

## The diabetic foot

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Diabetes is increasing in prevalence worldwide, and it is estimated that roughly 6% of the world population suffers from this condition. In any unit dealing with circulatory problems probably 30 - 40% of these patients are diabetic. The major reason for hospital admission relates to problems with the feet and this constitutes the commonest cause for non-traumatic amputation of the lower limb.

In general, complications related to the diabetic foot are not well managed as the pathology is often poorly understood. In addition, much of the therapy and prophylactic measures should occur at a fairly basic level of care. The object of this series of articles is to attempt to improve understanding of the problem which includes the definition, descriptions of the pathology and therapy. The authors who have been selected are those with a special interest in the diabetic foot.

A constant thread which emerges is that a multidisciplinary approach is essential, which starts at primary care level and includes domestic primary care.

The most important facet is patient insight and education as to the nature of their condition and the importance of control of the diabetic status and associated morbidities.

The doctors and caregivers must also have a basic understanding of the significance and potential complications of what appear to be minor foot problems. Prevention of these complications is of paramount importance, and the feet must be constantly monitored at frequent intervals and early referral must be made should problems arise.

What also emerges is that it is important to have a positive attitude in terms of therapy. Newer modalities such as catheter-based interventions have widened the spectrum available to the team in terms of what can be offered when ischaemia is a significant part of the problem.

It is especially important to have an understanding of the use of appropriate footwear, and when it is decided that amputation should be performed the techniques and philosophy must revolve around the potential for rehabilitation in terms of planning the amputation. Once again the value of a multidisciplinary team cannot be over-emphasised.

