is our
illusion.**

Voltaire.