

# Outcomes of Foot Ulcers Among Individuals with Type 2 Diabetes in an Outpatient Foot Clinic

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## Biography

Roy Raoul H. Felipe completed his Master Degree and he is specialized in Endocrinologist. At present, he is working in East Avenue Medical Center, Section of Endocrinology at Philippines

## Abstract

**Objectives:** Identify the rates and risk factors for outcomes of diabetic foot ulcers in the outpatient foot clinic (major amputation, minor amputation, recurrence, and persistently unhealed).

**Research Design and Methods:** This was an ambispective cohort analysis of persons with diabetic foot ulcers consulting at the diabetic foot clinic of East Avenue Medical Center. Data were analyzed through multiple logistic regression.

**Result:** 216 patients with Type 2 Diabetes Mellitus and diabetic foot ulcers were included in the analysis; 50.9% were males and the mean age of the cohort was  $55.8 \pm 9.9$  years. Outcomes of foot ulcers were: healed 44.5% (healed with no recurrence 30%, healed with recurrence 14.5%) and not healed 55.5% (major amputation 11%, minor amputation, 21.5%, and persistently unhealed 23%). Multivariate logistic regression showed the following were independent risk factors for non-healing: smoking ( $p < 0.0001$ ), low hemoglobin ( $p < 0.0001$ ), PAD ( $p < 0.0001$ ), Osteomyelitis ( $p < 0.0001$ ), and Neuropathy ( $p = 0.01$ ). Independent risk factors for ulcer recurrence were: plantar location ( $p = 0.031$ ), multiple ulcers ( $p = 0.006$ ), and neuropathy ( $p = 0.01$ ). Mean healing time identified was 14 - 3 weeks. Healing time was significantly reduced from 12 weeks to 4.5 weeks ( $p < 0.001$ ) if patients consulted less than 4 weeks from sustaining an ulcer.

**Conclusion:** The presence of PAD, smoking, dyslipidemia, low hemoglobin, neuropathy, and osteomyelitis all increase the likelihood of amputation or persistent non-healing. The presence of multiple ulcers, plantar location, and neuropathy all increase the risk for ulcer recurrence in patients whose foot ulcers have healed. Ultimately, primary prevention is still the key to avoiding adverse foot outcomes. We encourage all persons with diabetes to have regular foot screening and foot care education.



World Congress on Wound Care, Nursing and Tissue Science | Amsterdam, Netherlands, July 16-17, 2020

**Citation:** Roy Raoul H. Felipe: *Outcomes of Foot Ulcers Among Individuals with Type 2 Diabetes in an Outpatient Foot Clinic*: Wound Care Congress 2020: World Congress on Wound Care, Nursing and Tissue Science, Amsterdam, Netherlands, July 16-17, 2020