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Short Communication

The Diabetic Foot: Worldwide Crisis - Time to Act Now!

Cynthia Formosa*

Associate Professor, Podiatry Department, Faculty of Health Sciences, University of Malta, Malta

***Corresponding Author:** Cynthia Formosa, Associate Professor, Podiatry Department, Faculty of Health Sciences, University of Malta, Malta.

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Every 20 seconds a limb is lost somewhere in the world due to diabetes! Moreover, every 1.2 seconds someone develops a diabetic foot ulceration. Every 7 seconds someone dies from diabetes. Lower-extremity complications of diabetes constitute a substantial burden for people with diabetes. Once healed, foot ulcerations frequently recur. This may suggest that current management of the diabetic foot is not effective, clearly demonstrating the need for the implementation of new and effective strategies aimed primarily at prevention of ulceration. The time to referral will determine the number of ulcerations and re-ulcerations or alternatively ulcer-free days – in other words Time is Tissue! [1]. We need to act now without further delay!

The COVID-19 Pandemic has surely not helped this devastating situation and has proven to be a very challenging time for both patients and healthcare professionals. The total closure of Podiatric clinics and other medical services for at least a period of 4 months during the start of the pandemic, and the cancellation of elective surgeries at hospitals have led to a very high impact on the diabetic foot. Furthermore, when the medical services reopened for the public, the elderly and the vulnerable were still afraid or uncomfortable to attend to their much-needed clinical appointments, hence cancelling or delaying their appointments by months. This resulted in severe complications in the diabetic foot including severe cellulitis, callosities leading to pre-ulcerative lesions and extravasations, ulcerations, osteomyelitis, gangrene and an increase in amputations. A recent retrospective audit reported that 61.4% of amputees in Malta were not seen by a podiatrist [2].

With the projected ageing demographics, there will be a further increase in prevalence of diabetes mellitus [3]. Hence it is critical to develop new models of healthcare to provide fair and equitable access to care and improve culturally appropriate outreach strategies. Improved care could mean better quality of life, improved health outcomes, lesser health-related complications and less expenditure from healthcare budgets.

One must also not forget mental health issues which are prevalent amongst this population [4]. Depression and diabetes have surely ranked amongst the defining epidemics of the 21st century, given the current explosion in the prevalence rates of both these conditions in the world. There is a bidirectional relationship between type 2 diabetes and depression, the one increasing the risk for the other [5]. Lower limb amputation has been reported to be a significantly stressful event for an individual. This distress is not only due to the physical loss of the limb, but also due to role limitation and need of adjustment of lifestyle post-surgery. Many psychological reactions to lower limb amputation may be transient, whilst others may be perpetual and require further action such as psychiatric assessments. Several researchers have reported that the loss of a limb may sometimes be severe enough to be associated with the as well as loss of someone's wholeness [6]. Routine screening for depression and anxiety in patients with diabetes complications is recommended, which to date is still not standard practice amongst healthcare professionals at both primary and secondary care. If depressive symptoms are detected, a prompt treatment plan should be implemented which may include medication and/or referral to the appropriate healthcare professionals.

Routine screening for diabetes foot complications, is to date not standard practice amongst healthcare professionals, even though various organizations such as the American Diabetes Association,

NICE and the IWGDF amongst others has recommended that patients with DM should be screened regularly [7]. Thus, a call for change in screening practices for patients with DM is warranted since despite the publication of several diabetes foot screening guidelines across Europe and America for preventing and managing diabetic foot problems, there is still variation in practice in preventing and managing diabetic foot problems across different settings, and amputation rates still vary across countries [8]. The practice of diabetes care is still not uniform both within and between countries. These variations in practice result from a range of factors including the different levels of organisation of care for people with diabetes and diabetic foot problems. This variability depends on geography, individual trusts, individual specialties and availability of healthcare professionals with expertise in the management of diabetic foot problems [9].

The number of existing diabetes screening documents/guidelines, together with discrepancies which exist between different organizations or countries on the same issue can lead to confusion for practicing health care professionals with interest in the diabetic foot. Many diabetes foot screening guidelines and studies have been published proposing a range of different tests and pathways that might be useful to identify the high-risk foot, creating confusion amongst different healthcare professionals as to which screening test should be adopted in clinical practice [10]. Furthermore, with changes in the pattern of disease progression and its outcome, environmental changes, anthropometric changes and new developments in technology for both measurement and treatment of this condition advocates for an update in diabetes foot screening guidelines.

The emergency situation of the COVID-19 pandemic has also shown us the importance of introducing the concept of telehealth and telemedicine in our diabetes services to ensure that patients are fully supported when faced with situations when they cannot attend our clinics for their routine visits. It would be very unrealistic to expect change strategies in the field of diabetes and the diabetic foot to be effective in a very short period of time. Successful strategies require realistic time frames to implement the complex and multi-level changes required inside any healthcare system. It is certainly worth the journey even if the place of arrival might be surprising [11].

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