



The pattern of foot examination and care among diabetic patients in Zayed Military Hospital Primary Care Center in 2019



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Introduction

A study performed in 2019 estimated that diabetes mellitus international prevalence was 9.3% and by 2045 will increase to 10.9% (Saeedi P. et al, 2019). A large percentage of this population are at risk of Macro- and microvascular complications.

Multiple studies show that more than 50% of non-traumatic lower limb amputations are attributable to diabetic foot disease (Al-Busaidi I. et al, 2018). In addition to the huge economic burden associated with the number of affected individuals and the duration of patient care (ADA,2008). Despite the high morbidity, mortality and the cost associated with diabetic foot diseases, it is a topic that is the least attractive to the health care professionals interest compared to other diabetes complications. (Jameel Nasser,2007)

Early identification through annual exam, treatment or urgent referral to multidisciplinary facility may decrease the development of the devastating complications of diabetes.



FIGURE 1: DIABETIC FOOT COMPLICATIONS

Aim

To involve a combination of preventive strategies, including patients and physicians adherence in performing routine annual foot inspections for all diabetic patients between 18 and 75 years old.

Methodology

This retrospective observational study analyzed data from Chronic care registry who visited Zayed Military Hospital Primary Care Center in 2019.

Data collection developed using excel sheet using social demographic criteria such as patient's age, gender, BMI, HBA1c, nationality and Diabetic foot examination were recorded. Sample size of 215 with CI:95% were enrolled.

Inclusion:

- All diabetic individuals between 17 to 79 years.

Exclusion:

- Patients with <2 chronic care visits
- Females with gestational diabetes
- Patients seeking a second opinion and willing to continue in other facility
- Fast tract or E-clinic visits

Results

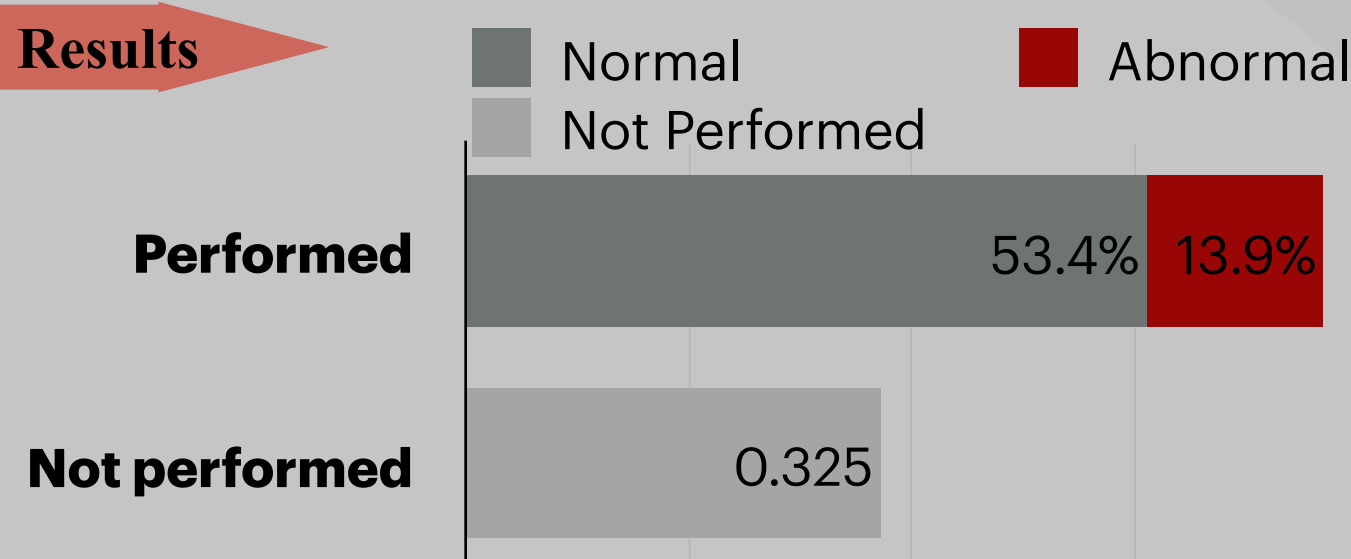


FIGURE 2: FOOT EXAMINATION HAS PERFORMED ON OVER 145 (66.7%) PARTICIPANTS, 115 (53.2%) WERE NORMAL, 30 (13.9%) WERE ABNORMAL. ON OTHER HAND, 70 (32.5%) MISSED THEIR FOOT EXAM

- ABNORMAL DEFORMATY
- LOSS OF SHIN HAIR
- Reduce MONOFILAMENT
- DRY CRACKED skin
- TINEA PEDIS/LESION
- REDUCED VIBRATION

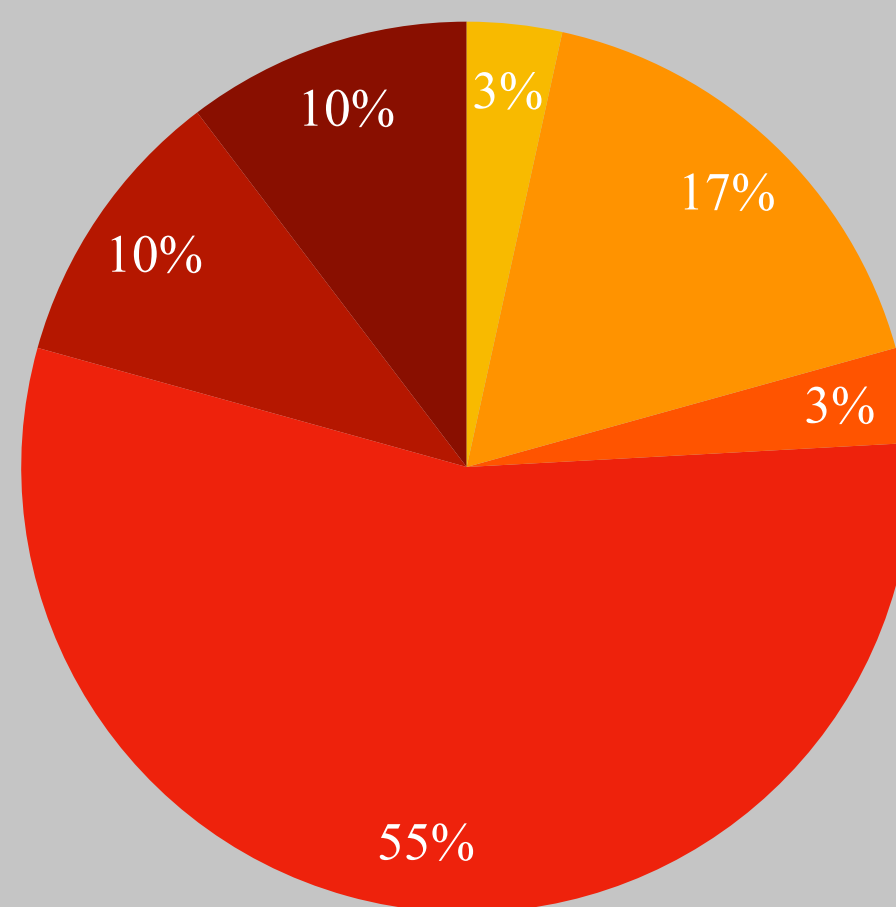


FIGURE 3: FOOT EXAMINATION ABNORMALITIES IN DETAILS

Discussion

The current audit found that foot examination was performed over two third of the participants. Most of them had no abnormality. The most common abnormality were Tinea pedis, dry skin, and reduced sensation. It is also observed that only one-third of the patients with abnormality were referred.

The absence of podiatrist services, foot exam refusal by patients and high patients volume in the clinic may contribute to the insufficient care services to diabetic patients.

Conclusion

Regular annual foot examinations for diabetic patients should be a vital part of care provision to prevent comorbidity, including diabetic foot amputation or deformity, which may significantly reduce patient's quality of life. Patient education and physician or other health worker such as diabetic educator training by setting workshops may help.

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