

The right steps to healthy feet



Diabetes increases your chance of developing ongoing foot problems. Not everyone with diabetes is at risk, but the chances of foot complications may increase the longer you have diabetes. Managing your diabetes is the best method of taking care of your feet, and will help to avoid complications. **Angela Bayley**, a Diabetes Specialist Podiatrist with a Bachelor of Health Science (BHSc Podiatry), provides some answers about foot care.

Why do people with diabetes get foot problems?

High blood glucose levels may lead to nerve damage (neuropathy) in feet and legs. Symptoms of nerve damage include loss of feeling, burning, pins and needles, numbness, and shooting pains. Nerve damage may mean you don't feel injuries such as blisters, you can't tell the difference between hot and cold, and you don't notice a foreign object such as a stone in your shoe.

People with diabetes may also have narrowing of blood vessels, reducing the blood supply to their feet (ischaemia). Symptoms include feet cool to touch, calf pain during exercise, and dry and thin shiny skin on feet and legs. Also the pulses will be difficult to feel.

Both nerve damage and reduced circulation may result in a wound taking longer to heal and getting infected more easily. This may lead to a foot ulcer, and in severe cases to an amputation.

Joints also can become stiff and feet less flexible, developing deformities that can place abnormal stresses on parts of the foot, particularly on the soles. This may also result in ulcers. People with diabetes who have unusually shaped feet or toes are more likely to have problems such as calluses, blisters or corns that are symptoms of too much pressure on one area.

How often should I get my feet checked?

The New Zealand Management of Diabetes Guidelines recommend that people with Type 1 diabetes have their feet checked at least once a year, commencing five years from diagnosis. However, contact your health professional straight away if you any detect any problems when checking your feet.

If you have Type 2 diabetes you need to have an annual foot check, usually performed by your doctor during the Get Checked-Aotearoa programme. If there are any problems, you will be referred to a primary care podiatrist. Referrals can be made by general practitioners, practice nurses, diabetes nurse educators and other health professionals. A person identified as having high-risk feet is referred to hospital care.

How will a podiatrist help me?

Podiatry is a branch of medicine that has developed as part of the multi-disciplinary team needed to treat diabetes. A good podiatrist will:

- Take your full medical history
- Make sure he or she is aware of your medication
- Spend the first part of every consultation assessing the pulses in your feet, your circulation and any nerve damage
- Check there are no areas of undue pressure to the soles of your feet or trauma from ill-fitting footwear
- Advise you on the care of your skin and nails
- Provide you with prevention strategies to avoid harming your feet.

Some podiatrists are more involved in the management of diabetes and take a specialist interest in diabetes. Others have a more general practice and some have a particular emphasis on sports medicine. Therefore, it does no harm to ask first!

Podiatrists with a specialist interest in diabetes will be undergoing a post-graduate pathway and will hold a certificate in diabetes-related foot pathology.

How often do I need to visit a podiatrist?

This is usually a joint decision between you and your podiatrist, diabetes nurse educator and doctor, and depends on the level of risk. You should always be kept informed of all results of the assessment and have a good understanding as to why you do or don't need to return.

If you have nerve damage or heart, kidney or eye problems, or have had a stroke, then you need to be seen much more frequently than someone who has no complications. Those with renal failure or at risk of renal failure need to have their feet checked every three months. People with existing circulatory problems or nerve damage also need regular foot inspections.

Can I cut my own toenails?

Growing nails are a healthy sign of good blood flow to the nail beds. When the nails are growing well and require frequent cutting, this implies that the nail matrix and nail beds are well nourished and oxygenated. Podiatrists are more concerned about those people whose nails are sluggish in their growth or do not require cutting.

It is good for people with diabetes to avoid depending on podiatrists to cut nails. Regular trimming of your nails will ensure you regularly inspect your feet and take care of them. Seek advice from your doctor or podiatrist about whether it is safe for you to cut your own nails.

Cut your nails as you always should do: straight across with care to avoid digging down the sides of the nails. Try to avoid any sharp edges. If your nails are thickened or difficult to cut, try taking a 10 minute footbath first to soak the feet and soften the nails, which should help make nail trimming easier. If this doesn't work, then file the nails down to reduce the thickness and nail bulk until the nails can easily be trimmed. Remember that stretching to trim nails is good exercise to keep you supple and less reliant on others.

How can I prevent foot problems?

The best way to prevent foot complications is the same as the best way to avoid any other diabetes complications. Blood glucose control, blood pressure and cholesterol control, exercise programmes and weight loss... all the usual things!

Check your feet every day. If you can't see the soles of your feet yourself, use a mirror or get



Diabetes Specialist Podiatrist Justin Chong checking pulses to assess circulation.

someone else to check for you. Rub cream on to your feet. Inspect your shoes for rubbing, abrasions and pressure areas; don't take risks wearing shoes that may injure you. Avoid stepping into hot baths, avoid going barefoot inside the house, avoid burns, avoid tripping between the inside and exterior of your house barefoot. New Zealanders frequently go barefoot indoors and this may not be the safest practice if you have nerve damage.

Take notice of any cramping pain in the calf or foot muscles and get it checked. If you are unable to tell the difference between the texture and temperature of lino and carpet when barefoot, for example, then have your podiatrist check your feet for nerve damage.

What are you currently working on, Angela?

Reducing the inequities in smaller ethnic groups, reducing the variation in amputation rates around New Zealand, looking at podiatry's role in that, promoting primary care, and supporting new PHO initiatives, particularly in Auckland.

New initiatives I am working on are around screening for early or imminent clinical signs of foot pathology. The standardisation of diabetes foot assessment and screening by podiatrists has not yet been achieved across New Zealand. d