



Diabetes foot care in dark skin tones



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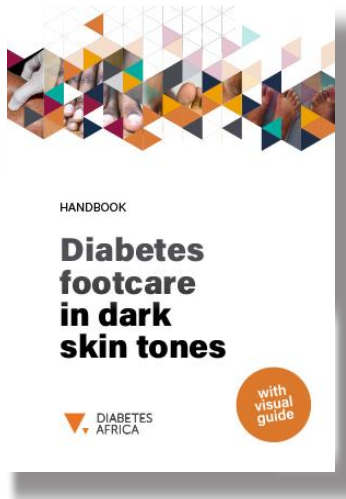


**in alphabetical
order*



Common foot problems in diabetes

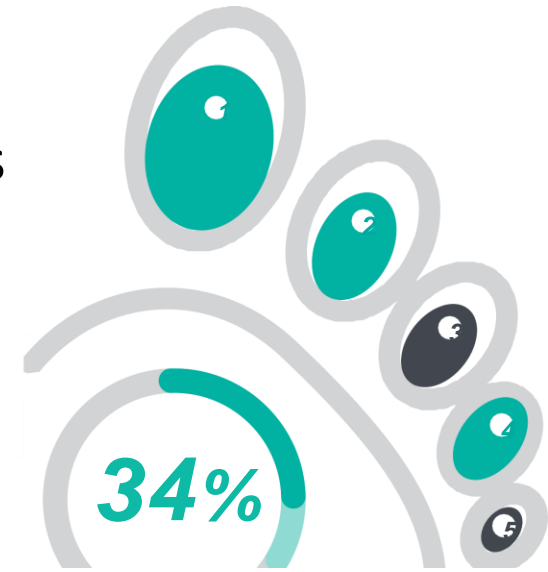
Ulceration, infection, necrosis, amputation



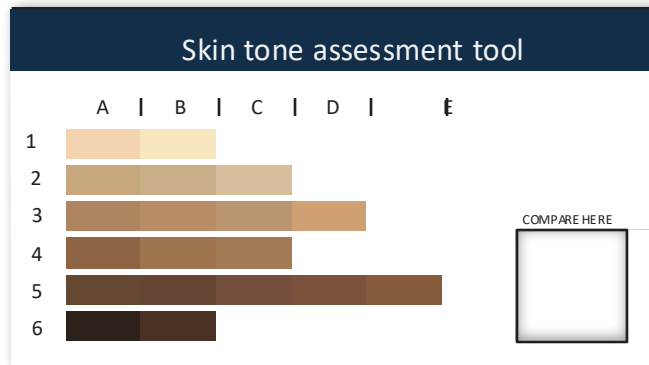
Diabetes foot care in numbers

Between 25% and 34% of people living with diabetes will develop a foot ulcer in their lifetime³.

- 1 **Major amputation** 56.6%
- 2 **Minor amputation** 46.2%
- 3 **All cancers** 31%
- 4 **Diabetes-related foot ulcer** 30.5%
- 5 **Breast cancer** 9%



The skin tone tool



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Don't rely on redness

Guidelines often point to 'redness' around a wound as a critical marker for assessing the severity of an infection.





Acute soft tissue infection



TIME IS TISSUE !!

- Infection is an important cause of tissue destruction which can lead to amputation.
- It is vitally important to make an early diagnosis
- Those who wait longer for specialist care tended to have more severe ulcers, and their ulcers were less likely to have healed at 12 weeks. (Kerr 2017)

Neuropathic foot



A person with diabetes with an intact foot on Monday

Ischemic foot



A break in the skin on Tuesday



Infection of the foot on Wednesday



Gangrene on Thursday



Necessity to undergo a major amputation on Friday

When diagnosing diabetes-related foot complications, the story begins with what the person in front of us has noticed and shares about their own bodies.

This is especially important for individuals with dark skin, where the subtleties of signs and symptoms can easily go unnoticed. As such

the clinician undertaking the history needs to be aware of the subtleties and how to prompt the person in front of them appropriately.

GENERAL

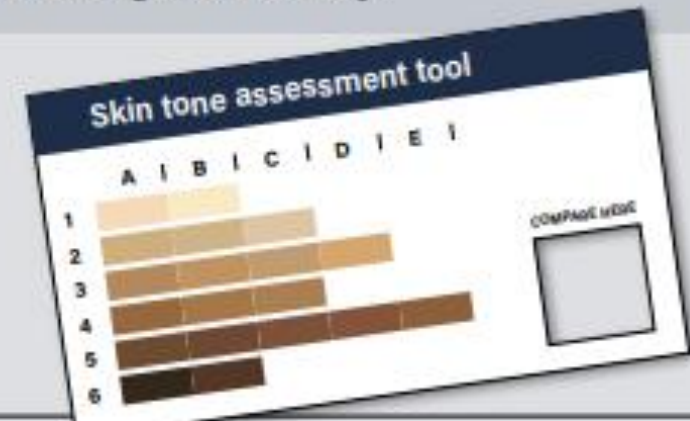


EXAMINATION



- Use adequate lighting,
- Fully expose and inspect both feet (if available) for comparison, revealing as much of the leg as possible to detect colour changes better.
- Assess for changes in shape, temperature, texture, colour etc.
- Check and compare foot pulses on both feet.
- Assess for changes in sensation in both feet and legs, noting that people with diabetes may have neuropathy that will mask pain.







DARK SKIN TONES



- Increase vigilance for subtle variations in skin colour that may indicate infection or ischemia (e.g. hyper-pigmentation can be a sign of underlying infection or poor blood supply).
- Carefully inspect for signs of inflammation that might be less apparent: erythema or 'redness' may not be apparent.
- Use of adequate lighting to enhance visibility of skin changes.
- Use a skin assessment tool to record skin tone changes accurately.









ACT NOW in different skin tones

ACT NOW!  

		
A - ACCIDENT	C - CHANGE	T - TEMPERATURE?
		
N - NEW PAIN?	O - OOZING?	W - WOUND?

ACT NOW!  

		
A - ACCIDENT	C - CHANGE	T - TEMPERATURE?
		
N - NEW PAIN?	O - OOZING?	W - WOUND?

ACT NOW!  

		
A - ACCIDENT?	C - CHANGE?	T - TEMPERATURE?
		
N - NEW PAIN?	O - OOZING?	W - WOUND?



It is a six-stage triage and risk assessment tool for people with diabetes, their carers and health care professionals.

Developed by iDEAL (Insights for Diabetes Excellence, Access and Learning) group, it is designed to help recognise the early warning signs that might lead to amputation and which, if identified, should activate urgent referral to the Multi Disciplinary Foot Protection Team (MDFT)

It aims to ensure clear referral pathways from primary care, promote rapid access to MDFTs, facilitate the referral of high-risk feet, and empower people with diabetes, their carers, and healthcare professionals to expedite rapid referrals to MDFTs.

The ACT NOW acronym was designed to be user-friendly, effective, and reliable.

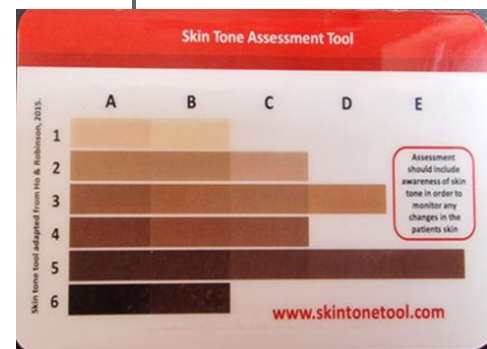
To access educational resources online, visit:

<https://idealdiabetes.com/act-now-educationresources/>



Tips for clinicians

- Make the resources work for you, no matter your background or knowledge.
- Listen to your patients and learn what they need
- Learn what to check for during consultations to improve foot care for people living with diabetes



Interdigital ulcer
The redness is swelling on this person with lighter skin tone (2A) is obvious. This allowed the ulcer to be detected early.



Interdigital ulcer
Maceration and skin breakage has already happened on this person with a dark skin tone (3A). A subtle discolouration can be observed.



Interdigital ulcer
This advanced-stage ulcer may have been signaled earlier by toe discoloration (6B).

Summary

- Dark skin should not be seen as a 'challenge' in clinical practice
- To reduce health inequalities and misdiagnosis, clinicians must have the knowledge and awareness to provide optimal care for all regardless of skin tone
- Patient engagement and addressing quality of life factors will improve the patient's experience and has been proven to improve outcomes
- Managing wounds requires an understanding of both wound healing and the individual patient's needs.





- Identify patients at risk – Regular foot check
- Detect problems early – Know what they are
- Know what to do and where to go – Refer on

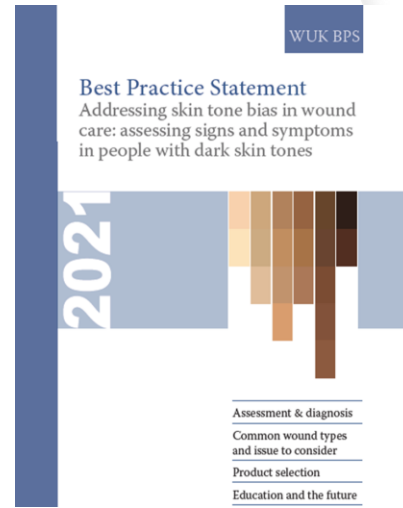
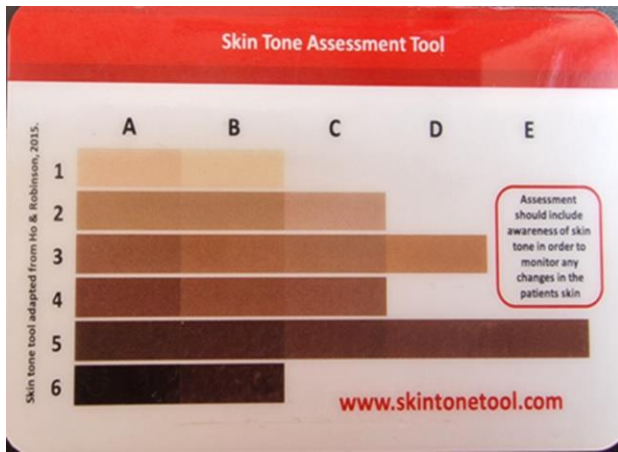
Foot problems in people with diabetes can be prevented



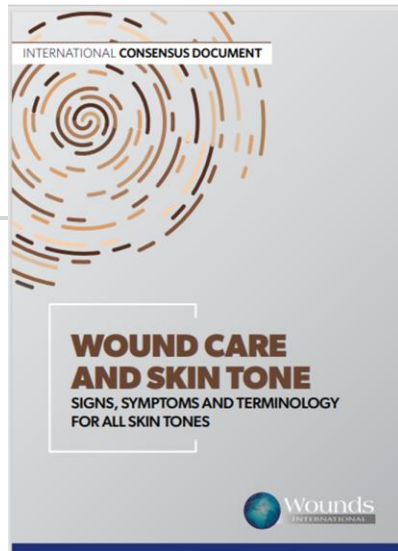
Call to action

The Diabetes Africa Handbook is free to download from;
<https://diabetesafrica.org/footcare-handbook/>

Download for free to try it out and provide feedback



Additional resources



www.diabetesafrica.org

<https://diabetesafrica.org/footcare-handbook/>

<https://www.respond2pressure.com/search?q=skin+tone>



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