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Dissonance in Diabetic Foot Care: A Descriptive Study

Rationale: Patients can lower their risk of diabetes-related foot complications in multiple ways including healthy foot care practices. The primary care physician (PCP) plays an essential role in diabetic foot care, namely in patient education. There is an interest in learning more about diabetic patients in a primary care setting, specifically regarding their education, beliefs, and practices related to diabetic foot care. Do patients at our two clinics think that diabetes can affect the health of their feet? Do those patients who think diabetes can affect the health of their feet also differ in their level of diabetic foot care practices or education?

Methods: We conducted a cross-sectional qualitative approach to investigate diabetic foot care practices and patient opinions on foot-related effects of diabetes. A Qualtrics survey of 11 questions was generated. The survey asked about age, gender, specific foot care practices, and patient perception and education related to diabetic foot care. Twenty-one patients with diagnosed Type 2 Diabetes Mellitus were surveyed at our two clinic locations over a period of 2 weeks.

Results: Compared to patients who do not think diabetes affects foot health, patients who do think diabetes affects foot health do not report significantly different or superior foot care practices. There is also no significant difference between these two groups regarding education on healthy foot care practices from their PCP. In addition, most surveyed patients are not receiving targeted podiatric preventative care.

Discussion: Diabetic foot-related complications contribute significantly to financial strain, morbidity, and mortality. The PCP can play a crucial role in reducing this aspect of disease burden. Our research indicates a difference between patient beliefs and behaviors. These results suggest a need for an improved, evidence-based educational approach that is effective in producing proper foot health maintenance in this population.