

Diabetes and the foot

Diabetes mellitus is a chronic disease caused by the inability of the pancreas to produce insulin or to use the insulin produced in the proper way.

After a meal, a portion of the food a person eats is broken down into sugar (glucose). The sugar then passes into the bloodstream and to the body's cells via a hormone (called insulin) that is produced by the pancreas.

Normally, the pancreas produces the right amount of insulin to accommodate the quantity of sugar. However, if the person has diabetes, either the pancreas produces little or no insulin, or the cells do not respond normally to the insulin. Sugar builds up in the blood, overflows into the urine and then passes from the body unused.

Over time, high blood sugar levels can damage:

- **Eyes** - leading to diabetic retinopathy and possible blindness
- **Blood vessels** - increasing risk of heart attack and stroke
- **Nerves** – leading to peripheral neuropathy, foot sores and possible amputation, possible paralysis of the stomach, chronic diarrhoea.
- **Kidneys** - leading to kidney failure

Controlling blood pressure and blood glucose levels, plus regular screenings and check-ups, can help reduce the risks of these complications. It is critical to maintain good consistent blood glucose levels with an HBA1C of 6.4mmol.

All diagnosed diabetics should see a podiatrist annually. However, the frequency of visits should be determined by the podiatrist, depending on the complications and pathologies (diseases) that are present.

Patients should examine their feet daily as they may be injured but unable to feel that they are injured due to having sensory neuropathy. This condition in diabetics is the major cause of ulceration and amputation of the toes, feet and lower limbs. Loss of feeling is a particular risk because it can allow foot injuries to escape notice and treatment, leading to major infections and amputation.

Smoking is another contributing factor to lower limb disease and reduction in healing of diabetic foot wounds and ulcers. Diabetics must stop smoking.

Untreated calluses and corns on the feet of a diabetic patient can lead to haemorrhaging under the callus. This results in ulceration and possible non-healing, leading to infection and resultant amputation.

A podiatrist is the only qualified professional to treat calluses and corns. Patients should be very careful about seeing pedicurists other than podiatrists, as this could increase the risk of wounding and resultant amputations.

Footwear is another important factor to consider. Your podiatrist is always willing to advise you regarding this.

Diabetics' feet usually do not sweat and are very dry – therefore a proper foot cream should be used to maintain the elasticity and integrity of the skin.

Please look after your body, control your blood sugar and do whatever is possible to prevent the complications before they start. That way you can live a long, healthy life with diabetes.

As a Podiatrist, I concentrate on the prevention and management of foot complications occurring in the diabetic patient. My motto is “Prevention IS the Cure”.

Andy Blecher