April 2010 – The diabetic foot

CPD questionnaires must be completed online via www.cpdjournals.org.za. After submission you can check the answers and print your certificate. Questions may be answered up to 6 months after publication of each issue.

WHAT IS THE DIABETIC FOOT?

1. With regard to diabetic foot ulceration (choose one *incorrect* statement):

A. Sensory, motor and autonomic neuropathy contribute to the increased risk of ulceration
B. Infection is a common cause of diabetic foot ulceration
C. Ischaemia is the strongest risk factor determining the ultimate outcome of a diabetic ulcer
D. A combination of risk factors rather than any single factor usually results in ulceration
E. Limb amputation in diabetics is preceded by a foot ulcer in up to 85% of patients.

2. True (A) or false (B) – fill in only block A or B:
The diabetic foot is defined as a group of syndromes affecting the anatomical area below the malleoli in a diabetic, in which neuropathy, ischaemia and infection lead to tissue breakdown, resulting in morbidity and possible amputation.

3. True (A) or false (B) – fill in only block A or B:
In a diabetic patient, ankle brachial indices (ABIs) can be falsely elevated or even normal in severe ischaemia.

PRINCIPLES OF MANAGEMENT OF VASCULAR PROBLEMS IN THE DIABETIC FOOT

4. True (A) or false (B) – fill in only block A or B:
Endovascular therapy should never be offered to a diabetic with compromised renal function because contrast nephrotoxicity is inevitable.

5. Which one of the following statements is correct?

A. A normal ankle brachial index in a diabetic indicates that blood flow to the foot is normal
B. Patients over the age of 75 years should not be offered revascularisation procedures
C. Diabetic patients with severe neuropathy usually have no rest pain
D. A diabetic with severe foot infection and gangrene should receive intravenous antibiotics and immediate lower limb amputation.

LOWER LIMB AMPUTATION FOR ISCHAEMIA WITH SPECIAL REFERENCE TO THE DIABETIC PATIENT

6. True (A) or false (B) – fill in only block A or B:
Regarding assessment of perfusion, clinical parameters are notoriously unreliable.

7. True (A) or false (B) – fill in only block A or B:
In a diabetic with infection and cellulite, a guillotine amputation below the level of election, followed by control of infection, and then elective amputation, gives the best results.

8. True (A) or false (B) – fill in only block A or B:
It is best to attend an amputee rehabilitation clinic once the wound has healed and the stump is being shaped for a prosthesis.

CHARCOT'S OSTEOARTHROPATHY

9. True (A) or false (B) – fill in only block A or B:
Charcot's arthropathy rarely affects the knee.

10. True (A) or false (B) – fill in only block A or B:
The patient will usually have bounding pedal pulses, although these may be difficult to locate because of oedema.

11. True (A) or false (B) – fill in only block A or B:
During the acute prodromal period the radiographic presentation may be entirely normal.

DIABETIC FOOT ULCERS – EVIDENCE-BASED WOUND MANAGEMENT

12. According to the International Working Group on the Diabetic Foot (choose one):

A. Only two-thirds of diabetic foot ulcers will eventually heal
B. Only half of diabetic foot ulcers will eventually heal
C. The median time to healing of all ulcers is approximately 6 weeks
D. The median time to healing of all ulcers is approximately 8 weeks
E. 10% of all diabetic foot ulcers may result in some form of amputation.

13. True (A) or false (B) – fill in only block A or B:
With reference to diabetic foot ulcers the enabler 'VIPs' refers to assessing and addressing the vascular (arterial) supply, bacterial infections and pressure points of the foot. Sharp debridement can then be done if required in patients with adequate arterial supply.

14. The interdisciplinary wound care team that manages patients with diabetic foot ulcers should include (choose one correct answer):

A. Specialist physician, endocrinologist, dermatologist, diabetes educator
B. General surgeon, vascular surgeon, orthopaedic surgeon, plastic surgeon
C. General practitioner, specialist wound care nurse, podiatrist
D. Physiotherapist, occupational therapist, orthotist, psychologist, pharmacist
E. The patient and all of the above.

AVOIDING FOOT COMPLICATIONS IN DIABETES

15. Plantar callus is a sign of (choose one):

A. Poor foot hygiene
B. Sensory neuropathy
C. Increased foot pressure
D. Limb ischaemia
E. Inadequate glycaemic control.

16. Poor adherence/compliance to foot care in diabetes has recently been associated with (choose one):

A. Age
B. Duration of diabetes
C. Partial hearing loss
D. Cognitive impairment
E. Lack of education.

17. According to international guidelines, the key to avoiding foot complications in diabetes is:

A. Correct insulin therapy
B. Annual foot examination
C. Appropriate footwear
D. Regular exercise
E. Regular podiatry.

TREATMENT OF DIABETIC NEUROPATHY IN THE LOWER LIMB

18. True (A) or false (B) – fill in only block A or B:
Amitryptiline remains a first-line therapy of choice in DPN.

19. True (A) or false (B) – fill in only block A or B:
The treatment of a patient's pain takes precedence over glucose control and the correct footwear.

20. True (A) or false (B) – fill in only block A or B:
Symptoms of DPN are worse in the morning.

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