

Abstract

Introduction

Diabetes mellitus has become a global epidemic and diabetic foot is one of the significant complications of it. This study is aiming at assessing the awareness and practices related to diabetic foot.

Objectives

To describe awareness and practices of foot care among patients with diabetes attending Colombo South Teaching Hospital, Sri Lanka, prior to the onset of diabetic foot.

Method

Descriptive cross sectional study was conducted amongst 405 study participants who had diabetes mellitus without any evidence of diabetic foot who were admitted to the general medical wards or attending the medical clinics at the Colombo South Teaching hospital. Data was collected using an interviewer based trilingual questionnaire consisting of questions related to demographic factors, knowledge and practices related to diabetic foot.

In 4.4% (N=18) feet were inspected monthly at the medical clinic while in 69.3% (N=280) of participants, the feet were never inspected for diabetic foot.

In the study population checking of feet using the monofilament was done once in 3 months in 2.2% (N=9) of patients while in 83.2% (N=337) the feet were never examined with a monofilament.

Amongst the study participants pulses were examined monthly in only 7 (1.7%) persons while in 357 (88.1%) it was never done.

18% (N=73) of study participants used emollients at least once a week while the majority 76.8% (N=311) never used an emollient.

Only 43.2% (N=175) of participants cut their nails or get it cut the proper way.

Daily foot inspection was carried out by 51.6% (N=209) while 41.2% (N=167) of persons never had their feet examined at home. About two third of persons (67.4%; N=273) checked their foot wear for sharp objects.

Only 11.4% (N=46) removed their protective footwear only when having a wash or going to bed 5.7% (N=23) never wore protective foot wear.

Less than half of the study participants (44.9%; N=182) kept their feet away from sources of heat such as hot sand and hot water bottles.

Results

The study group consisted of 302 females (74.6%) and 103 males (25.4%) with a mean age of 60.21 years (SD \pm 10.77).

Most of the study participants (93.3%; N=378) were aware of a complication known as Diabetic foot while 92.8% (N=376) of study participants were aware that foot ulcers could result from a diabetic foot.

Majority of the patients knew that infection of the feet could result from a diabetic foot (90.1%; N=365), diabetic foot could result in amputations (91.9%; N=372), loss of sensation of feet could occur in diabetic foot (85.9%; N=348;), diabetic foot can result in reduced life expectancy (80.7%; N=327;), poor quality of life could result due to diabetic foot (79.3%; N=321).

Approximately 2/3 of the participants (66.9%; N=271) were aware that diabetic foot could result in foot deformities. Four out of Five (79.8%; N=323) knew that diabetic foot could result in loss of productivity.

The participants who knew about all 9 complications related questions were considered as being fully aware (58%; N=235,) while 5.4% (N=22) of the study population were not aware of even a single complication questioned regarding diabetic foot.

Furthermore, 27.4% (N=111) of participants were educated about diabetic foot at the point of diagnosis of diabetes mellitus while 31.4% (N=127) were never educated about diabetic foot by a health care worker.

Conclusion

The knowledge about diabetic foot and some of its complications remains at a satisfactory level but the awareness regarding certain other complications such as reduced life expectancy, poor quality of life, foot deformities and loss of productivity needs to be emphasized by health care workers to improve the outcome.

Awareness needs to be improved in factors such as feet needing to be inspected at clinic level, feet needing to be checked with monofilament, lower limb pulses needed to be checked at clinic level, need of moisturizer cream application to prevent dryness, daily foot inspection, footwear needing to be individualized, regular exercise needed to maintain good blood supply to feet.

While the practice of inspecting the inside of footwear for sharp objects remained satisfactory, the rest of the practice related to diabetic foot such as education on diabetic foot at point of diagnosis of diabetes mellitus, regular inspection of feet at the clinic, checking of feet with monofilament at the clinic, inspection of pulses of feet, application of emollients at home, cutting toe nails the proper way, inspecting feet at home, practice of removing footwear only during showering and going to bed and keeping feet away from a source of need to be implemented urgently.

A significant association lies between knowledge and practices, thus improving the knowledge will improve practices to prevent diabetic foot.