"Tell me and I will forget. Show me and I may remember. Involve me and I will understand."

- Confucius

"By the time you finish reading this paragraph, it is likely that at least one person has lost part of a foot or leg through diabetic foot disease. This happens every 30 seconds." report Kristien Van Acker and Ali Foster on the IDF website as they describe a step-wise approach to establishing a foot clinic, which can support health-care providers in achieving excellence in diabetes foot care.1

An amputation is often preceded by an ulcer; 15% of people with diabetes are affected by a foot ulcer at some time in their life. With the global diabetes population set to rise to 333 million by 2025 with India as the capital, there is an urgent need for a co-ordinated preventive clinical response to reduce the impact of the diabetic foot. Up to 85% of all diabetic-foot-related problems are preventable through a combination of good foot care and appropriate education for both people with diabetes and health-care providers.1-4

The human and economic consequences of the diabetic foot are extreme. Due to various complications of diabetes, a person’s foot can become vulnerable. Neuropathy, vascular problems and delayed wound healing can lead to chronic ulceration of the foot. As a result of infection or the non-healing of an ulcer, amputation may be necessary. In the general population, lower-leg amputation is suffered by between five and 25 people per 100,000; among people with diabetes, the figure is between six and eight for every 1000. Yet the situation need not be so dire. With relatively low investment, governments can advance education and prevention that will result in lower rates of amputation than the unacceptable figures we see today. This is the message behind the World Diabetes Day campaign for this year.1-4

Each year World Diabetes Day is centered on a theme related to diabetes. Topics covered in the past have included diabetes and human rights, diabetes and lifestyle, and the costs of diabetes. Since 2001 particular attention has been paid to diabetes complications affecting the heart, the eyes and the kidneys. The theme for 2005 is diabetes and foot care, a theme that will complete the series of themes on diabetes complications that began in 2001. On November 14, 2005 the World Diabetes Day the IDF will launch a year-long focus for the campaign as the year of Diabetic Foot. The slogan for this year’s campaign is: "Put Feet First: Prevent Amputations".1-4

Diabetes is a serious chronic disease. In 2003 the global prevalence of diabetes was estimated at 194 million. This figure is predicted to reach 333 million by 2025 as a consequence of longer life expectancy, sedentary lifestyle and changing dietary patterns. Although many serious complications, such as kidney failure or blindness, can affect individuals with diabetes, it is the complications of the foot that take the greatest toll. Of all lower extremity amputations, 40-70% are related to diabetes. In most studies the incidence of lower leg amputation is estimated to be 5-25/100,000 inhabitants/year: among people with diabetes the figure is 6-8/1,000.

Lower extremity amputations are usually preceded by a foot ulcer in people with diabetes. The most important factors related to the development of these ulcers are peripheral neuropathy, foot deformities, minor foot trauma and peripheral vascular disease. The spectrum of foot lesions varies in different regions of the world due to differences in socio-economic conditions, standards of foot care and quality of footwear.

The diabetic foot is a significant economic problem, particularly if amputation results in prolonged hospitalization, rehabilitation, and an increased need for home care and social services. Approximately 3-4% of all people with diabetes have a foot problem and use 12-15% of the healthcare resources. The average cost for primary healing in the USA has been estimated to be between US$7,000 and US$10,000. The direct cost of an amputation associated with the diabetic foot is estimated to be between US$30,000 and US$60,000. The estimated cost for three years of subsequent care ranges from US$43,000 to US$63,000 – mainly due to the increased need for home care and social services. The corresponding cost for individuals with primary care has been estimated to be just over US$16,000 to nearly

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US$27,000. In addition to these costs, there are indirect costs due to loss of productivity to consider. If cost estimates are broadened to include the costs to the individual and loss of quality of life, then the estimated cost of the diabetic foot in the USA is some US$4 billion a year.

In India the global diabetes capital the burden of the disease is already epidemic and with most Indians in rural areas still walk with bare feet and urban India ignorant of foot care the true scenario of diabetic feet is a cause of serious and ominous concern. In this issue findings of a multicentric study from two Government Centres AIIMS and Madurai and two Private Institutions namely CMC Vellore and DRC Chennai are presented which highlight state of the feet problem in the tertiary care referral centers of excellence in India. This study has tried to look into vital data and is yet insufficient to plan strategy for treatment and prevention. These are mainly the proportion of three main components in DFU, namely neuropathy, infection and peripheral vascular disease (PVD). In a study of over 1300 patients, the prevalence of neuropathy is 15%, PVD 5% and infection 7.6%. What was most worrying was the family members were involved in only 2% (even in a joint family setup) and only 3% used foot wear inside the house. A further distorting factor was the observation that 64% did not have any foot care practices. These data addresses the issue of neglect of diabetic foot exposed in the year where this "Put Feet First: Prevent Amputations", the theme for World Diabetes Day. This calls for introspection and urgent action.

The amputations in Indian diabetics are mostly in neuropathic foot which is eminently preventable. In addition this happens at a much younger age. An increasing awareness, inculcating the habit of examining the diabetic feet in every visit, an effective diabetic foot educative programme for persons with diabetes will go a long way in achieving this goal. Setting up of preventive diabetic foot services and diagnosis of diabetic foot at risk is very important. In the national levels we need a programme for erecting a cadre of podiatrist (which is extremely importantly and yet not existent), a national diabetes control programme with everything on diabetic foot. The issue of foot wear and foot care for diabetes is also equally important.

Foot complications are one of the most serious and costly complications of diabetes. However, through a care strategy that combines: prevention; the multi-disciplinary treatment of foot ulcers; appropriate organization; close monitoring, and the education of people with diabetes and healthcare professionals, it is possible to reduce amputation rates by between 49% and 85%. It is this objective that should motivate the advocacy work of those fighting to make a difference for those living with diabetes around the world. It is imperative that we increase awareness among carers at all levels of healthcare services worldwide. It is imperative that we reduce the unnecessary suffering that foot complications can bring. It is imperative that we act now!. “Put Feet First”.

REFERENCES

1. www.idf.org