

## PRESS INFORMATION

Diabetic foot syndrome

### **Only insufficient risk awareness**

**Despite a drop in major amputations, the risk of an amputation is still twenty times higher in persons with diabetes. However: Even though diabetics often have foot problems such as hyperkeratosis, dry skin, foot and nail fungus, cracks and foot malpositions, two thirds of patients do not know that they have to pay special attention to their feet. This is shown by the results of the new GEHWOL Diabetes Report 2014<sup>1</sup>. For this report, GEHWOL and the market research specialists IDS and INSIGHT HEALTH questioned 3459 diabetics out of the treatment pool of 369 physicians' practices and statistically evaluated the results.**

Lübbecke, 18 December 2013 - Diabetic foot syndrome (DFS) is among the most common consequential complications in persons with diabetes. This refers to foot injuries - regardless of the type of diabetes or the type of injury. Approximately every fourth patient develops DFS in their life<sup>2</sup>. For the second time since 2009, the new GEHWOL Diabetes Report 2014 provides information about the relative frequency of foot problems in Germany, existing problem awareness and patients' current knowledge about recommended measures for foot care and prevention.

### **Numerous risk factors**

Foot lesions develop out of an interplay of various factors in which diabetic polyneuropathy plays a central role. The latter was present in about one quarter (24%) of the patients questioned for the report, who were usually elderly. Due to nerve damage, secretion from the sebaceous and sweat glands lessens, rendering the skin dry, brittle and cracked. One third (31%) of diabetics confirmed that they had dry skin. The skin was also cracked in 21%. The skin cracks may lead to fungal infections. At the time of the survey, 28 percent of diabetics had foot or nail mycoses.

Polyneuropathy also often leads to coordination problems, possibly resulting in foot deformities and wrongly applied strain. This was the case in 15 percent. Wrongly applied strain, in turn, changes pressure conditions on the feet. Persistent pressure leads to hyperkeratosis. One third of those surveyed (31%) were also affected by this.

### **Sensory neuropathy and angiopathy**

At the time, patients may be less pain sensitive if the neuropathy is sensory. Painful cracks or colliquation in the subcutaneous tissues below a weal due to persistent pressure is not noticed, and may develop into an ulcer if not treated. If angiopathy is present at the same time, this impairs the wound healing process. This applied to 18 percent of diabetics. At the time of the survey, eight percent of diabetics were receiving ulcer treatment, and twelve percent repeatedly.

### **Many patients underestimate the risk**

Despite existing risk factors ranging to current ulcers, a large share of those surveyed was barely informed about

the problems. Two out of three diabetics (63%) did not know that they should pay attention to their feet. 53 percent stated that they did not obtain regular prevention visits with a podologist. Even at home, nearly half of those surveyed (45%) only performed foot care occasionally if at all, and rarely consistently.

### **Correct foot care is part of the prevention strategy**

The general treatment strategy - aside from diagnostic measures - also includes prevention. According to the National Treatment Guideline<sup>3</sup>, this includes information and training for patients, foot care measures which they should perform themselves, as well as medical and podological examinations.

However there is a lack of problem awareness, even for measures in conformity with the guidelines. For instance, recommended actions include daily foot inspections. Less than half (47%) comply with this. Only 21 percent use blunt tools (files) for nail care, and avoid pointed shears or clippers due to the risk of injury. When cleaning the feet, many of those surveyed exceed the duration of the foot bath, which should take no longer than three to five minutes at a maximum of 37 to 38 degrees Celsius. Only 15 percent of diabetics bathe their feet at all, and most do so for longer than three minutes. Only one third of surveyed persons use moisturising cream, even though hydrolipid containing care products prevent dry skin and hyperkeratosis. Only eleven percent of diabetics pay attention to products with antifungal protection.

The most important prevention goals include consistent pressure relief with correctly fitting shoes, socks and orthopaedic custom shoes as needed. There are deficits in this field as well. Less than one third of diabetics pays

attention to well fitting shoes, and only 17 percent pay attention to suitable socks. 16 percent wear orthopaedic insoles, but only ten percent use custom special shoes from an orthopaedic shoemaker's shop. Since weals increase pressure on the subcutaneous tissues, pressure relief also includes callus care. It is true that the recommended pumice stone is used in most cases here instead of a plane or rasp. But only a total of 22 percent of surveyed diabetics make efforts for smoother foot skin on their own.

### **Professional inspection and advice**

Since many patients are not sufficiently aware of problems, inspection by foot specialists is especially significant. Here, however, the following shows itself: Measures which can be used to identify neuropathy or angiopathy are performed regularly. Among other things, this includes verifying pain sensitivity using a monofilament and testing the function of leg blood vessels. But only 61 percent of diabetics have a gait analysis. And only 49 and 45 percent, respectively, also have their shoes and socks inspected.

A definite majority of patients (82%) consults a doctor to have their feet examined. This is usually (53%) the family physician. Only 18 percent mainly have their examinations with a podologist.

This is different for consultations. Here, patients mainly find out how to look after their feet from a diabetes consultant (84%) and from their foot care professional (also 84%). But 43 percent of surveyed diabetics also complain that the information is often too superficial, and would like more detailed recommendations about what to do. Only one fifth (20%) find the consultation content far

too complicated and extensive. Accordingly, it is difficult for them to understand and remember the recommendations.

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**Sources:**

- [1] GEHWOL Diabetes Report 2014. IDS, INSIGHT Health, September 2013 (n = 3459 diabetics via 369 physicians' practices)
- [2] German Health Report Diabetes 2014
- [3] National care guideline for type 2 diabetes: Prevention and treatment strategies for foot complications, February 2010

**GEHWOL Diabetes Report: Methodology information**

The sample size model (n = 3459 patients via n = 369 physicians' practices) is based on a random sample. The case frequency was validated by the prescription of the indication market of A10 antidiabetic drugs. Herein, case figures from the statutory health insurance medication data per patient were calculated on case figures per practice for the analysis. Taking the significance level into account, the recommended sample size of the practices was at 50, and that of the patients at 2000 to 2500. The primary data collection took place within the scope of a structured, standardised written survey. The patient interviews were performed by the involved physicians, and completed with anonymised information about the patient findings.

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