Is our patients’ diabetic foot risk high or low?
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Introduction
Diabetic foot is one of the diabetic chronic complications which adversely affected patients’ quality of life. Early detection and preventive management of the foot problems in people with diabetes are important to reduce its severity.

Objectives
To explore (1) the diabetic foot problems; (2) the relationship between various risk factors and foot outcomes; & (3) the need to modify current diabetic foot care service.

Methodology
During the Diabetes Complication Screening Clinic, diabetic foot neurological, pathological and vascular assessments would be conducted according to standard manual. Based on the American Diabetes Association's Modified Foot Risk Category, risk was categorized into 4 levels, the highest is level 3 and the lowest is level 0. Other factors such as age, HbA1c level, smoking, alcohol, BMI, education level would be explored to see their correlation in causing diabetic foot problems.

Result
From June 2013 to April 2014, 4,434 patients attended QEH Diabetes Centre had received the assessment, 56% were male, mean values in age 63.8 (18-93; median 64), BMI 25.9 (13.8-51.4) and HbA1c 8.4% (SD 1.76, median 8.2). 175 subjects (3.95%) have the highest DM foot risk (level 3) with history of ulcer / amputation or active ulcer; 92 subjects (2.07%) have level 2 risk with abnormal foot pulse or ischaemic changes; and about 20% have level 1 risk with 736 (16.6%) having abnormal vibration-perception & 105 (2.37%) having abnormal pinprick sensation. Among all factors analyzed, age showed significant relationship with level 1 & 2 risk (P= 0.00, Pearson Correlation test); HbA1c (P=0.00, Pearson Correlation test) and insulin therapy (P=0.00, Chi-square test) correlated to all 1-3 levels of risk but BMI did not. Regarding foot pathology, nail pathology showed significant correlation to all level
of foot risk (P = 0.00, Chi-square test). About 25% subjects got certain level of diabetic foot risk in this survey. Age, poor diabetic control, insulin therapy and nail pathology showed significant correlation to diabetic foot risks. Patients with diabetic foot risks should receive regular diabetic education with shoes off examination in each visit and more intensive care should be provided for those with the highest risk. In view of the huge diabetic population, a well-structured 3-tier diabetic foot care program should be considered.