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Glycaemic Control of People Referred to a Multi-disciplinary Diabetic Foot Clinic at a Large Teaching Hospital

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BACKGROUND

Diabetes is one of the most common chronic disorders in the UK and its prevalence is increasing.

It is estimated 3.8 million people are living with this condition. By 2025, it is predicted that more than 5 million people will have diabetes.

Poor glycaemic control is a risk factor towards diabetic foot complications. Foot problems in people with diabetes has a significant financial impact on the NHS, with a recent report published in 2012 highlighting an estimated £650 million (or £1 in every £150) spent on foot ulcers or amputations each year.

NICE have produced clinical guidance (NG19) on the prevention and management of diabetic foot problems.

METHODS

The clinical records of people attending the diabetic foot clinic were studied retrospectively.

Over a 5-month period data was collected on:

- **age** - **ethnicity** - **type of diabetes**

- **recent HbA1c** - **antidiabetic medications**

- **previous diabetic foot risk factors** (**peripheral neuropathy**, **peripheral vascular disease and/or amputation**).

56 new referrals to the diabetic foot clinic were identified. 23.2% (n=13) of patients were excluded due to missing notes.

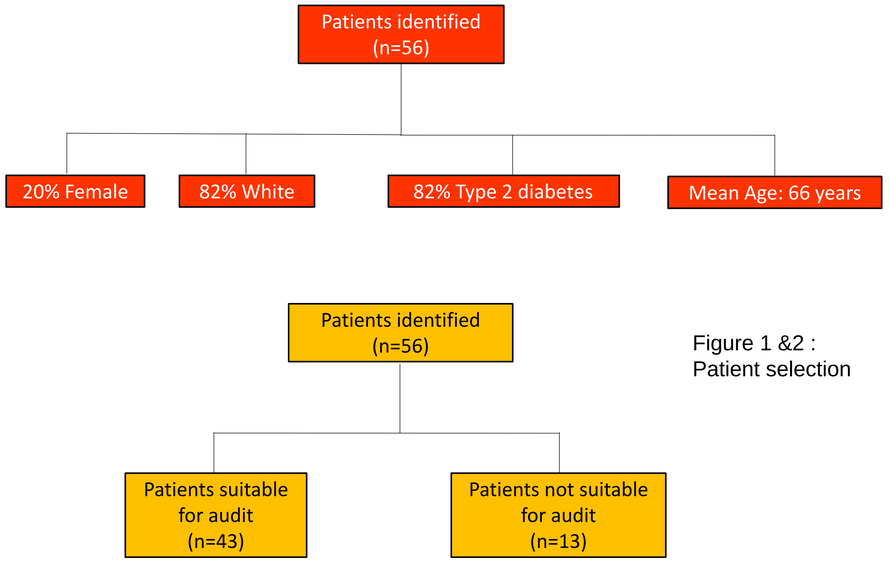

Figure 1 &2 : Patient selection

Figure 3: The mean HbA1c of the 43 selected patients with ranges.

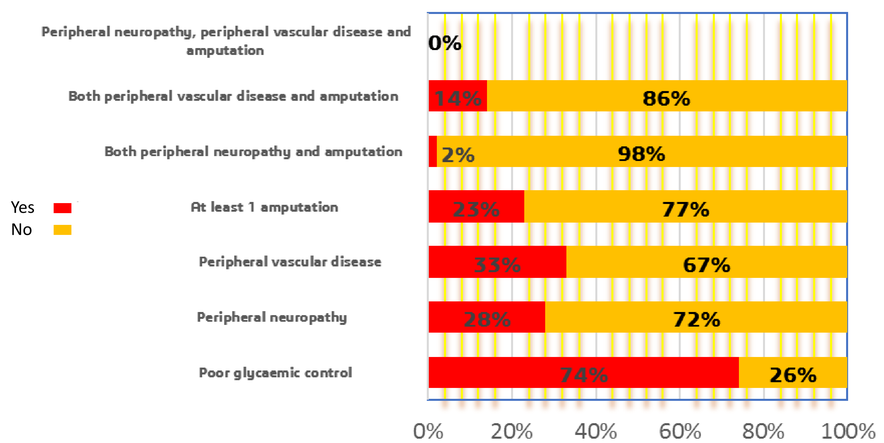

Figure 4: The percentage of patients with diabetic foot risk factors

RESULTS

Good glycaemic control was defined as an HbA1c of 53 (7%) in-line with the type 2 diabetes NICE guidelines (NG28) for people on ≥ 2 antidiabetic medications.

The 43 people identified (76.8%) from the initial screen, all of which were on ≥ 2 antidiabetic medications, had a mean HbA1c of 73 mmol/mol (range 30–119).

- 74% of the cohort had poor glycaemic control.
- 28% people were identified with peripheral neuropathy (PN).
- 2% had both PN and an amputation.
- 14% had peripheral vascular disease (PVD) and an amputation.
- 33% had PVD and 23% had at least one amputation.
- No one had all three pre-existing risk factors.

CONCLUSION

A large number of people referred to the multi-disciplinary diabetic foot clinic are demonstrating poorly controlled diabetes.

Diabetes UK should direct more efforts towards educating healthcare professionals to optimise glycaemic control in people who live with diabetes and are at risk of diabetic foot complications.

PLAN

Present our findings to commonly referring GP centres:
i. Educate clinicians regarding the diabetic foot complications of poor glycaemic control.
ii. Highlight a plan of action to ensure improvement in documentation.
iii. Re-audit in 1 year

Diabetic foot problems: prevention and management. NICE Clinical Guideline NG19 [Internet].2016 [cited 2018 March 6]. Available from URL: https://www.nice.org.uk/guidance/ng19

Type 2 diabetes in adults:management. NICE Clinical Guideline NG28 [Internet].2017 [cited 2018 March 6]. Available from URL: https://www.nice.org.uk/guidance/ng28