

Importance of education in the prevention of diabetic foot syndrome

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Submitted: 2017-03-04 Accepted: 2017-04-04 Published online: 2017-08-28

Key words: **Diabetic foot; prevention; education; amputation**

Neuroendocrinol Lett 2017; **38**(4):255–256 PMID: 28871710 NEL380417L01 © 2017 Neuroendocrinology Letters • www.nel.edu

To the Editor,

Diabetic foot syndrome (DFS) is defined by the WHO as ulceration or destruction of foot tissue in diabetic patients associated with neuropathy, with different degrees of the disease existing and frequently also with infection. The statistics are frightening: more than million amputations are annually carried out worldwide due to diabetic foot (Foster and Lauver 2014) and these amputations represent as far as 70% of all non-traumatic amputations. In 2013, 861 647 patients were treated for diabetes mellitus in Czech Republic, including 44 657 patients with diabetic foot syndrome and 11 168 patients had to experience the amputation of lower limb due to this condition. Up to 80% of ulcerations results from external trauma, most frequently due to poor footwear (Zvolský 2013). Diabetic foot syndrome possesses serious medical, social and economic consequences with the length of the therapy and high risk of the amputation. Patients with diabetic foot syndrome become marginalised and vulnerable after amputations, mainly due to the dependence on family and society, whether on the level of self-care or economic.

In 2012, an attempt for establishing Education Centres for diabetic patients has been done, in which a physician, nurses - specialized in the education of diabetics and other specialists, such as podiatrists, nutrition specialists, social workers and psychologists are aimed to educate diabetic patients in prevention of complications arising from uncompensated diabetes. The implementation of education strategies is one of the most important keys for preventing DFS. The diabetic patient education (or possibly also the education of his/her family members) is defined as a process enhancing knowledge, skill and capability of the patient, necessary for taking independent care of diabetes and for the active cooperation with healthcare professionals. But unfortunately, it seems that in the area of prevention and education there has been no significant improvement evidenced in ten years.

In our research we aimed to compare knowledge of the patients about prevention of DFS and what have had changed in ten years. We have asked patients from České Budějovice region by the questionnaire about their knowledge and habits in preventing DFS. We have realised that foundation of the Education Centres for diabetic patients had no significant effect on knowledge about prevention of DFS. In two samples of the patients (years 2004 and 2014) we didn't find any major differences in knowledge and also practicing prevention of the diabetic foot syndrome. Only about 70% of patients were aware of possible complications of

the diabetes, such as DFS, retinopathy and nephropathy. Even more disturbing was fact that even general practitioners do not perform prevention in diabetic patients including feet inspections during regular check-ups. Main source of the information for diabetic patients is currently internet in comparison with year 2004, when journals dedicated to diabetes were more prevalent option.

Successful implementation of the prevention strategies is important step to decrease the incidence of DFS and therefore for eliminating direct and indirect costs of the diabetic patients. However, it seems that current approach is not sufficient in this area and improvement is highly needed. Perhaps educating of general practitioners should go hand in hand with further educating of the patients.

Sincerely,
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