



CODEN [USA]: IAJPBB

ISSN: 2349-7750

**INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES**<http://doi.org/10.5281/zenodo.1478714>Available online at: <http://www.iajps.com>

Research Article

**ANALYSIS OF RISK OF FOOT ULCERS IN DIABETIC
PATIENTS: A POPULATION BASED STUDY**¹Dr. Amara Altaf, ²Dr. Wardha Anwar, ³Dr. Anum Abbas¹Services Institute of Medical Sciences, Lahore²Fatima Jinnah Medical University, Lahore³WMO at DHQ hospital, Lodhran**Abstract:**

Introduction: Diabetes is one of the main problems in health systems in the world. The world prevalence of diabetes among adults was 6.4%, and will increase to 7.7% by 2030. Patients with diabetes are at greater risk of complications, the most important of them are diabetic neuropathy and peripheral vascular disorders that lead to diabetic foot ulcers. **Objectives of the study:** The basic aim of the study is to examine the risk of foot ulcers in patients with diabetes mellitus in local population of Pakistan. **Methodology of the study:** This descriptive study was conducted at Services institute of medical sciences, Lahore during Dec 2017 to March 2018. In this descriptive analytical study all patients with diabetes under 65 years referred to the hospital were studied. Exclusion criteria of the study were hypothyroidism, pernicious anemia, discopathy, malignancy because they can also lead to neuropathy. **Results:** Fifty patients with foot ulcers were treated at the hospital during this period. Forty controls attending the same diabetic clinic during the same period were also selected for the analysis. The mean age of the total sample was 55.5 years. The majority of the sample was male (51.1%), non-smokers (95.6%) and did not have hypertension (67.8%). The average duration after diagnosis of diabetes mellitus was 6.1 years. **Conclusion:** It is concluded that it is difficult to treat the foot ulcer in diabetic patients. It can be difficult to differentiate local soft tissue infection and inflammation from osteomyelitis. Three-phase bone scans and radiolabelled leukocyte scans are expensive but can help to establish an accurate diagnosis in problematic cases.

Corresponding author:

Dr. Amara Altaf,
Services Institute of Medical Sciences,
Lahore

QR code



Please cite this article in press Amara Altaf et al., *Analysis of Risk of Foot Ulcers in Diabetic Patients: A Population Based Study.*, Indo Am. J. P. Sci, 2018; 05(11).

INTRODUCTION:

Diabetes is one of the main problems in health systems in the world. The world prevalence of diabetes among adults was 6.4%, and will increase to 7.7% by 2030. Patients with diabetes are at greater risk of complications, the most important of them are diabetic neuropathy and peripheral vascular disorders that lead to diabetic foot ulcers. Currently the most common cause of neuropathy in western countries is diabetes. Diabetic neuropathy will develop in 50% of type 1 and 2 patients with diabetes [1]. Diabetic foot problems are the most common cause of hospitalization in patients with diabetes and it accounts for 2 million patients with diabetes in the United States annually and often need long-term hospital admission. Diabetes is a major factor in half of all lower extremity amputations [2].

Diabetes is one of the main problems in health systems in the world. The world prevalence of diabetes among adults was 6.4%, and will increase to 7.7% by 2030. Patients with diabetes are at greater risk of complications, the most important of them are diabetic neuropathy³and peripheral vascular disorders that lead to diabetic foot ulcers [3]. Currently the most common cause of neuropathy in western countries is diabetes. The vast majority of diabetic foot complications resulting in amputation begin with the formation of skin ulcers. Early detection and appropriate treatment of these ulcers may prevent up to 85 percent of amputations [4].

Diabetes mellitus, a metabolic disease, has a population prevalence of about 10-15%. The incidence of foot ulcers range from 8 to 17% in the cohort studies, with varying lengths of follow-up, and cause severe disability and possible hospitalization to patients and considerable economic burden to families [5]. A variety of foot lesions are seen in people with uncontrolled diabetes mellitus namely fissures, abscess, cellulites, ulcers, claw toes and Charcot's joints. There is a risk of developing gangrene and of consequent amputation of the foot especially for people from the lower socioeconomic strata and for those living in rural areas. Clinical guidelines recommend that all patients with diabetes should be screened annually to establish their risk of foot ulceration [4]. Diagnostic tests and physical signs that detect peripheral neuropathy and those that detect excessive plantar pressure were all significantly associated with future diabetic foot ulceration. However, there was a paucity of evidence from India concerning the predictive value of symptoms and signs [6].

Objectives of the study

The basic aim of the study is to examine the risk of foot ulcers in patients with diabetes mellitus in local population of Pakistan.

METHODOLOGY OF THE STUDY:

This descriptive study was conducted at Services institute of medical sciences, Lahore during Dec 2017 to March 2018. In this descriptive analytical study all patients with diabetes under 65 years referred to the hospital were studied. Exclusion criteria of the study were hypothyroidism, pernicious anemia, discopathy, malignancy because they can also lead to neuropathy, and lower limb edema and congestive heart failure, because they can interfere with the assessment of neuropathy in examination and duration of diabetes less than 5 years in patients with type I because in this period neuropathy has still not developed.

A questionnaire including age, sex, BMI, diabetes duration, type of treatment, HbA1C, deformity, neuropathy symptoms, vascular symptoms, history of foot ulcer, previous training regarding foot care, smoking, history of retinopathy and nephropathy was completed for all patients. Participant's feet were evaluated for callus and ulcer. The neurological examination was performed by 10 grams monofilament, needle and hammer. Superficial pressure was assessed by 10g monofilament. Patients closed their eyes while being tested.

Statistical analysis

The data of respiratory function were compared between the smoker and non-smoker groups using the independent t-test for normally distributed data or the Mann-Whitney U test for other distributions. Differences were considered statistically significant at $p < 0.05$.

RESULTS:

Fifty patients with foot ulcers were treated at the hospital during this period. Forty controls attending the same diabetic clinic during the same period were also selected for the analysis. The mean age of the total sample was 55.5 years. The majority of the sample was male (51.1%), non-smokers (95.6%) and did not have hypertension (67.8%). The average duration after diagnosis of diabetes mellitus was 6.1 (SD 6.3) years. The majority did not have peripheral neuropathy (81.1%), absent peripheral pulses (90.0%), pre-ulcerous states (90.0%), callous (89.9%), fissures on feet (64.4%), nail pathology (97.1%), foot deformity (93.3%) or disability (94.4%).

Table 1: Risk factors for developing foot ulcers in patients with diabetes mellitus

| Characteristic | Cases n(%) | Controls n(%) | Univariate statistics | | Multivariate statistics | |
|---|------------|---------------|-----------------------|---------|--|---------|
| | | | Odds ratio (95% CI) | P-value | Adjusted odds ratios (95% CI) ¹ | P-value |
| Gender- Male | 22 (48.9) | 24 (53.3) | 0.84 (0.37-1.91) | 0.673 | 0.83 (0.36-1.90) | 0.652 |
| Age- Over 55 years | 25 (55.6) | 23 (51.1) | 1.20 (0.52-2.74) | 0.673 | 1.21 (0.53-2.78) | 0.652 |
| Body mass index >25 | 24 (54.5) | 26 (57.8) | 0.88 (0.38-2.03) | 0.759 | 1.27 (0.55-2.95) | 0.578 |
| Hypertension on treatment with ACEI | 10 (22.2) | 19 (42.2) | 0.39 (0.16-0.98) | 0.042 | 0.29 (0.10-0.80) | 0.018 |
| Smoker | 2 (4.4) | 1 (2.3) | 2.00 (0.18-22.89) | 0.570 | 2.47 (0.21-29.76) | 0.477 |
| Duration of diabetes in years >3 | 28 (62.2) | 22 (48.9) | 1.72 (0.74-3.99) | 0.203 | 1.20 (0.52-2.78) | 0.669 |
| Treated with anti-hyperglycemic medication or insulin | 33 (82.5) | 26 (66.7) | 2.36 (0.82-6.76) | 0.106 | 2.39 (0.82-6.92) | 0.11 |
| Treated with insulin | 8 (17.8) | 1 (2.2) | 9.51 (1.14-79.60) | 0.014 | 11.05 (1.29-94.54) | 0.028 |

DISCUSSION:

Foot ulcers is a disabling complication and not uncommon among people with diabetes mellitus. The disability and possible progression to the loss (amputation) of digits and limbs make it a serious issue [7]. This study attempted to examine the risk factors for foot ulceration using a case control design. Systematic assessments done routinely in the special clinic and the computerization of the data were the strengths of the study. Foot pulses were used in the clinical assessment, and their absence is usually associated with an ABI of <0.76 [8].

The risk factors identified included the need for insulin therapy for uncontrolled blood sugars possibly reflecting a severe form of the condition with poorer glycemic control [9]. The presence of peripheral neuropathy seems to contribute to the development of ulceration and those with pre-ulceration, callosities and deformity seem to be at increased risk. However, those with hypertension seem to be protected. As all the patients in the study were on ACE inhibitors, a possible mechanism for such protection could be due to improved endothelial function leading to enhanced peripheral circulation. People with the presence of these risk factors will require greater care in preventing such ulceration. Available international literature is supportive of these risk factors as causative for foot ulcers in people with diabetes [10].

Because these ulcers almost always form in patients with neuropathy, they are typically painless. Even in the presence of severe infection, many patients have few subjective complaints and are often more concerned with soiled footwear and stockings than with the penetrating wound [11].

CONCLUSION:

It is concluded that it is difficult to treat the foot ulcer in diabetic patients. It can be difficult to differentiate local soft tissue infection and inflammation from osteomyelitis. Three-phase bone scans and radiolabelled leukocyte scans are expensive but can help to establish an accurate diagnosis in problematic cases.

REFERENCES:

1. Shaw JE, Sicree RA, Zimmet PZ. Global estimates of the prevalence of diabetes for 2010 and 2030. *Diabetes Res Clin Pract.* 2010;87(1):4–14.
2. Tong P, Cockram G. The epidemiology of type 2 diabetes, 'Text book of Diabetes 1'. third edition. USA: Blackwell science; 2003. 6 pp.
3. Forozandeh F, Azizahari A, Abolhasani F, Larijani B. Neurologic and vascular assessment of foot in diabetic patients referred to diabetes clinic in Dr. Shariati hospital in 2003-4. *Iranian J Diabetes Lipid.* 2005;(4):43–51.
4. Peters EJ, Lavery LA. International Working

- Group on the Diabetic Foot. Effectiveness of the diabetic foot risk classification system of the International Working Group on the diabetic foot. *Diabetes Care*. 2001;24:1442–7.
5. Christensen KL, Mulvany MJ. Vasodilatation, not hypotension, improves resistance vessel design during treatment of essential hypertension: A literature survey. *J Hypertens*. 2001;19:1001–6.
 6. Creager MA, Roddy MA. Effect of captopril and enalapril on endothelial function in hypertensive patients. *Hypertension*. 1994;24:499–505.
 7. Ndip EA, Tchakonte B, Mbanya JC. A study of the prevalence and risk factors of foot problems in a population of diabetic patients in Cameroon. *Int J Low Extreme Wounds*. 2006;5(2):83–88.
 8. Pscherer S, Dippel FW, Lauterbach S, Kostev K. Amputation rate and risk factors in type 2 patients with diabetic foot syndrome under real-life conditions in Germany. *Prim Care Diabetes*. 2012;6(3):241–246
 9. Lavery LA, Armstrong DG, Vela SA, Quebedeaux TL, Fleischli JG. Practical criteria for screening patients at high risk for diabetic foot ulceration. *Arch Intern Med*. 1998;158(2):157–162.
 10. Khader YS, Bawadi HA, Haroun TF, Alomari M, Tayyem RF. The association between periodontal disease and obesity among adults in Jordan. *J Clin Periodontol*. 2009 Jan;36(1):18–24.
 11. Zimmermann GS, Bastos MF, Dias Goncalves TE, Chambrone L, Duarte PM. Local and circulating levels of adipocytokines in obese and normal weight individuals with chronic periodontitis. *J Periodontol*. 2013 May;84(5):624–33.