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HALF OF ALL PATIENTS WITH DIABETES HAVE OR WILL DEVELOP DIABETIC NEUROPATHY.

There were 141,000 diabetics in U.A.E. in year 2000 and this will increase to up to 260,000 in year 2025.

Total No. (Nationals + Expat.) Is 15.2% had prediabetes and 19.6% had Diabetes.

45% were diagnosed for the first time with Type 2 Diabetes.

Most of these patients develop diabetic neuropathy a complication that suppresses the warning signal of pain that helps patients avoid injury or alert them to take action when it occurs. Diabetic peripheral neuropathy is characterized by:

- Numbness
- Weakness
- Hyperesthesia or abnormal perceptions such as pin and needles sensation
- Autonomic changes leading to decrease sweating and dry skin which breaks easily.
- Loss of protective sensation (LOPS)

LOPS is a major factor in the pathogenesis of foot injury.

LOPS is defined as that degree of sensory loss which permits skin injury to occur without being perceived by the patient as painful.

This often leads to painful ulcerations, infection and potentially amputation.

Approximately 15% of diabetic patients sustain lower extremity ulcers and may re-acquire them in the absence of preventive and protective interventions.

Diabetic foot ulcers account for more than 20% of total hospital days for patients with diabetes and are the leading cause of hospital admissions among patients with diabetes.

Complications from diabetes wound ulcer account for > 50% of all non-traumatic amputation in UAE.

Studies in US have shown that foot inspection is rarely part of the office visit as little as 12% of the time. If we look at it in UAE it is < 1%. Yet all patients with diabetes need to be tested for LOPS at least once a year preferably 3-4 times/year.

Monofilament testing provides a cost-effective and easy way to assess loss of protective sensation. It should be considered an essential component of a thorough examination of patients with diabetes.

There are two options for wound care management

Out patient care: Wound care centers are comprehensive out patient facilities.

In patient care: Wound care programs provide comprehensive care usually in subacute or long term acute care settings.

Patients referred to a Wound Care Center or Inpatient wound care program benefit from a multi-disciplinary approach that elevates both the level of care and patient compliance. Physicians with advanced training in wound management is essential.

Nursing staff trained in care of chronic wound.

Technical staff to support the assessment and treatment plan.

Prevention and Education

Early recognition of diabetic neuropathy coupled with appropriate intervention can reduce, and in some instance prevent many of the disastrous medical, psychological and economic complications of the foot associated with diabetes.

Patient education regarding appropriate care of an existing wound is a crucial factor in the healing process.

Patient with no wound and have diabetes need to know why foot care is important for people with diabetes.

Some people with diabetes are at more risk of developing foot problems, because they have damage to the blood vessels or nerves. These lead to poor circulation and reduced feeling in the feet.

So diabetic patients without the above mentioned problems with their feet need to keep their feet clean and nails short.

Serious foot problems

- Blisters
- Minor cuts and abrasions
- Skin problems – Athlete’s foot
- In growing toe nails.

If you have any of the above mentioned problems, you need to obtain professional advice from your doctor or Podiatrist (foot doctor specialist).

Precautions and Advice

- Regular self inspection of feet
- Regular washing of the feet with mild soap and warm water – reduces the chances of infection
- If you have corns and other similar problems, visit your Podiatrist
- Wear shoes and socks that fit properly
- Trim the toe nails carefully after the feet have been washed and dried.
- Regular walking and exercise is beneficial.
- Try to keep your diabetes under good control.
- Make sure you have your feet checked professionally (by the Doctor, Diabetic Educator at least once a year).