



Minimising foot problems

Diabetes can be managed to minimise complications.

Regular footcare checks for people with diabetes can prevent serious complications, such as infection and amputation.

These were 'take home' messages presented to Parliamentarians for Diabetes in an address *The Foot and Diabetes: the importance of footcare* by Dr Tim Halpine, a podiatrist in private practice, Wellington, with case studies provided by Fiona Angus, a Hutt Valley District Health Board podiatrist.

Podiatry is a branch of medicine devoted to the study, diagnosis and treatment of disorders of the foot, ankle and lower leg.

Speakers told MPs that podiatrists have an essential role supervising education programmes for people with diabetes; delivering interventions to individuals with correctable foot conditions and high-risk feet; and promoting footcare skills among primary care clinicians.

Podiatry offered frontline treatment, with timely referrals to podiatric care improving 'diabetic foot outcomes'.

Areas of the body most commonly affected by *diabetic peripheral neuropathy* are feet and legs. Nerve damage in the feet can result in loss of foot sensation, increasing the risk of foot problems. Injuries and sores on the feet may go unrecognised due to lack of sensation.

Dr Halpine's two diabetes self-care tips were: 'check your feet every day' and 'what can I do to help myself?'

He advised those with diabetes to consult a podiatrist immediately following:

- A break in the skin or discharge
- Skin changing colour
- Any new area of swelling in the foot
- Seeing anything unusual in the feet.

On footwear he advised:

- Wear shoes that fit correctly
- Always wear shoes, i.e. don't walk in bare feet
- Shoes should fit the feet three ways – length, width, and depth
- Shoes must be in good condition.

Those with corns and calluses should visit a podiatrist regularly to have them removed. He warned that self application of corn plasters could lead to ulcers.

Safe nail-cutting required good eyesight, flexibility, light, knowledge, and the right equipment.

Those with diabetes should have their feet checked at least once a year.

Complications of diabetic neuropathy include:

- Diabetic foot ulcers
- Infections
- Charcot foot – a condition causing weakening of the bones in the foot
- Amputations.

Fiona Angus outlined the workforce implications of deferred foot care and treatment in case studies of three male workers in their sixties. None knew they had peripheral neuropathy when they had their first foot 'episode'.

"Nor did any of them check their feet on a daily basis or understand that there was a need to," she said.

As a result of their particular complications the men required custom-made orthoses – devices to support or correct the function of feet – footwear modification, regular monitoring, self podiatry, and hospital treatment.

As well as personal disability and reduced quality of life, such complications resulted in loss of time worked and reduced productivity for the nation.

She said preventing complications required those with diabetes to:

- Maintain good glycaemic control – through medication, diet, and exercise
- Manage dyslipidaemia (abnormal amount of lipids, e.g. cholesterol and/or fat in the blood) and hypertension
- Quit smoking
- Undertake footcare education and be assessed for treatment.

Fiona Angus said the *Get Checked* free annual checkup should include a foot check if one had not been done during the preceding 12 months.

She stressed that quality, rather than quantity, of an overall footcare programme was most important, and should include:

- Initial footcare education when diabetes is first diagnosed
- Advice and help in primary care, podiatry, and by other vascular specialists.

"Barriers to access, or failure to identify and refer people who would most benefit from podiatry, substantially reduce the apparent value of podiatry in preventing or postponing lower limb amputation." ●



Fiona Angus explains foot complications.



Three MPs listen.