

The Diabetic Foot- looking at the whole patient

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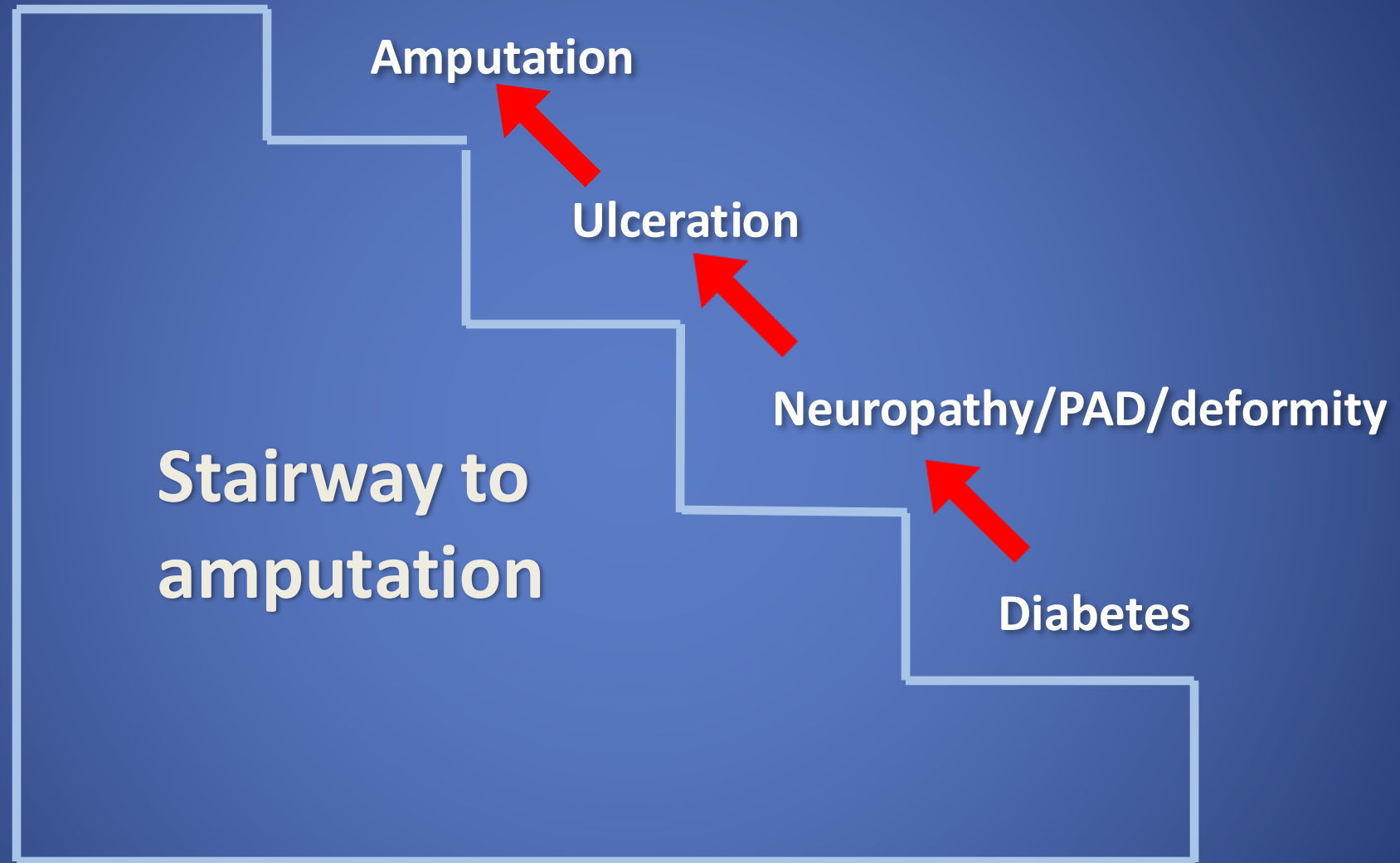
Clinical Lead, NDFA England and Wales.

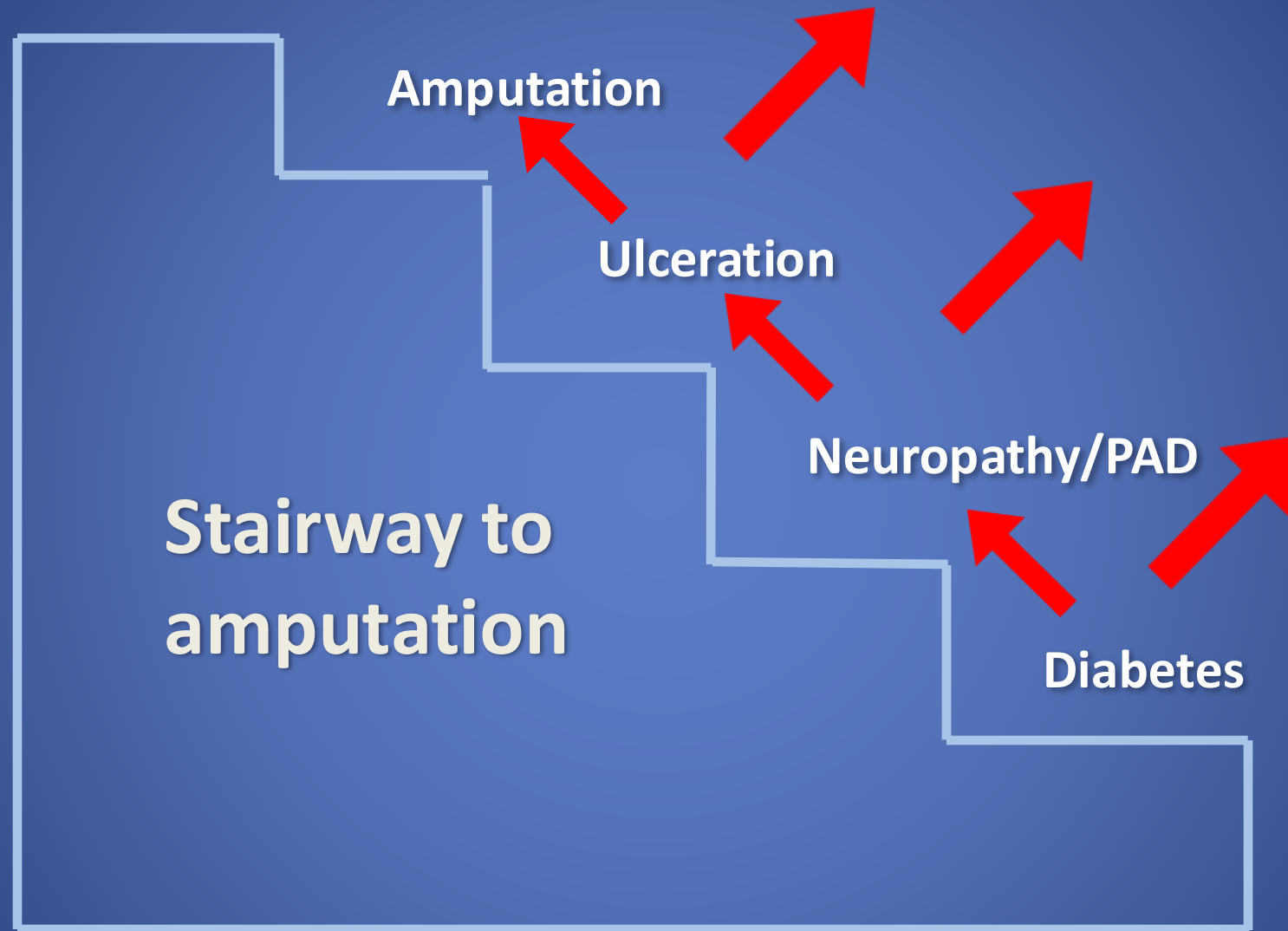
Chair, Editorial Board, International Working Group on the Diabetic Foot

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Diabetes related Foot Facts

Foot ulcers are common:

Prevalence: 2% of the diabetes population

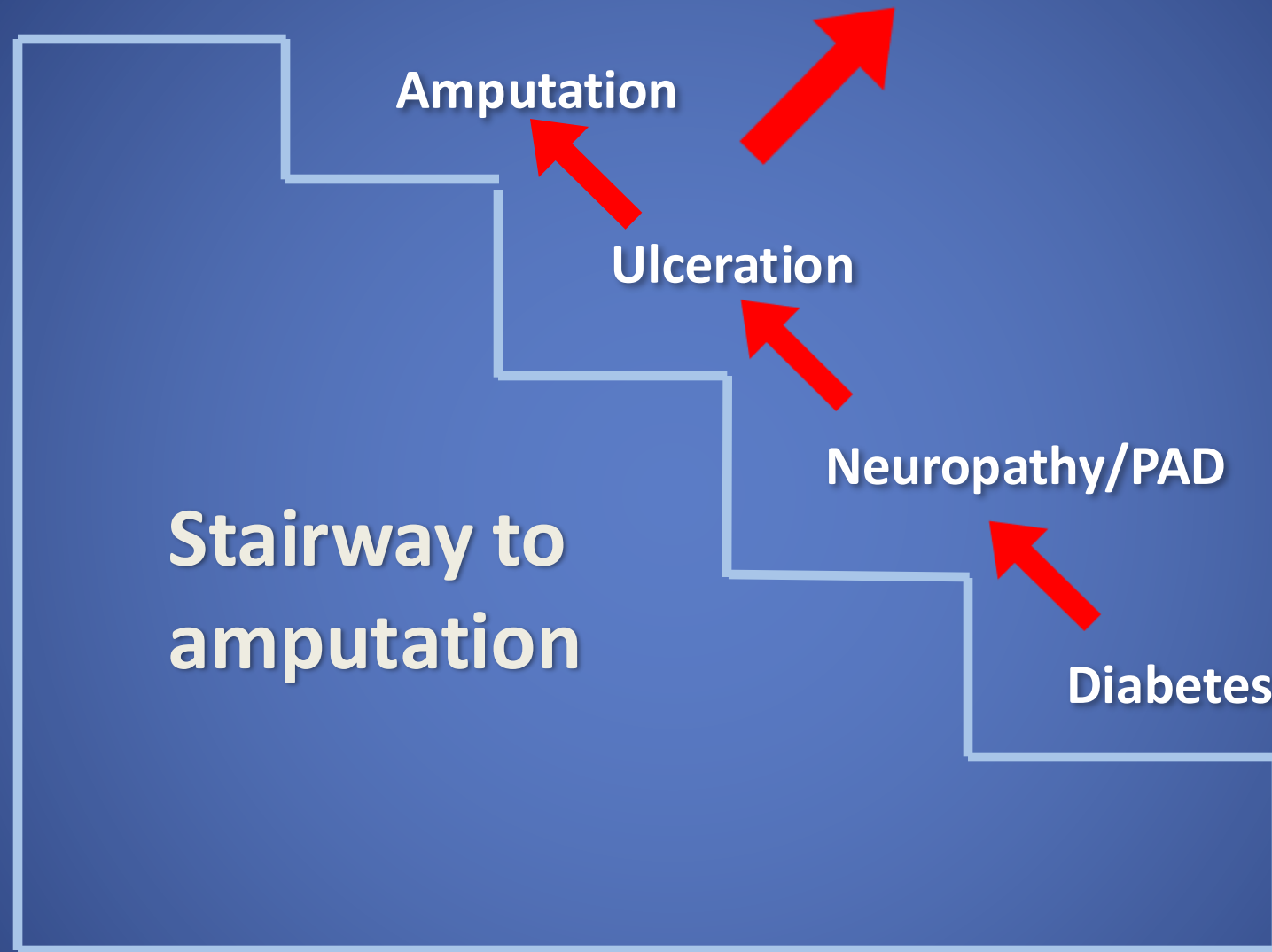
Abbott et al Diabetes Care 2005

Incidence:

-English cohort (CPRD) 4.7% developed DFUD over a median of 4.3 years (incidence rate 9.0[95%CI: 8.8–9.2] per 1000 person-years) follow-up

-Scottish cohort (SDRN-DRN) 2.9% over a median of 6.3 years (incidence rate 4.4 [95% CI: 4.3–4.5] per 1000 person-years.

Gharibzadeh S et al, Diabetes Obes Metab. 2025;27:4782–4792



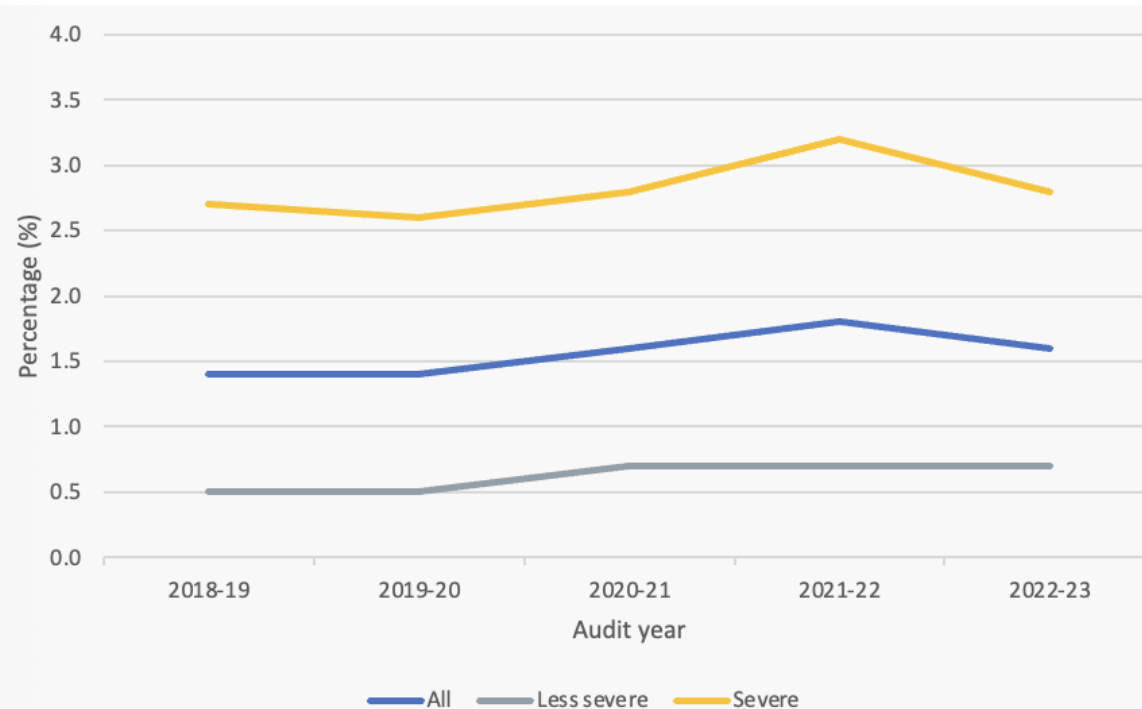
Diabetes related Foot Facts

Amputations are common (?):

6,000 people with diabetes undergo leg, foot or toe amputation each year in England

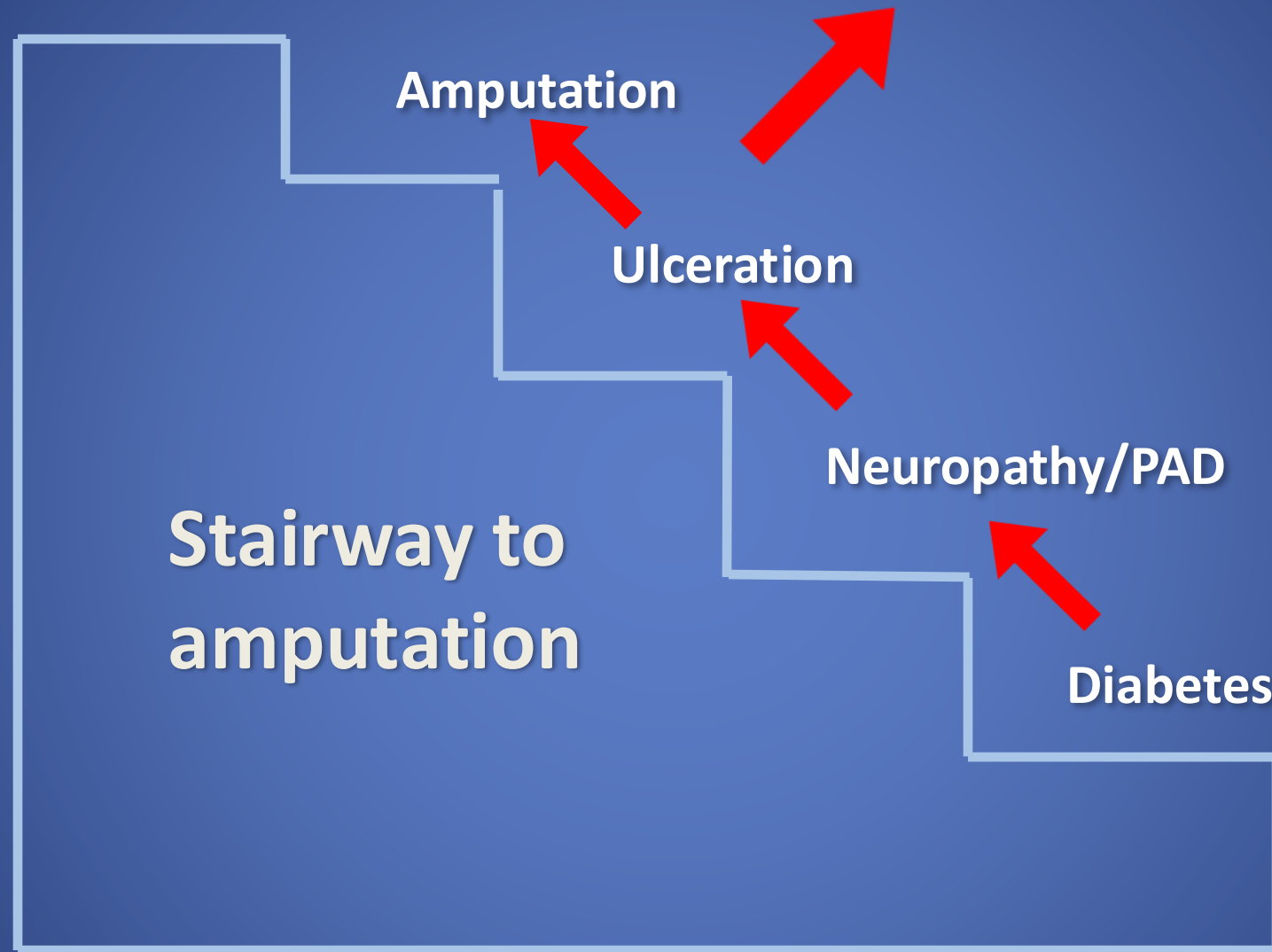
Year	Major amputations type 1 diabetes N	Major amputations type 1 diabetes rate/1000 people with diabetes	Major amputations type 2 diabetes N	Major amputations type 2 diabetes rate/1000 people with diabetes	Total major amputations N
2020	420	1.4	1980	0.6	2400
2021	395	1.3	2135	0.6	2510
2022	475	1.6	2280	0.6	2755

Figure 14: Percentage of people having major amputation within 6 months of FEA, by audit year (2018-19 to 2023)



Audit Year	By ulcer severity		
	All	Less severe	Severe
2018-19	1.4	0.5	2.7
2019-20	1.4	0.5	2.6
2020-21	1.6	0.7	2.8
2021-22	1.8	0.7	3.2
2022-23	1.6	0.7	2.8

National Diabetes Footcare Audit 2018-2023



Greatest Fear

461 patients : 254 patients without diabetic foot complications, 207 patients with diabetic foot problems.

No significant differences between groups : fear of blindness, infection or ESRD.

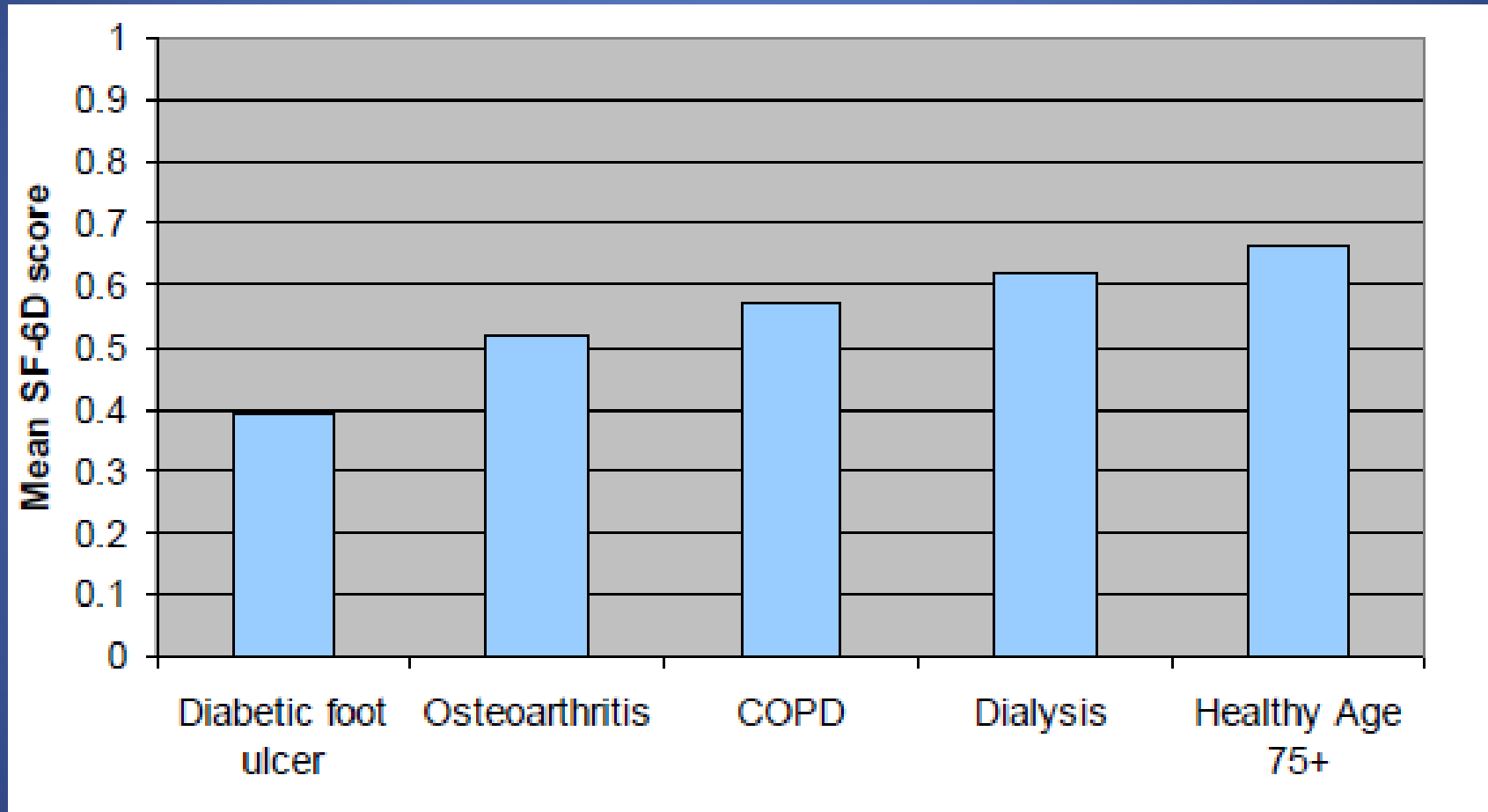
Patients with diabetic foot disease :

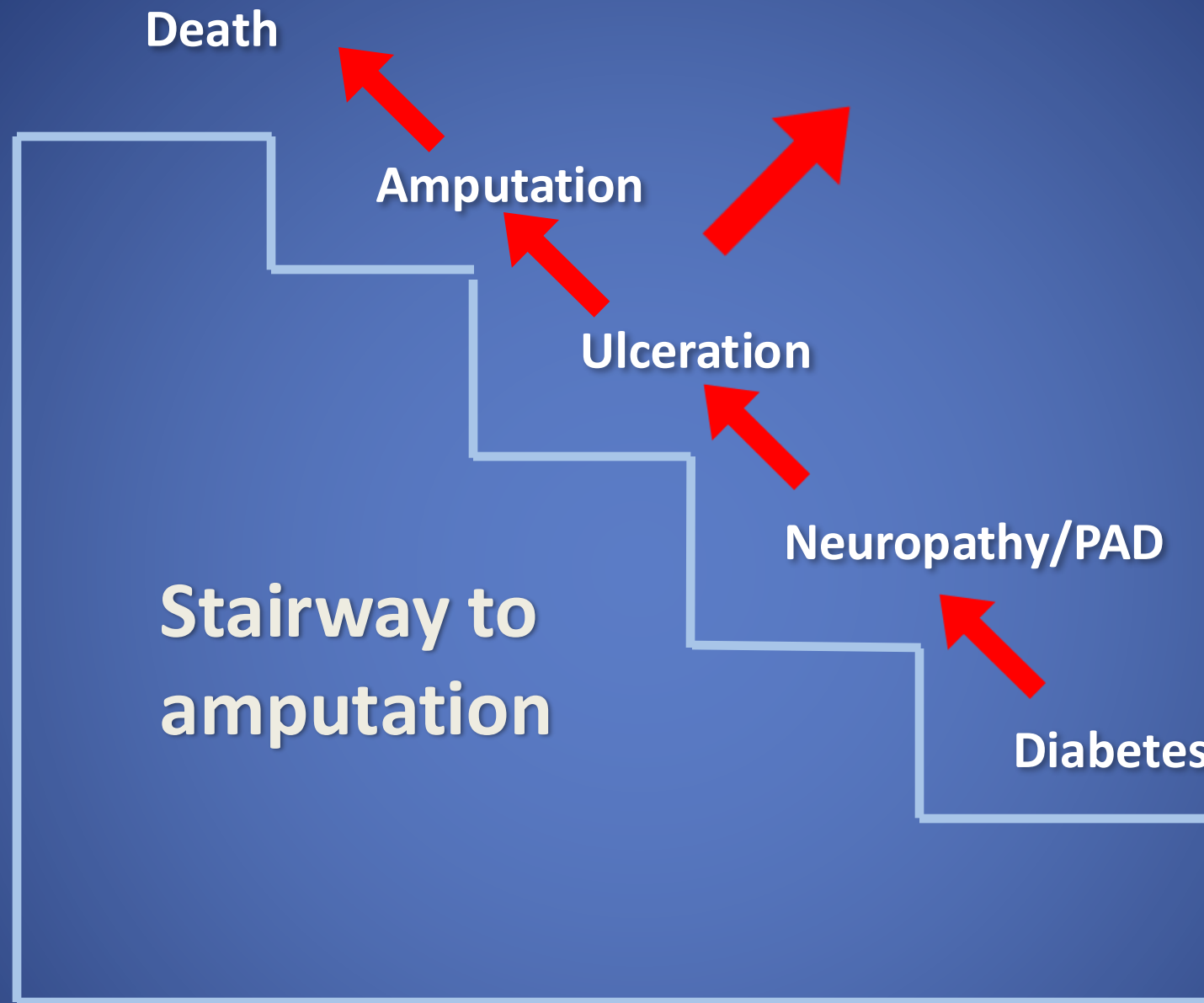
More likely to rank major amputation as their greatest fear when compared with diabetic patients without foot disease (OR]= 2.36; 95% CI = 1.51-3.70; P = .002]

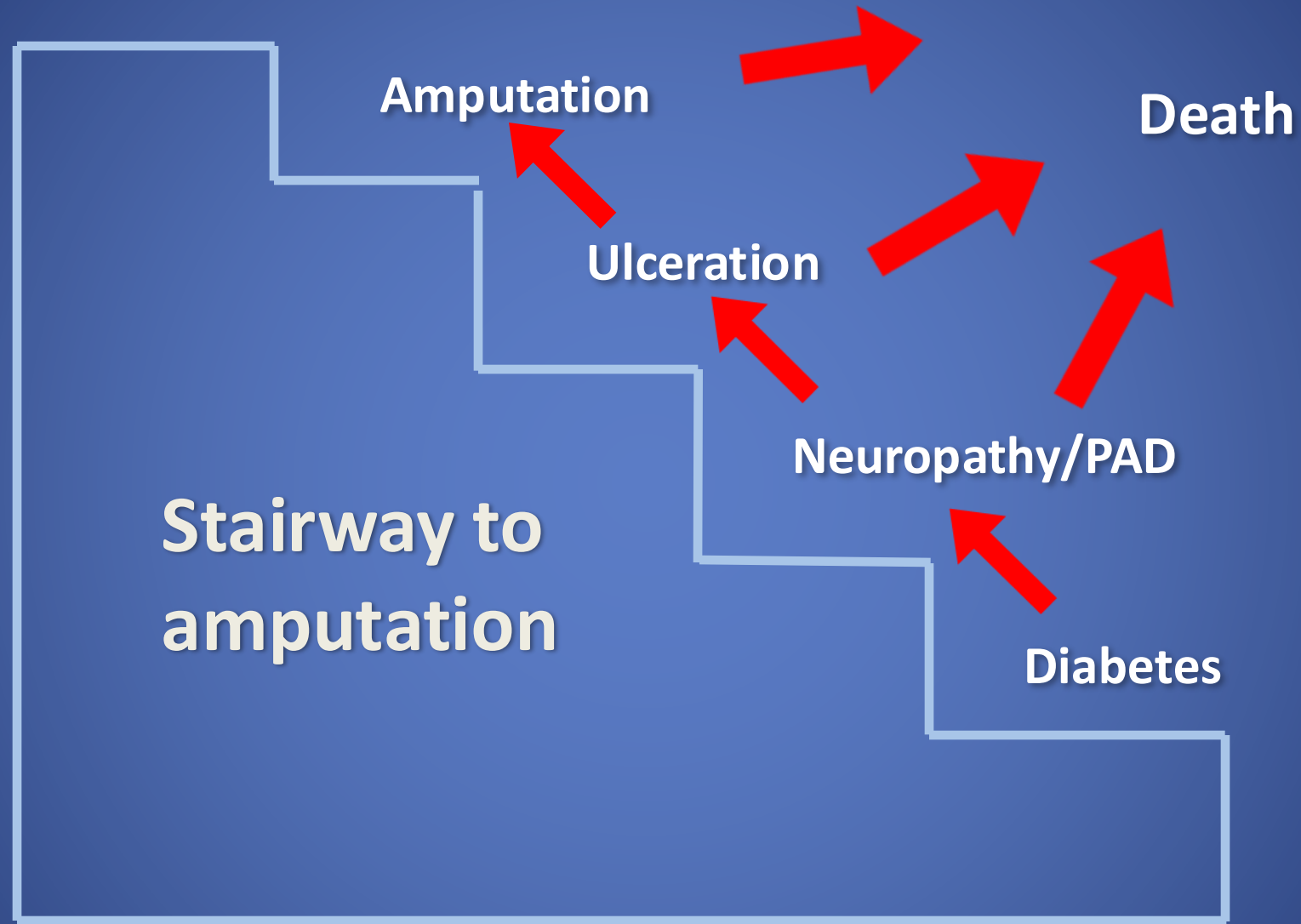
Less likely (OR = 0.51; 95% CI = 0.34-0.79; P = .002) to rank death as their greatest fear

*Wukich DK, et al . Ankle Specialist. 2017;11(1):17-21.
doi:[10.1177/1938640017694722](https://doi.org/10.1177/1938640017694722)*

Quality of Life







Mortality vs amputation

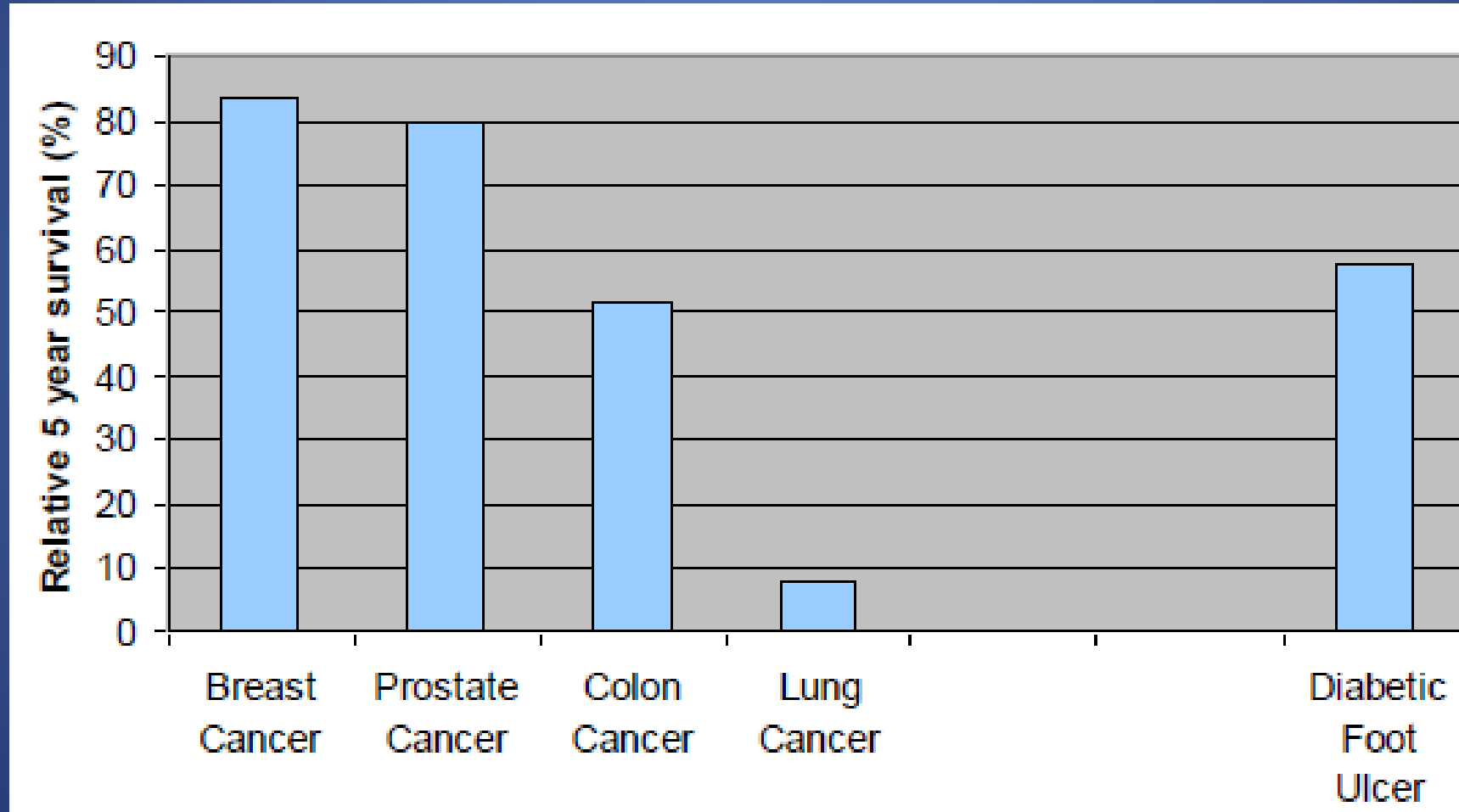
17, 353 people at high risk of DFU - 2 year follow-up

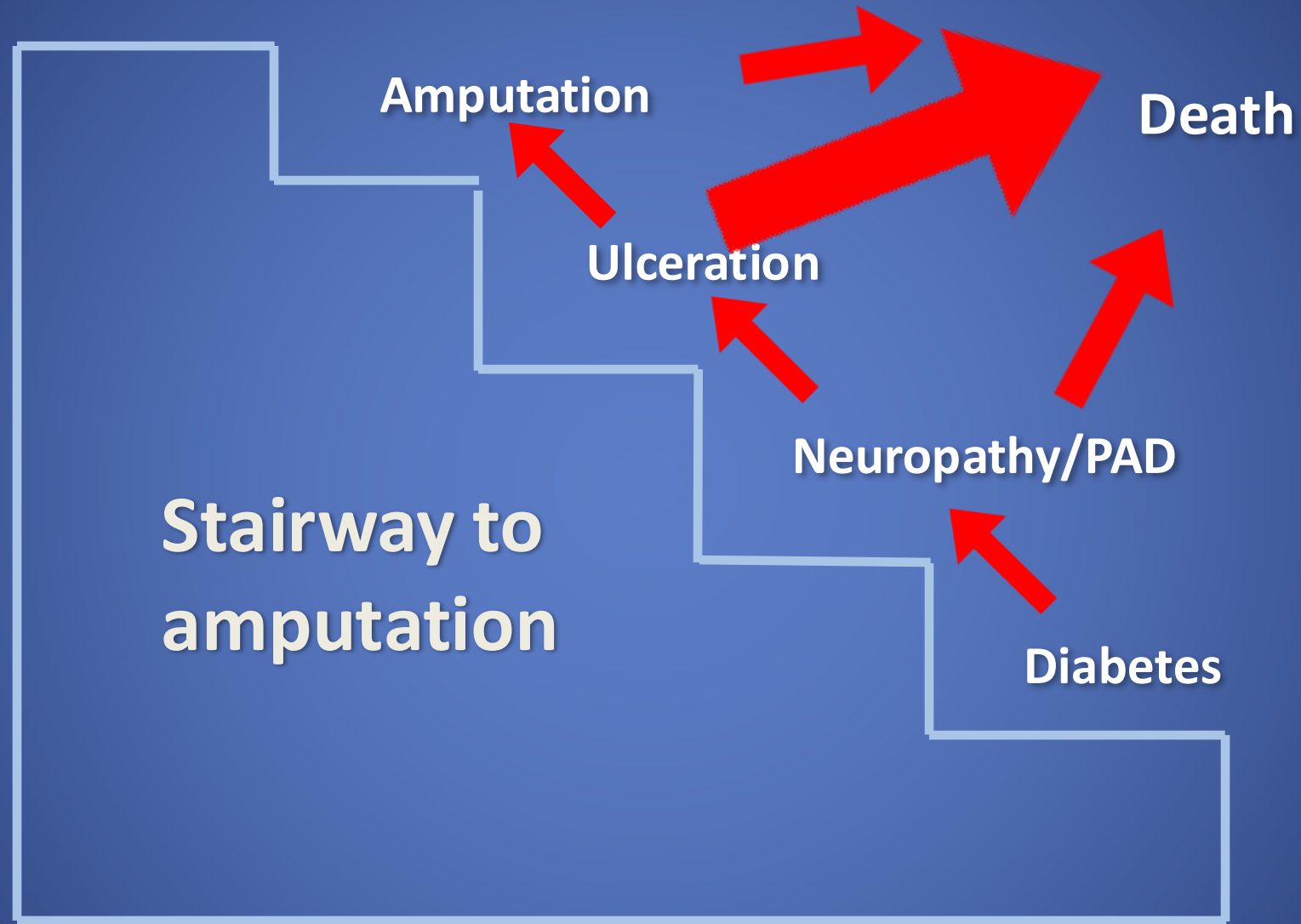
- 2694 had either an amputation (major or minor) or died (15.5%)

Of these

- 90% died
- 10% had an amputation (major or minor)

Life expectancy



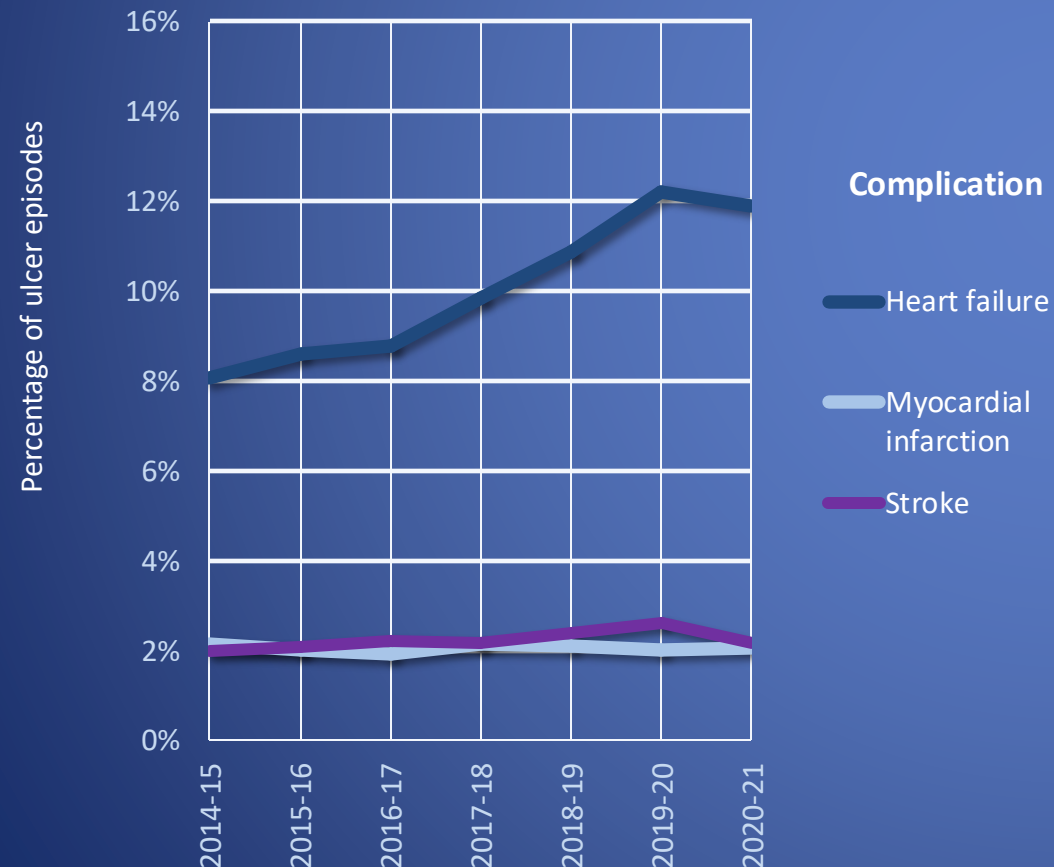


National diabetes Foot Care Audit: Time series 2014-21

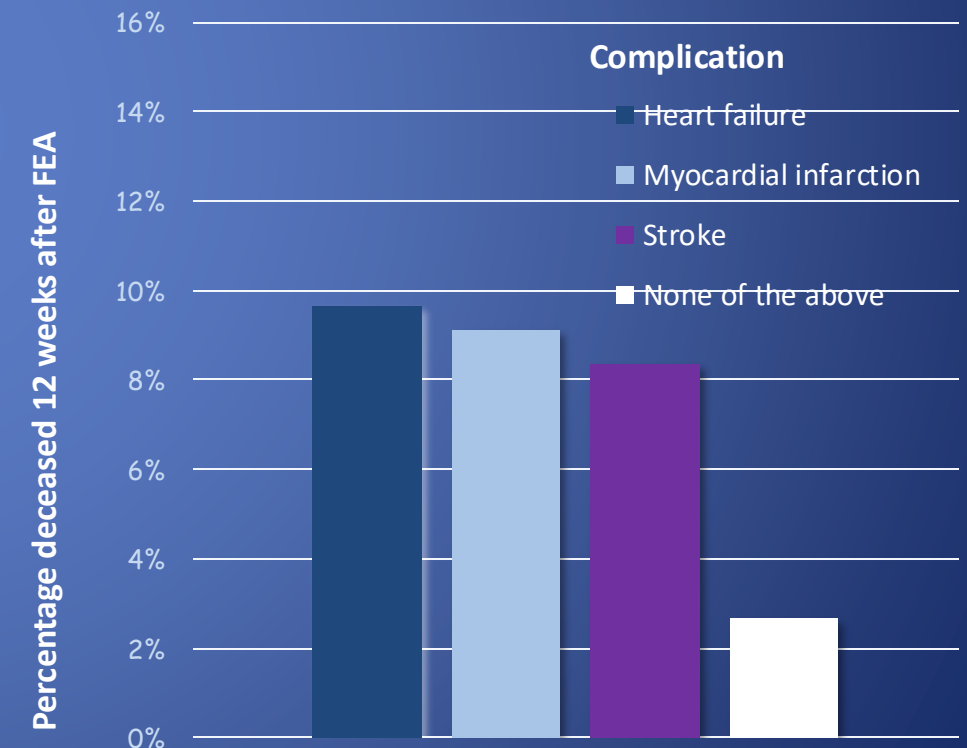
Impact of co-morbidities on mortality

Hospital admissions in year prior to FEA, England and Wales, 2014-21

By audit year



Deceased at 12 weeks after FEA



Diabetologia (2024) 67:2691–2701

<https://doi.org/10.1007/s00125-024-06262-w>

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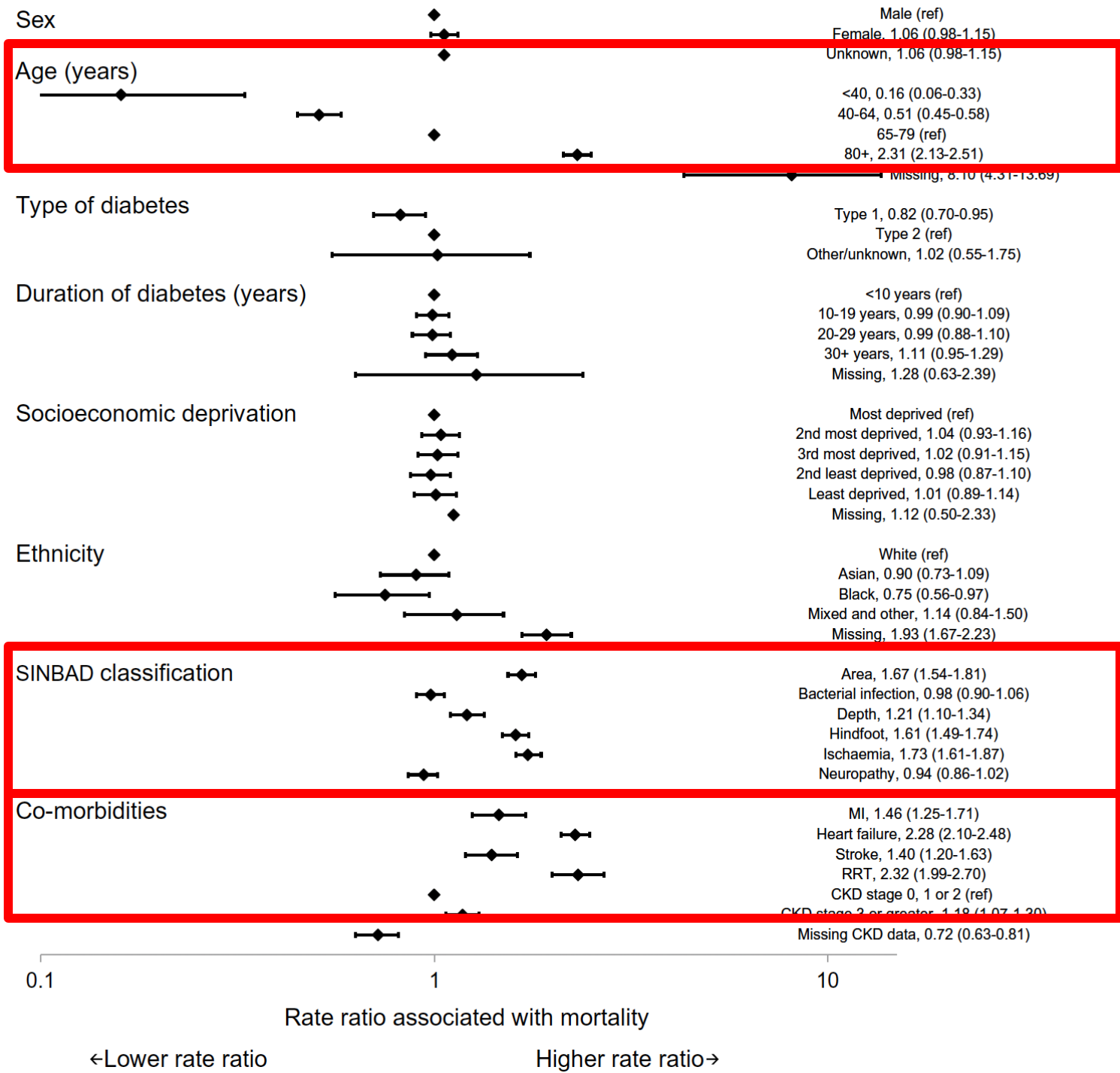


Mortality rates in people presenting with a new diabetes-related foot ulcer: a cohort study with implications for management

Naomi Holman^{1,2} · Arthur C. Yelland³ · Bob Young⁴ · Jonathan Valabhji^{3,5,6} · William Jeffcoate⁷ · Fran Game⁸

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Patient A.

A white man aged 80 years or older in the second most deprived socioeconomic quintile with type 2 diabetes of 10–19 years duration, the most severe foot ulcer (maximum SINBAD score), no hospitalisation for cardiovascular disease but receiving RRT in the previous year, has a 12-week mortality rate of 29.8% and a 26-week mortality rate of 65.2%.

Patient B:

A man aged 40–59 years from an Asian ethnic group and in the second most deprived socioeconomic quintile who has been diagnosed with type 2 diabetes for 5–9 years and who presents with a foot ulcer with the highest SINBAD score, with no hospitalisation for MI, heart failure, stroke or RRT in the previous year but CKD at stage 3 or greater, has an estimated 12-week mortality rate of 3.3% and a 26-week mortality rate of 7.0%.

ARTICLE

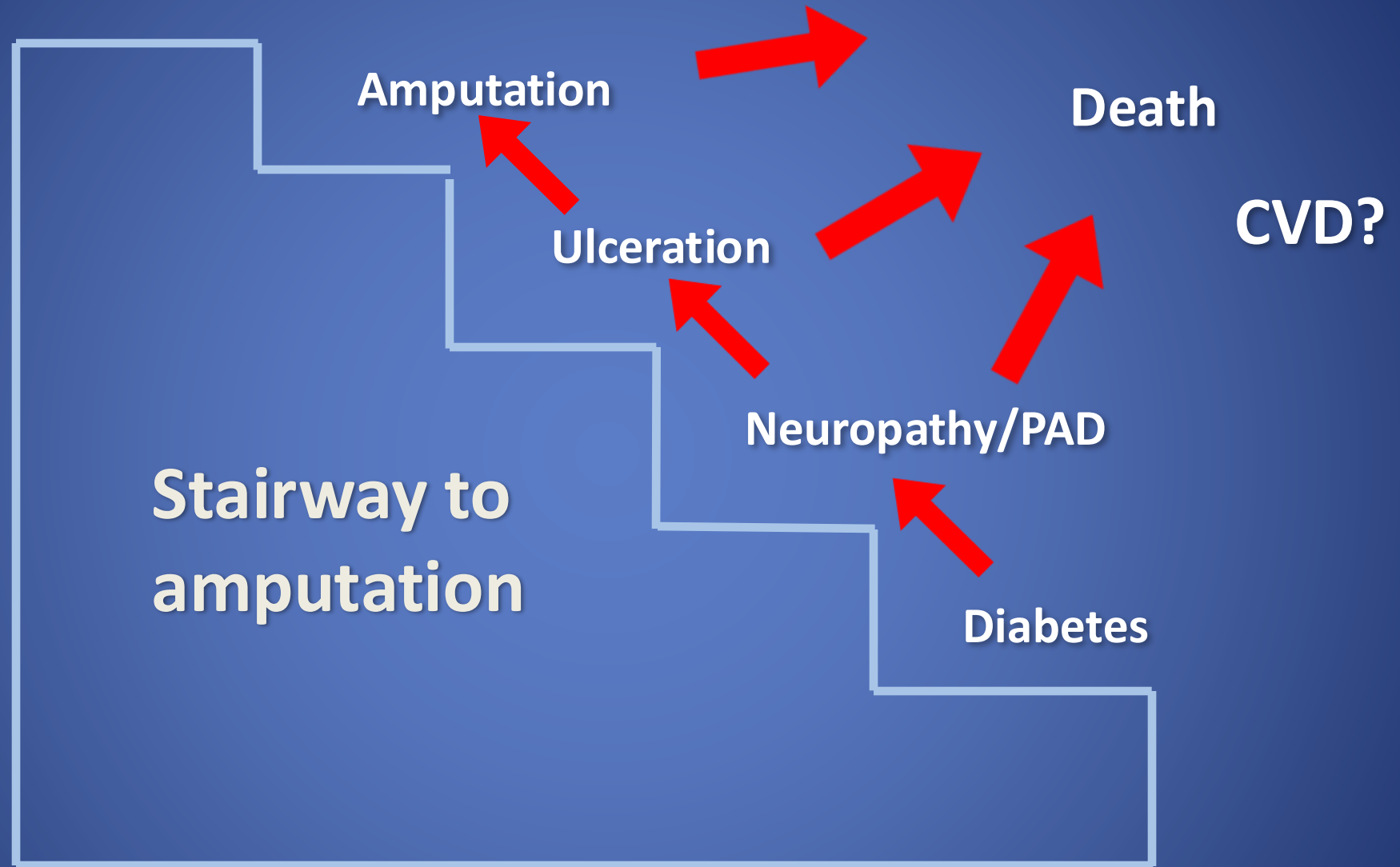
**Mortality
ulcer: a**

Naomi Holm
Fran Game⁸ 

‘Discussions [... of management plans..]should therefore include enhanced understanding and acceptance of the prognosis, in order to help frame the scope, location and limitations of interventions and guide choice of the most appropriate support systems.’

Received: 1 February 2024 / Accepted: 9 May 2024 / Published online: 27 September 2024

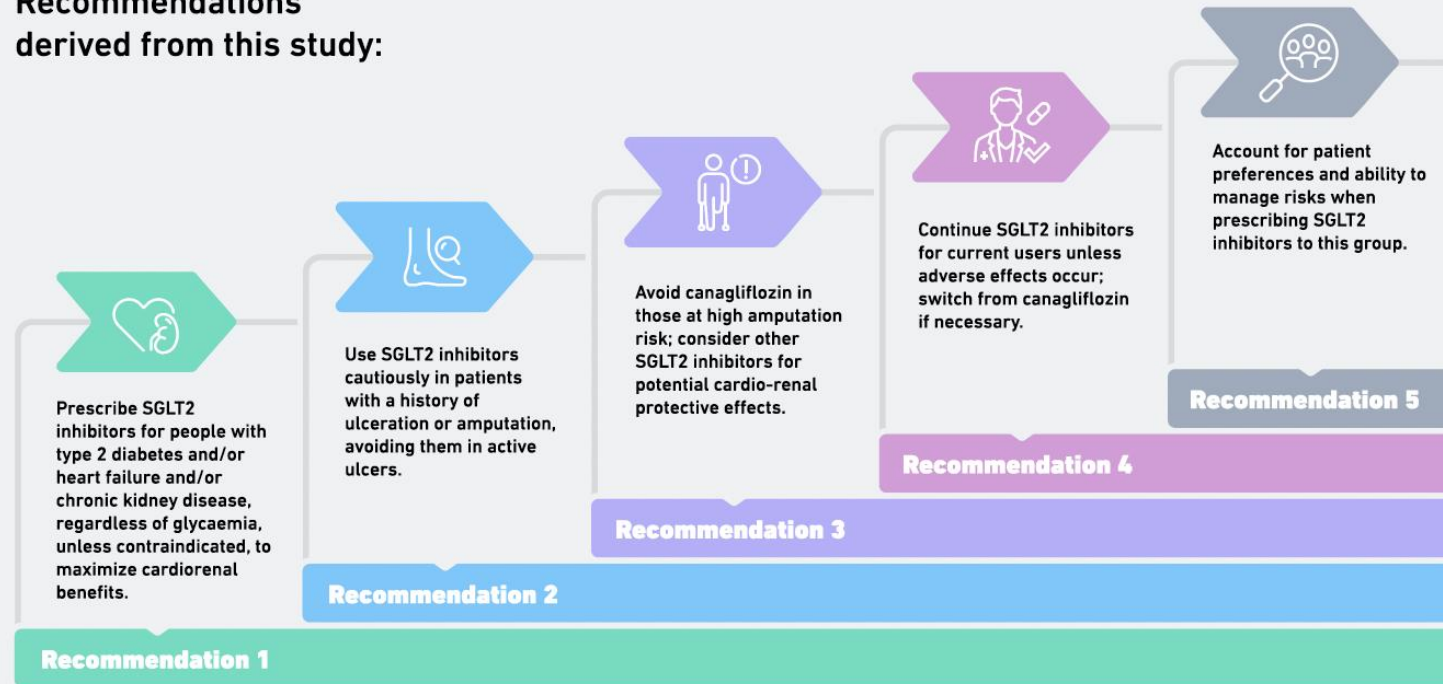
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The use of SGLT2 inhibitors in people with diabetes-related foot o

Patrick
Victoria
Ketan D
John R.
Jonatha

Recommendations
derived from this study:

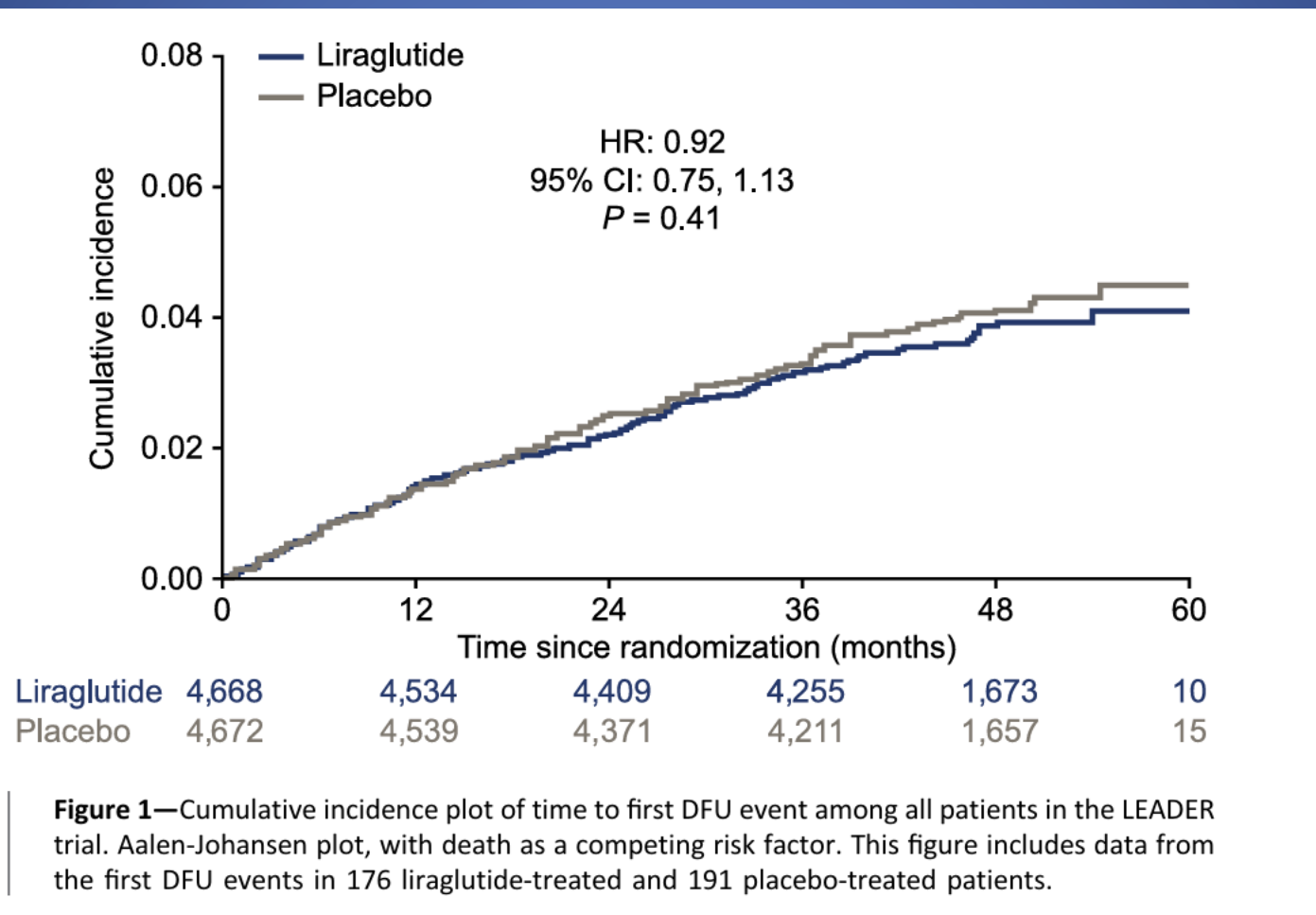




The Impact of Liraglutide on Diabetes-Related Foot Ulceration and Associated Complications in Patients With Type 2 Diabetes at High Risk for Cardiovascular Events: Results From the LEADER Trial

Ketan Dhatariya,^{1,2} Stephen C. Bain,³
John B. Buse,⁴ Richard Simpson,⁵
Lise Tarnow,⁶ Margit Staum Kaltoft,⁷
Michael Stellfeld,⁷ Karen Tornøe,⁷
Richard E. Pratley,⁸ and the LEADER
Publication Committee on behalf of the
LEADER Trial Investigators

Diabetes Care 2018;41:2229–2235 | <https://doi.org/10.2337/dc18-1094>



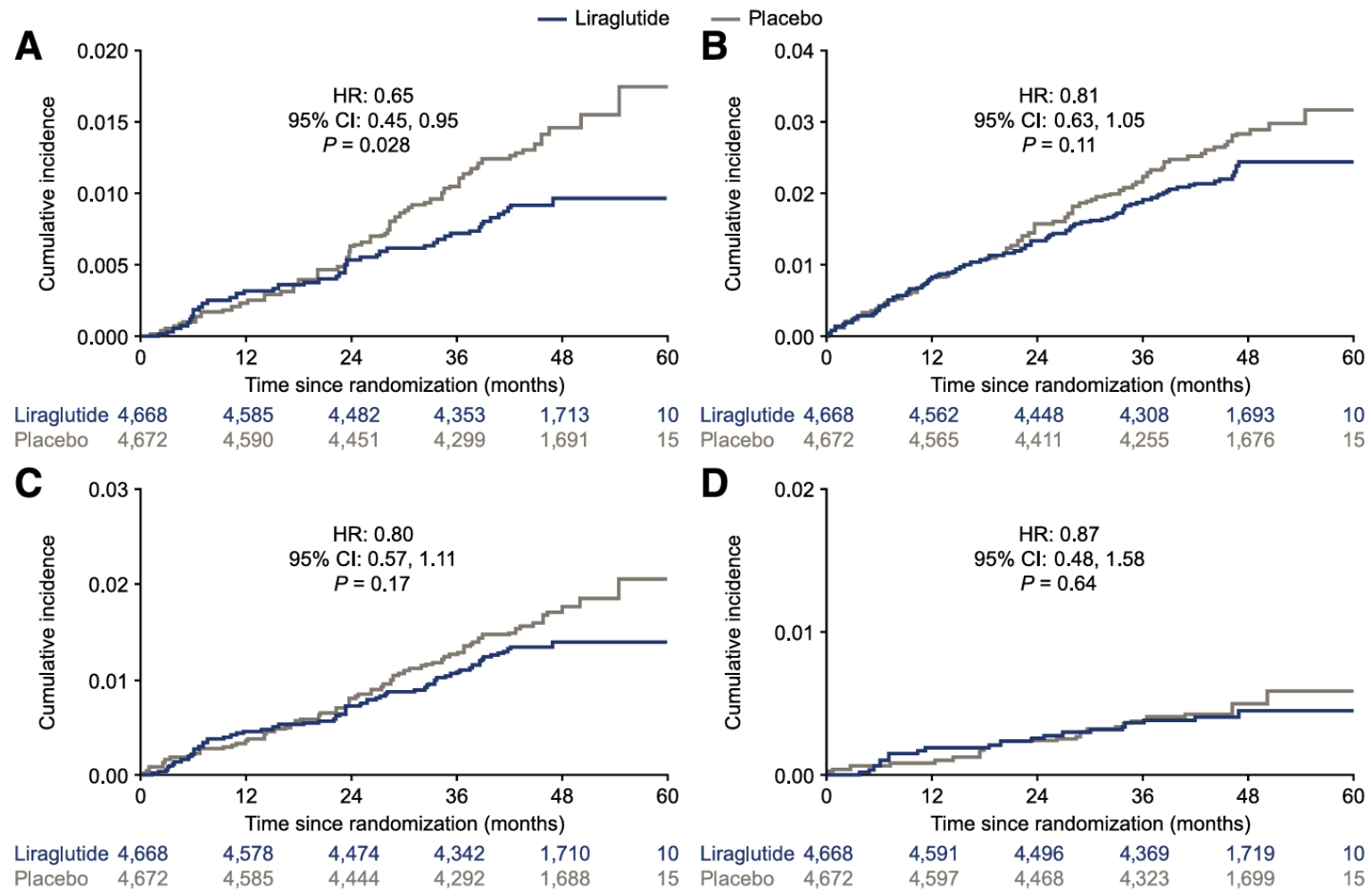
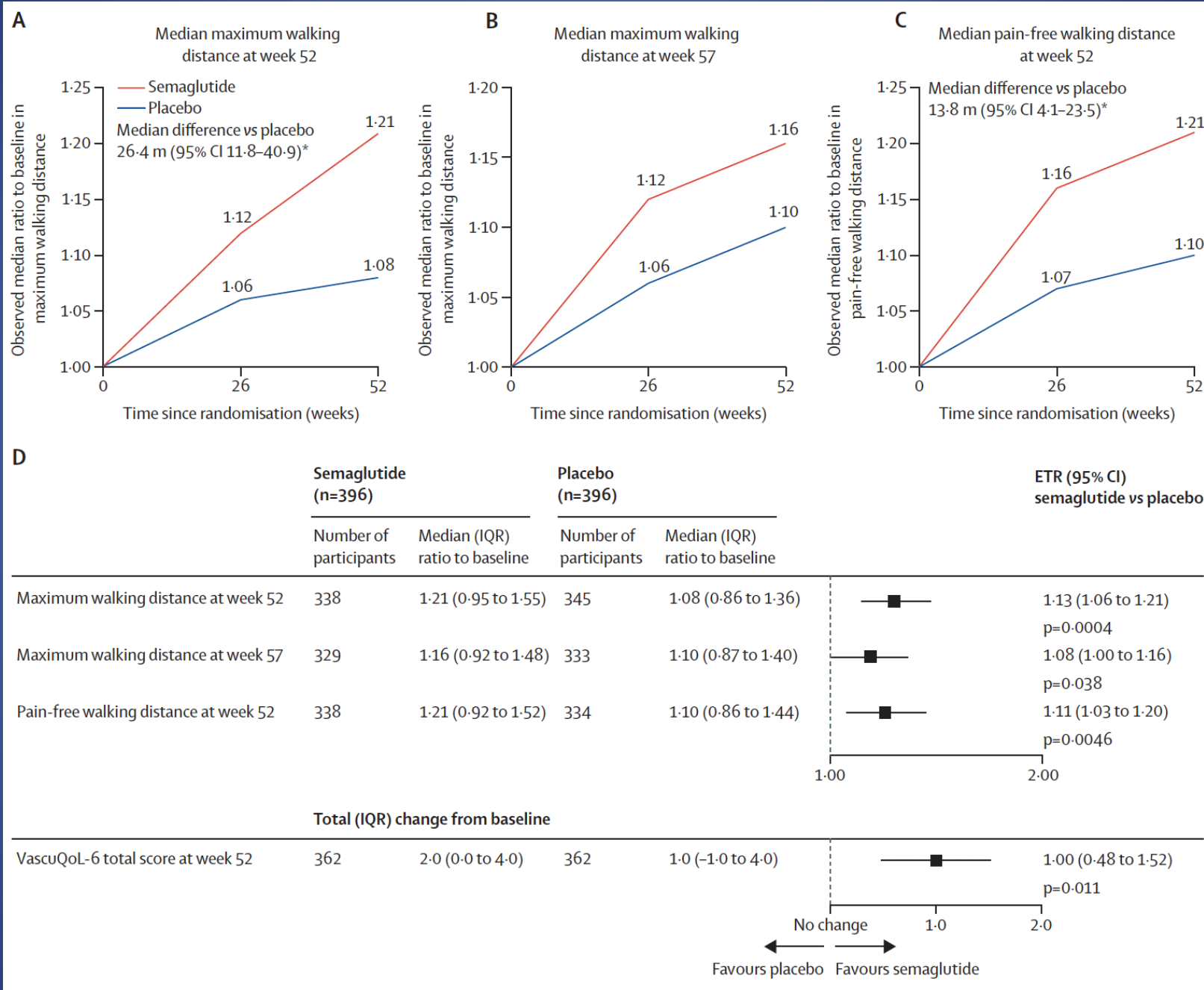
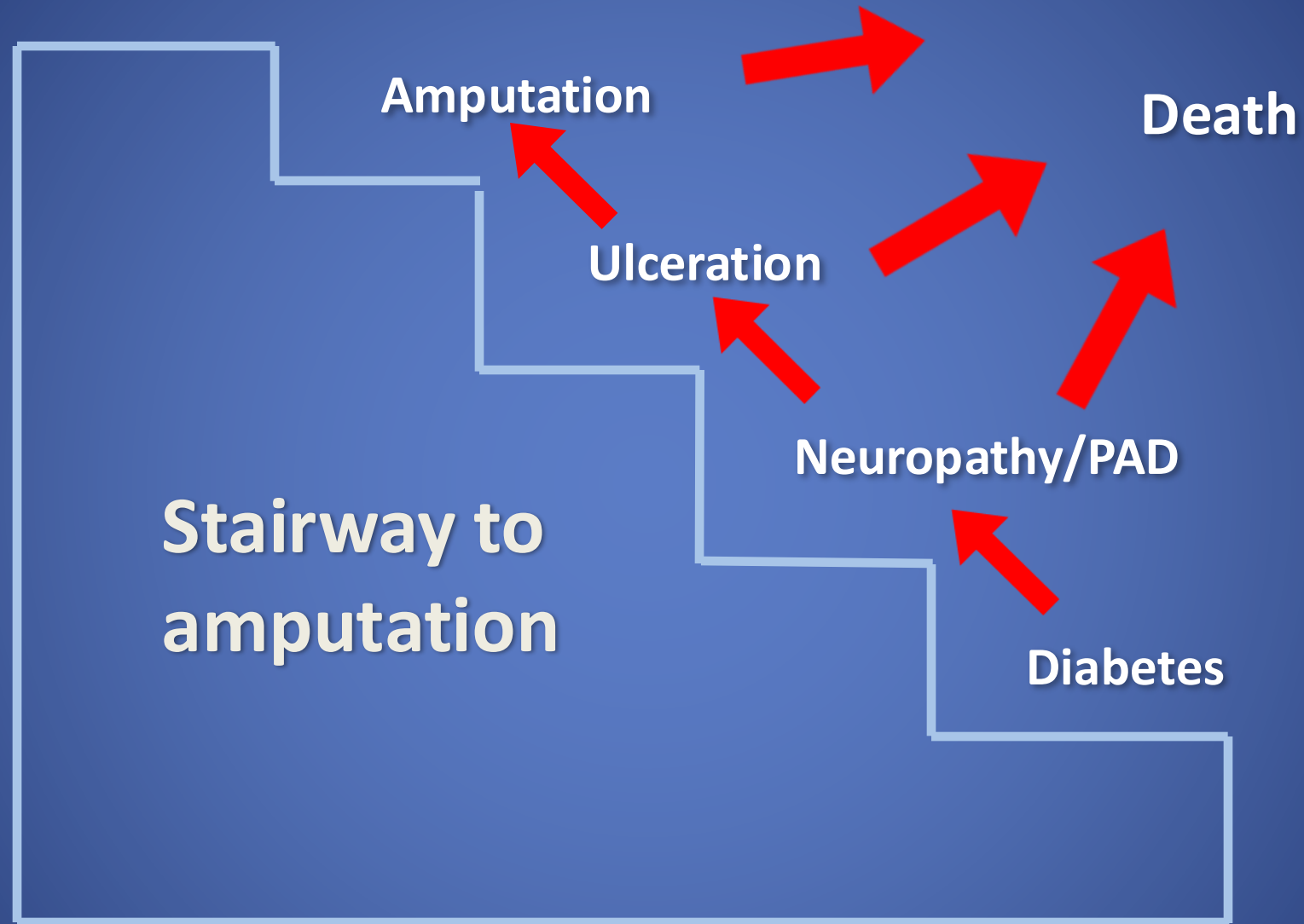


Figure 2—Cumulative incidence plot of time to first DFU-related complication among patients treated with liraglutide vs. placebo in the LEADER trial. **A:** Amputation (44 first DFU events in the liraglutide group and 67 first DFU events in the placebo group). **B:** Infection (107 and 131 first DFU events in liraglutide and placebo groups, respectively). **C:** Involvement of underlying structures (64 and 80 first DFU events in liraglutide and placebo groups, respectively). **D:** Peripheral revascularization (20 and 23 first DFU events in liraglutide and placebo groups, respectively).





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