

Reference diabetes is increasing and spreading rapidly

[Business](#), [Management](#)



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- 2018-04980 Title- Cross-sectional, analytical survey of diabetic foot care -An urban rural difference. Introduction-

The incidence of diabetes is increasing and spreading rapidly in the world. Diabetes is known as “ silent killer, complex and potentially chronic illness” due to the body’s inability to properly regulate blood glucose and insulin levels, this chronic illness can cause complications in many areas of the body mainly the lower extremities and remains the “ leading cause of nontraumatic lower-limb amputation. (1) One of the most distressing complication that affects diabetic patient is diabetic foot disease. It is caused by vascular and neurological pathologic changes that direct result of diabetes, causing local tissue destruction by sensory neuropathy and compromise of the vascular system of affected lower extremities. (2) The morbidity, impairment of quality of life and the involved lots of money for treatment management have impact on family, society and health system. (3) The major medical problems faced by the diabetic patient, approximately 20% of hospital admissions are related to the foot complications and lack of knowledge regarding footcare so the people at high risk.

(4) Diabetic foot complications like ulcers, infections and gangrene and risk of loss of limb or life. Foot ulceration and infection are leading risk factor of amputation and death.

Diabetes is a major health care problem in India. According to Atlas published by the International Diabetes Federation (IDF) (5) there were an estimated 40 million persons with diabetes in India 2007 and the number predicted to rise to almost 70 million

people by 2025. The countries with largest number of diabetic people will be in India, china by 2030. (6) Vigilance of good foot care in mainly type 2 diabetes mellitus patients and health care providers to reduce the incidence of foot disease. A psychologically as well as behaviorally authoritatively mandating diabetes greatly impacts one's daily routine life.

As a component of a comprehensive approach to diabetes management, daily foot self-care can contribute to an overall reduction of health risks and complications from the disease. Consequently, one's daily self-care is a key factor in obviation of lower extremity amputations in those with diabetic foot. Cognizance involves the competency to ken and understand those factors that will further develop and manner of posture towards this disease and daily practices and amelioration. Aims and Objectives- The purposes of this study were to assess the level of foot self-care performed in a rural and in urban area and to identify factors associated with foot self-care and to educate the people who with diabetes who are at low risk of complications. 1.

To assess the knowledge, attitude and practice regarding foot care in type 2 DM patients in urban and rural hospital setting². To do comparative analysis of knowledge, attitude, practice of type 2 DM patient of rural hospital with urban hospital³. To provide health education to people on diabetic foot care, based on our findings. Material and method-Type of Study- Cross Sectional, Analytical Study. Sample Size-Sampling method- Convenient Sampling Study Population- Patients who are already diagnosed with Diabetes Mellitus Type 2 & are presented in OPD /IPD of a rural hospital & urban tertiary hospital.

Study Period- 2 months
Inclusion Criteria- Patient diagnosed as DM-2 in OPD/IPD of Tertiary Care hospital & rural hospital.

Data will be collected by using the structured questionnaire and check list for assessing knowledge and practice regarding diabetic foot care. Statistical

Tool- The data organized and analyzed by using descriptive and inferential statistics with the help of SPSS 20 software. Data Collection Procedure- The

proforma will be used to assess the knowledge & practice of previously

diagnosed diabetic patients who are attending OPD or admitted in IPD,

regarding foot care at a tertiary care hospital & a rural hospital using a

structured questionnaire. The patients will be asked objective questions by

interviewer. The self- administered questionnaire tool was designed for the

study consists of 3 sections. Section A- It consists of 16

items relating to demographic data of the subjects such as Age, Gender,

Department, Education, Religion, Marital Status, Type of family, Occupational

Status, Monthly Income, Residence, Habits and Personal History Including

Any Associated Illness, Family History of Diabetes, Duration of Diabetes,

Source of Information of Diabetes and Admitted with History of Foot Ulcer.

Section B- It consists of 10 items relating to knowledge

regarding foot care in diabetes such as hygiene and skin care. Section

C- It consists of checklists of 10 items relating to practices

regarding foot care. Ethical Consideration- The project is submitted for

ethical consideration at Institutional Ethical Committee. Written, informed

consent will be taken from participants. Proforma- SECTION-A (Socio-

Demographic Information)1. Name-2. Age-3.

Sex-4. Educational Status-5. Religion-6. Occupation-7. Marital Status-8. Type of Family-9. Monthly Income-10.

Residential Area-11. Addictions-12. Associated Medical Conditions-13.

Duration of DM-214. Family History of DM-15. Source of Information on DM-

16. Admitted with the history of Foot Ulcers- Section –B (Knowledge & Attitude about Diabetic Foot Care)1.

DM patients may develop lack of sensation in their feet. —Yes/No2. DM patients may develop foot ulcers/ gangrene. —Yes/No3. Are you aware that smoking can reduce blood flow in your feet? 4. Do you know that with loss of sensation in your foot, you are more prone to foot ulcers? 5. Are u aware of role of foot ware in preventing foot ulcers? 6.

DM patients should take responsibility for self-foot examination. 7. Diet is important in the control of DM.

8. Have you ever received education about foot care from the doctor? 9. Have you ever read any hand-outs on foot care/foot wear? Section C 1. Can you reach your feet? 2.

Do you examine your feet? 3. Do you wash your feet every day? 4. DO you dry between your toes? 5. Do you use cream? 6. Do you use cream between your toes? 7. Do you use medicated foot products? 8. Do you file your toe nails? 9. Do you trim your toe nails? 10.

Do you walk barefoot? 11. Do you inspect your shoes prior to wearing them? 12. Do you soak your feet? 13. If Yes above, do you check the water

temperature before soaking your feet? 14. Do you use a hot-water bottle on your feet? 15. Do you smoke? Implications- Predicated on our findings It is expected that how many people have congruous erudition of foot care hygiene? In that majority of patients had poor erudition and practice of foot care. The costs of diabetes foot care along with medications are high and elevating which affect themselves physically, mentally and psychologically along with their families. Ameliorate the quality of healthcare center can be implemented in public sector settings with minimum utilization of resources and to reduce the foot disease.

As per study there are lots of difference in rural and urban diabetic patient's cognizance regarding foot care hygiene. References- 1. S. Wendling, V. Beadle / The relationship between self-efficacy and diabetic foot self-care /Journal of Clinical & Translational Endocrinology 2 (2015) 37-41. 2. Goie TT, Naidoo M. Awareness of diabetic foot disease amongst patients with type 2 diabetes mellitus attending the chronic outpatient department at a regional hospital in Durban, South Africa.

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Perspective/ International Journal of Biomedical Research 2015; 6(09): 705-7085&6 Manisha C. Gholap, Vaishali R. Mohite/ To Assess the Knowledge & Practice Regarding Foot Care among Diabetes patients at KRISHNA HOSPITAL, KARAD/ Indian J. Sci. Res.

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