PRINCIPLES OF DIABETIC PREVENTATIVE FOOT CARE

DISCLAIMER:
The information provided below is meant as a guideline for patient education. It is not intended to serve as a substitute for appropriate evaluation and counseling by a qualified health care provider.

Diabetes is becoming more prevalent in the world population. Of interest is the frequency that hospital admissions are associated with diabetic foot problems. One study quotes that over 25% of all diabetics admitted to the hospital are admitted secondary to the complications associated with diabetic foot infections. What is particularly noteworthy is that the number of admissions is reduced dramatically when there is a program of prevention.

The reasons why diabetics are subject to increased foot pathology including non-healing sores and infections are multifactorial. However, the common factors are poor circulation and diminished sensation. Diabetes is the leading cause of neuropathy. Although neuropathy can be debilitating and quite painful, it commonly results in the loss of normal sensation. This allows normally minor problems such as callouses on the bottom of the foot to escalate into skin breakdown, infection, and other potential complications.

What is the solution?
Of course, proper management of the diabetes is essential. The “team approach” to diabetic care starts with the family practice physician, the internist, and the endocrinologist. Depending on the other possible medical issues, other consultants such as vascular specialists and nephrologists (renal specialists) may help in patient care.

With respect to the foot, periodic evaluation by a podiatrist or other specialist is important to identify potential problems. The frequency of these visits is dictated by the patient’s individual foot status. A diabetic
with good circulation and sensation may need to be seen yearly, while other more complicated patients require more frequent visits.

Preventative diabetic foot care is extremely important. It begins with putting into effect a regular regimen of observation and behavior modification. The feet should be examined daily. Red spots or new callouses or signs of potential breakdown need to be evaluated immediately. Inspection should include the areas on the tops and bottoms of the feet and between the toes. Proper lubrication of the skin is important to prevent cracking and secondary infection. Walking without shoes even in the house is ill-advised. An open sore or wound needs to be evaluated very quickly. Looking at the shoes is imperative to avoid inadvertent injury.

Exercising either in an exercise facility or just walking is advisable. Walking and other cardiovascular activities can help stimulate the development of collateral circulation. This is especially important if large vessel peripheral vascular disease develops.

Neuropathy can cause profound lack of sensation and is the real silent enemy in diabetics. The patient needs to live life as though there is numbness because lack of sensation can lead to non-painful sores, breakdown, and infection. In the normally sensate individual, there is compensation for a painful callous and that prevents ulceration and infection.