

DIABETIC FOOT CARE BEFORE AND DURING THE COVID-19 EPIDEMIC: CAN WE DELIVER?

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Introduction

- The COVID-19 pandemic had led extreme challenges for the delivery of safe and effective diabetes foot (DF) services at every level
- East Suffolk is a large sparse rural area with a sizeable elderly population (average age: 70 in Diabetes Foot Clinic (DFC)) and many with limited access/ability to utilise technology
- Some of the challenges facing DF services in East Suffolk include:
 - Patient hesitation to attend hospital clinics due to COVID
 - Reduction of clinic space to 2 chairs for social distancing
 - Reduction in community Foot Protection Services which were limited to high risk caseload with telephone triage and review.
 - Shielding of key personnel including Diabetes Specialist Nurse and consultants limited to telephone reviews
 - DF Consultants being seconded to COVID wards
 - COVID related significant restriction of Vascular surgical access

The **Aims of this study** are:

- To review the impact of COVID-19 in the delivery of DF services in East Suffolk.
- To compare clinical outcomes pre-COVID19 and the peak of the COVID-19 pandemic.

Material & Methods

- A retrospective cross-sectional observational study between:
 - 1. Pre-COVID:** April 2019 to March 2020
 - 2. COVID:** April 2020 to March 2021
- Inclusions:** All patients under the multidisciplinary foot service (MDFS) between April 2019 to March 2021.
- Anthropometric and metabolic variables measured: age, gender, HbA_{1c}, lipid indices and uACR.
- Service Provisions reviewed: Clinical activity.
- Diabetes Foot Outcomes reviewed: Mortality, revascularisation, major amputations, minor amputations.

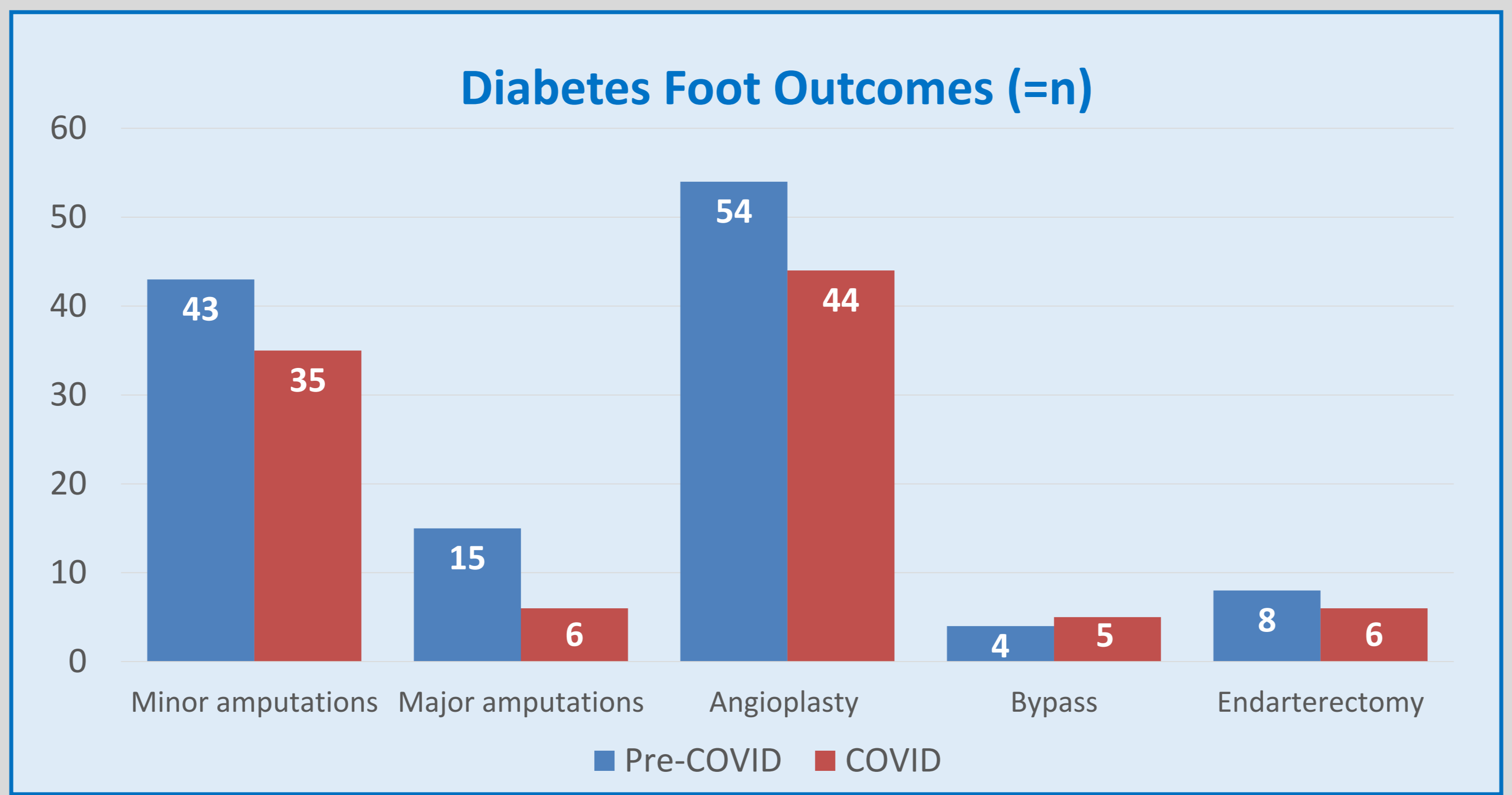
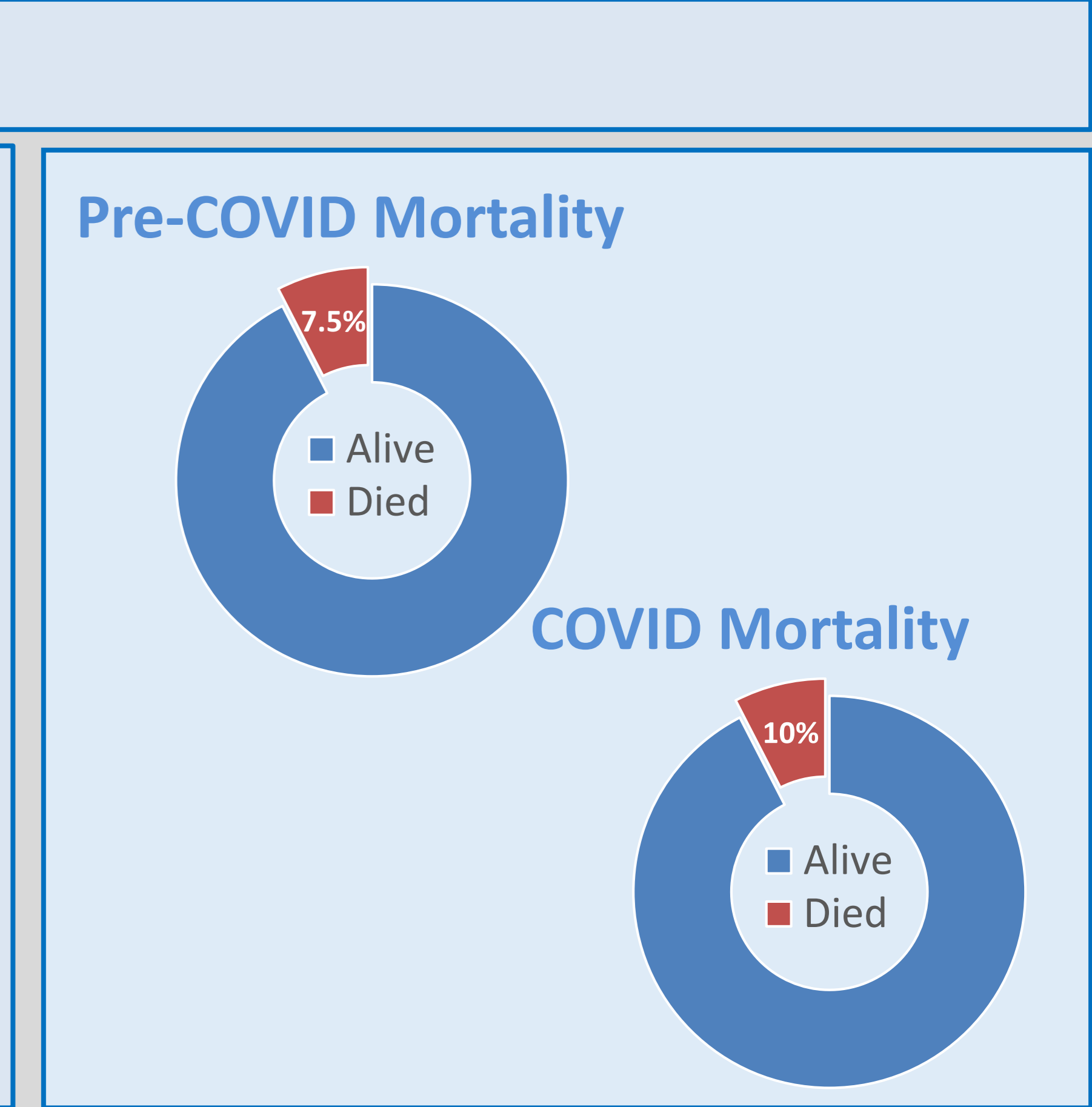
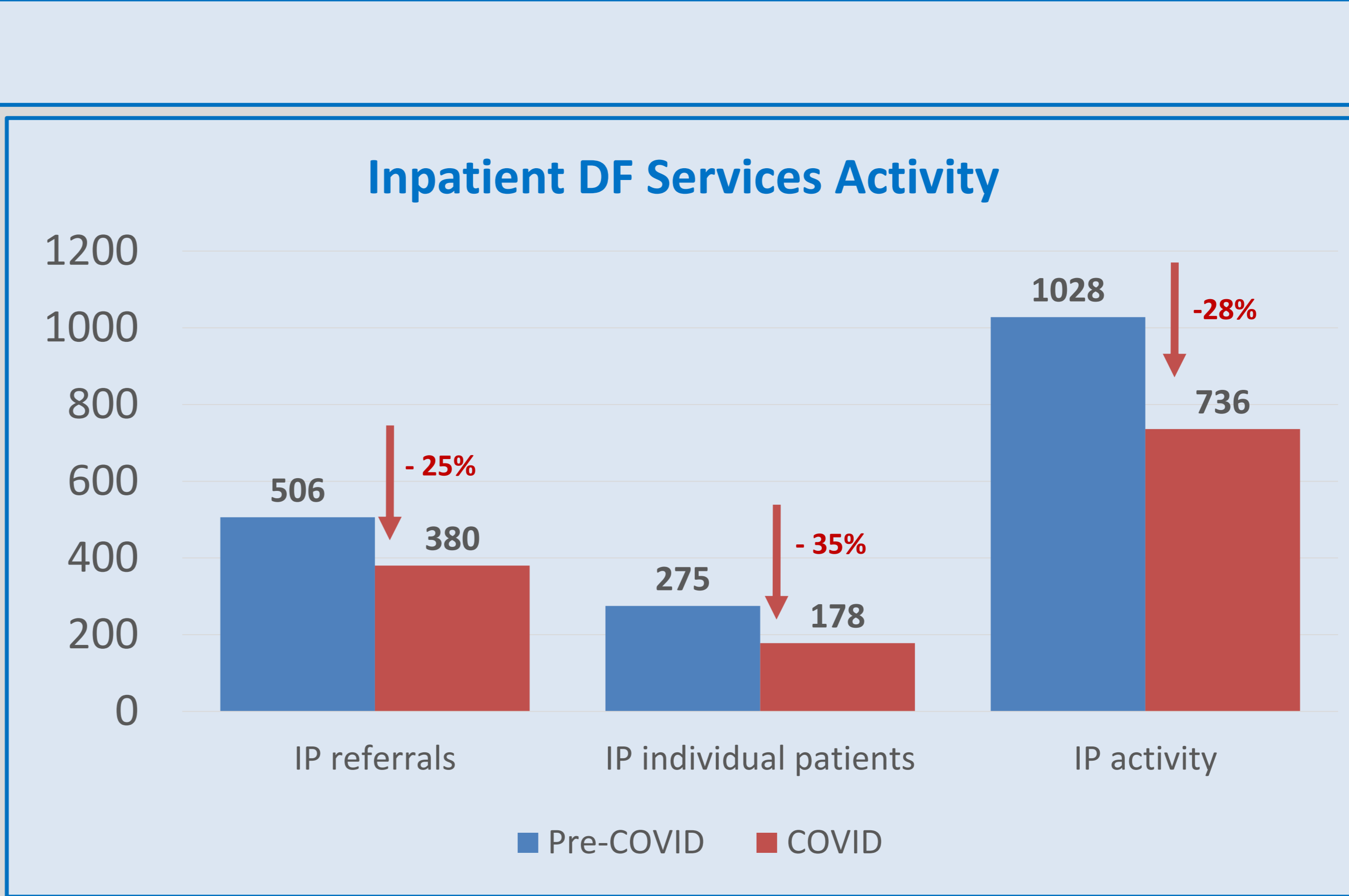
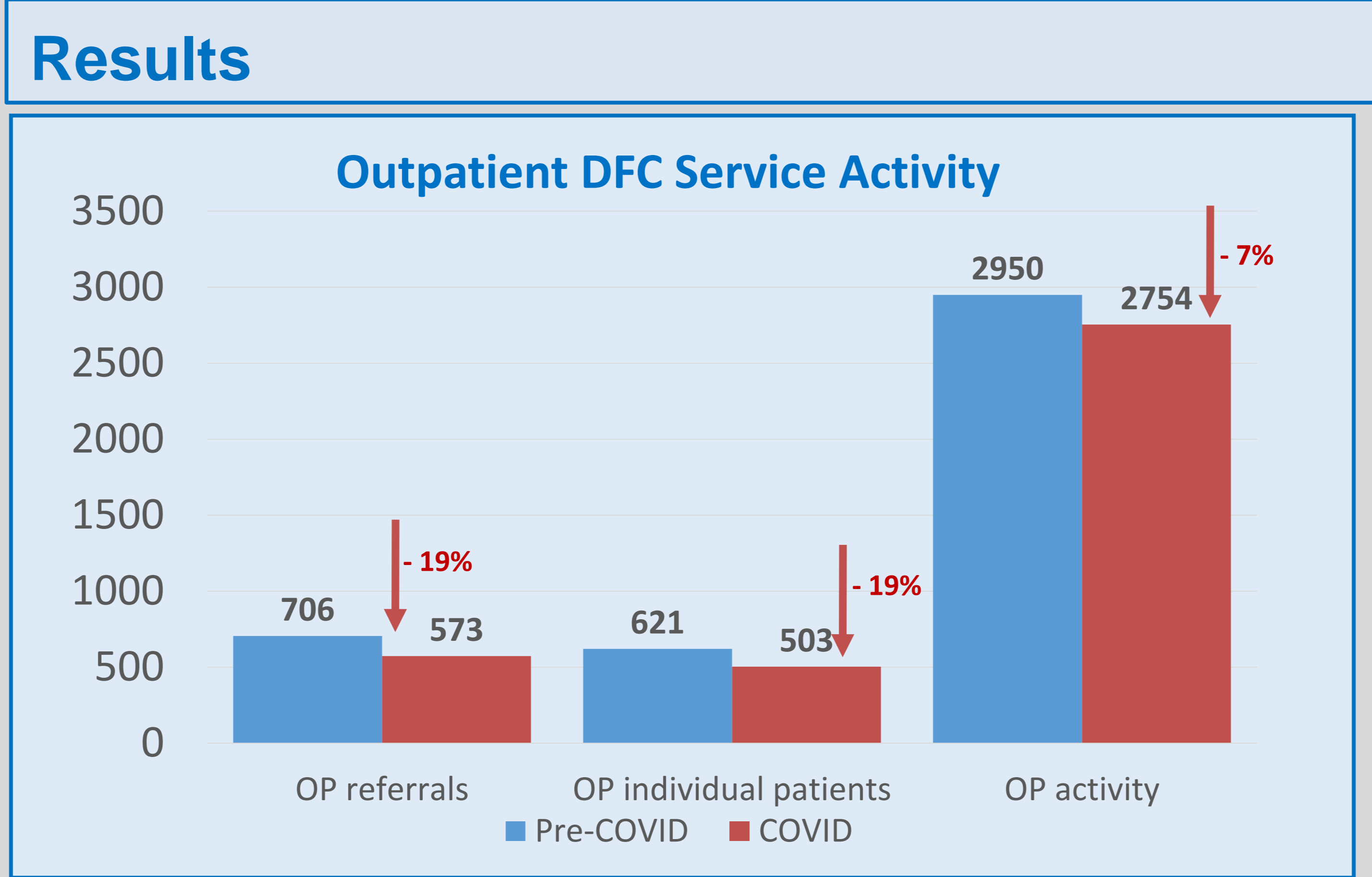


Table 1 compares the clinical characteristics and diabetes outcomes Pre-COVID19 and During COVID19.

Characteristic	Pre-COVID	COVID	Significance
Age	69.3 ± 14	70.13 ± 14.19	NS
Males	67.58%	69.12%	NS
Type2 vs Type1 DM %	90.43	88.24	NS
History of smoking (%)	63.29	60.6	NS
HbA1c (%)	7.67 ± 2.12	8.12 ± 1.75	p<0.001
Total Cholesterol (mmol/L)	3.97 ± 1.95	4.19 ± 1.63	NS
eGFR (ml/min/1.73m ²)	62.1 ± 28.1	65.2 ± 27.22	NS
Urinary Albumin -Creatinine ration (ml/mol)	24.32 ± 72.38	24.13 ± 68.83	NS

NS: Not significant (p≥0.05)

Conclusion

- When compared with the pre-COVID-19 data, the outcomes obtained during COVID-19 demonstrate the importance of access to DF services in mitigating the risk of complications during a pandemic.
- Our data suggests appropriate early planning, close liaisons with care providers and timely interventions were key in reducing morbidity and mortality due to DF complications.

Key Learning Points

- Prompt communication and reassurance to patients about availability of MDFS with clear point of contact is key to early self-referral and regular review.
- Close liaison with local service providers, particularly FPS and community nursing services is integral to prevent loss in delay in DF surveillance.
- Rapid restructuring and risk assessment of MDFS to allow face to face clinics to continue despite social distancing measures.
- Podiatrists trained to perform POC HbA_{1c} enabled remote consultations by DSN for diabetes optimisation.
- Inpatient activity prioritised to reduce LOS and admission avoidance but with minimal impact on outpatient activity.