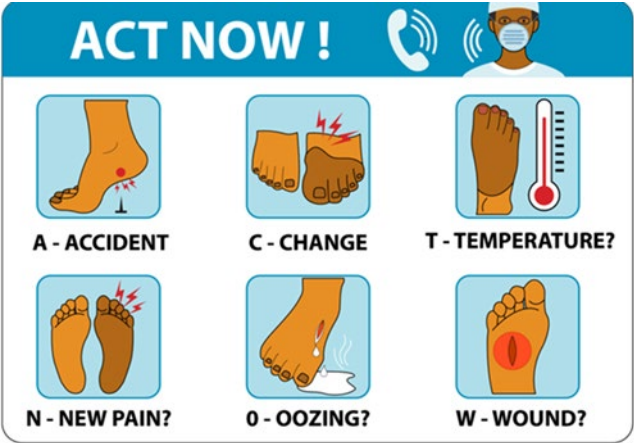


Diabetes foot care in dark skin tones



DIABETES FOOTCARE IN DARK SKIN TONE

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Birmingham City University / University Hospitals Birmingham NHS Trust

SUPPORTED BY





Common foot problems in diabetes

Ulceration, infection, necrosis, amputation

The **red flags** for acute foot infection



The acutely **red**/hot/swollen foot - with or without pain

Any spreading cellulitis or tracking infection

Allied with systemic symptoms indicative of sepsis, eg slurred speech or confusion; extreme shivering or muscle pain; breathlessness; an extremely high or a very low temperature; repeated vomiting; seizures; and a rash which doesn't fade when you press a glass against it (see <https://sepsistrust.org/> for further details of signs and symptoms)

Critical limb ischaemia - a clinical syndrome of ischemic pain at rest or tissue loss, such as non-healing ulcers or gangrene, related to peripheral artery disease resulting in a painful, pale, pulseless foot/limb (Kinlay, 2016)

Purulent gangrene

Increasing rest pain with absent foot pulses

Why is this a problem?

Every week diabetes leads to more than;

184 amputations (70,000/year!!!)

770 strokes

590 heart attacks

2,300 cases of heart failure

The NHS spends at least £10 billion a year on diabetes, equivalent to 10% of its budget. Of this, 80% is spent on treating complications,

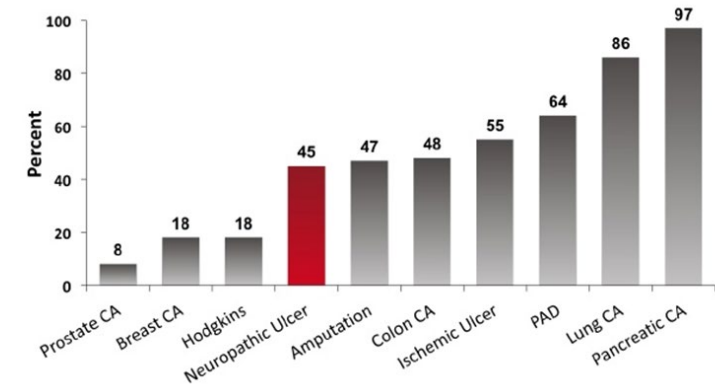
Diabetes foot care accounts for more healthcare costs in England than breast, prostate and lung cancer combined.

Much of these costs come from treating prolonged and severe ulcerations and infection.

Foot problems in people with diabetes have a significant financial impact on the NHS through primary care, community care, outpatient costs, increased bed occupancy and prolonged stays in hospital.

NICE; NG19 (2023)

5-Year Mortality Rates



Armstrong DG, Wrobel J, Robbins JM. Guest Editorial: are diabetes-related wounds and amputations worse than cancer? Int Wound J. 2007;4(4):286-287

5-year survival after diabetic foot ulcer is 58%, similar to that for colorectal cancer, and lower than for breast or prostate cancer

Only around 50% of patients survive for 2 years after major amputation in diabetes.

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

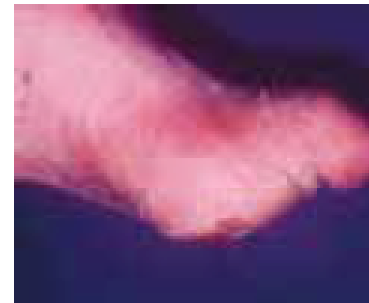
Ischemic foot



A break in the skin on Tuesday



Infection of the foot on Wednesday



Gangrene on Thursday



Necessity to undergo a major amputation on Friday



Compare and contrast





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

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/>

ASSESSMENT OF FOOT for TREATMENT

iDEAL Group Position Statement ACT NOW! Diabetes and Foot Care Assessment and Referral, (2020)

Professor Michael Edmonds, Professor Anne Phillips, John Grumitt, Charles Odiase, Dr Patrick Holmes, Helen Halloum, Anita Beckwith, Dr Yvonne Doherty (www.idealdiabetes.com)



ACT NOW!

Tool for all NHS Primary and Secondary Care services to promote prompt and rapid referral to the MDFT (Multidisciplinary Foot Care Team) (Edmonds et al, 2020).

Refer the PWD (Person/People With Diabetes) if they present with any of the following to their foot/feet:



www.idealdiabetes.com
@IDEALdiabetes

ACT NOW! Checklist				
ASSESSMENT OF FOOT	Tick if present	Digital photo taken to include with referral	Date referred	Document referral to Specialist MDFT
 A - ACCIDENT? Recent or history of an accident or trauma?				
 C - CHANGE? Is there any new swelling, redness or change of shape of the foot?				
 T - TEMPERATURE? If there is a change in temperature present? Could this be an infection or possible Charcot?				
 N - NEW PAIN? Is there pain present? Is it localised or generalised throughout the foot?				
 O - OOZING? What colour is any exudate? Is there an odour?				
 W - WOUND? Can you document the size, type and position of the wound in the foot affected?				

- ▶ A ACCIDENT or trauma
- ▶ C CHANGE in the foot
- ▶ T TEMPERATURE change
- ▶ N NEW PAIN present?
- ▶ O OOZING or exudate?
- ▶ W WOUND

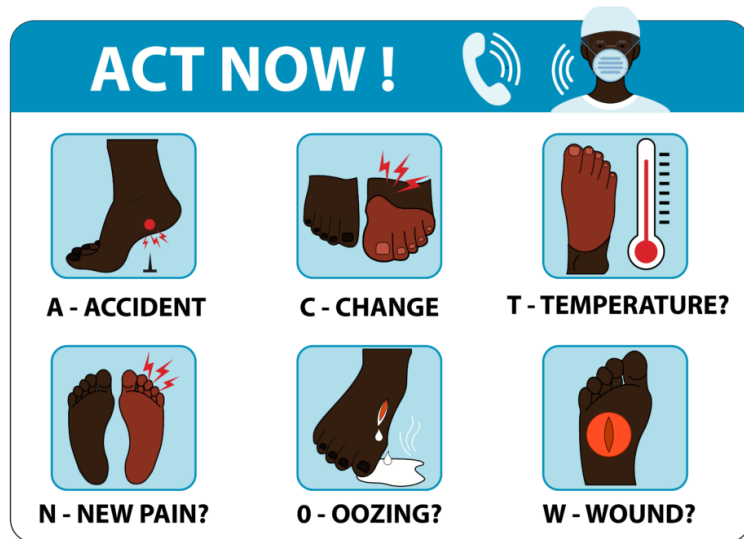


ACT NOW — do not delay

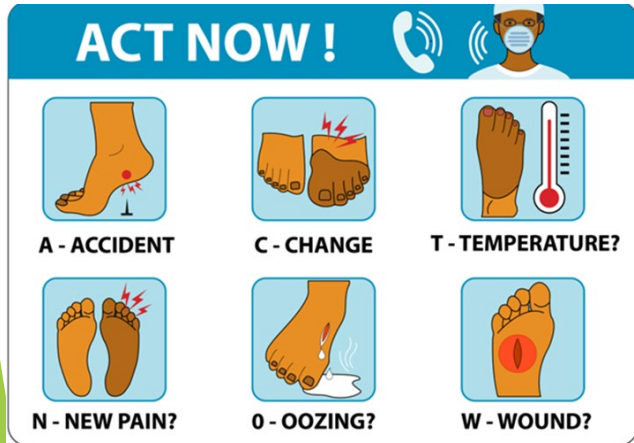


The ACT NOW project;

- ▶ Small grant funded production of health promotion material to enable the ACT NOW message to be disseminated in an accessible format
- ▶ provided in culturally sensitive formats
- ▶ With a QR code to access to educational resources
- ▶ User satisfaction was recorded from healthcare professionals and patients



This is what was produced...



iDEAL
Insights for Diabetes Excellence
Access and Learning

Contact:

@iDEALdiabetes | www.idealdiabetes.com

If your Multi-disciplinary Foot Care Team, local Podiatry Department or GP are not available and there is no sign of your foot healing within 24 hours, go to your local accident and emergency department. Any delay in getting advice or treatment when you have a problem can lead to serious problems.

This block contains a QR code, the iDEAL logo with tagline, a contact label, a text input field, social media and website information, and a disclaimer at the bottom.

So how does this work in darker skin tones?







ACT NOW!

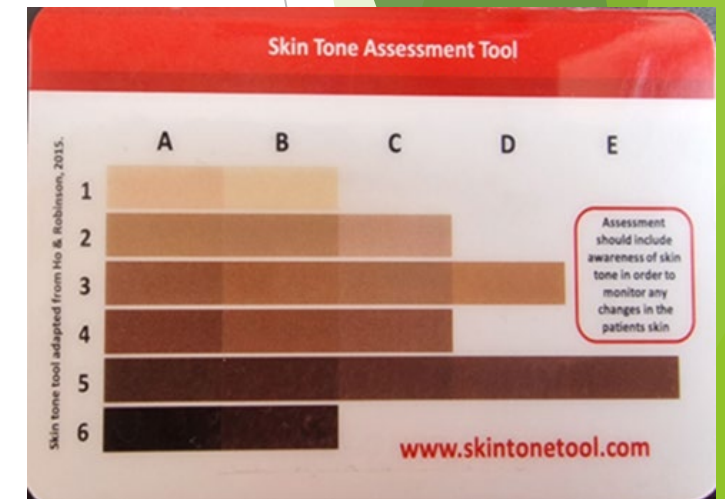
Tool for all NHS Primary and Secondary Care services to promote prompt and rapid referral to the MDFT (Multidisciplinary Foot Care Team) (Edmonds et al, 2020). Refer the PWD (Person/People With Diabetes) if they present with any of the following to their foot/feet:



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@IDEALdiabetes

ACT NOW! Checklist

ASSESSMENT OF FOOT	Tick if present	Digital photo taken to include with referral	Date referred	Document referral to Specialist MDFT
 A - ACCIDENT? Recent or history of an accident or trauma?	?			
 C - CHANGE? Is there any new swelling, redness or change of shape of the foot?	X			
 T - TEMPERATURE? If there is a change in temperature present? Could this be an infection or possible Charcot?	?			
 N - NEW PAIN? Is there pain present? Is it localised or generalised throughout the foot?	?			
 O - OOZING? What colour is any exudate? Is there an odour?	X			
 W - WOUND? Can you document the size, type and position of the wound in the foot affected?	X			



Patient feedback;

PROS

- Handy size for wallet
- Good to have the contact number to hand
- Pictures make sense
- Will give it to family
- Really good idea
- Love the articles
- Like access how to do Ipswich Toe Test
- Like the different skin tone choice
- Excellent card. Online app would possibly be even better
- Would be helpful to give examples of accident
- Oh this is snazzy
- Wife commented handy to put in wallet

CONS

- ▶ A bit small
- ▶ Writing on bottom of the back – too small/hard to read
- ▶ Skin tones not reflective of “real” skin tones
- ▶ patients prefer it to say “appointments” on the back
- ▶ Information overload syndrome
- ▶ Be better online

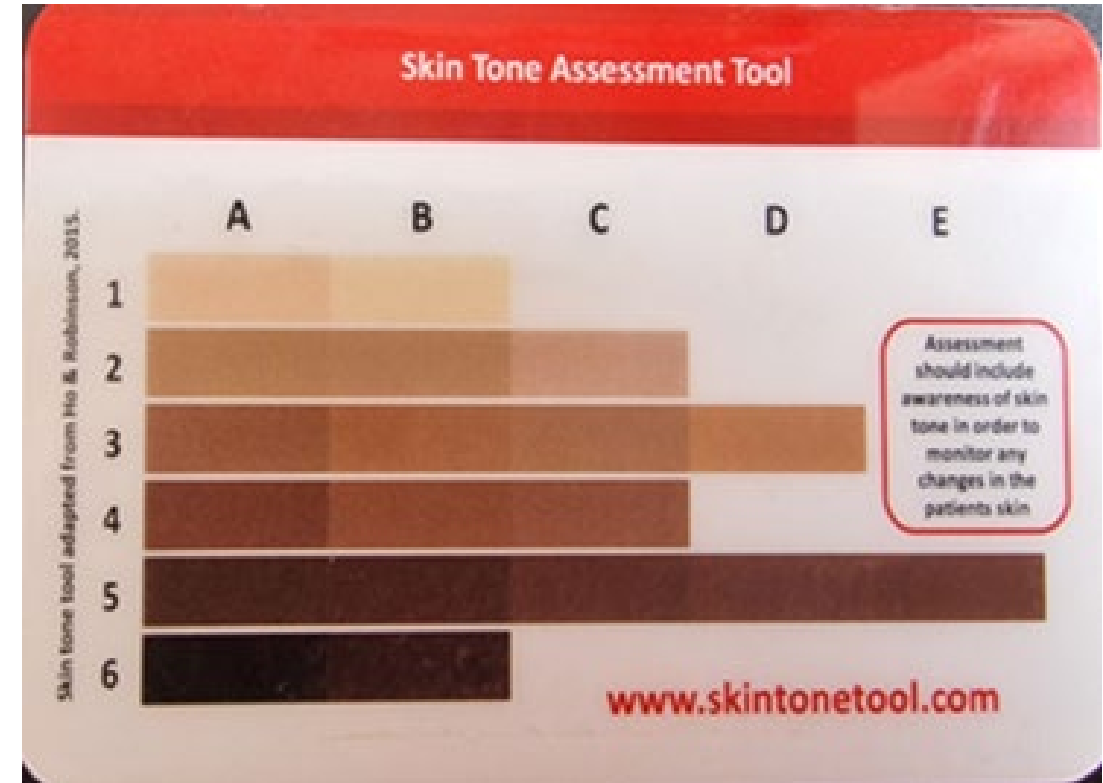


HCP comments;

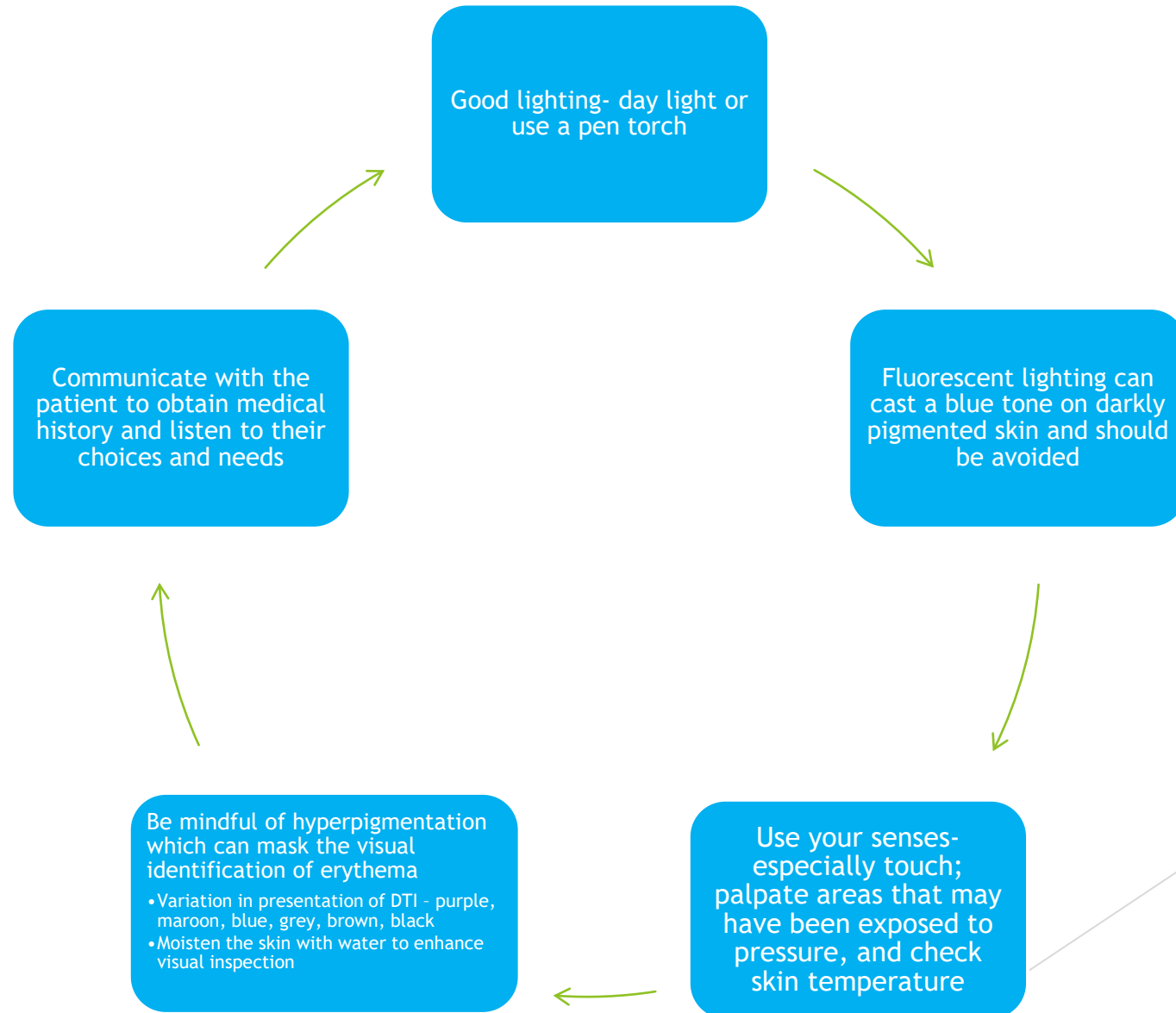
- ▶ I don't know if I am supposed to, but I have been giving out cards to staff and students.
- ▶ It is a great adjunct to teaching sessions, even the junior doctors wanted them
- ▶ Everyone who has been given one has gladly taken it
- ▶ I like the cards, I think they are a handy physical and visual reminder for the patients.
- ▶ We have found them useful but need more to be able to expand them to existing patients so we are looking at producing our own using the iDEAL graphics to support them, with the trust's details on the reverse to aid contact directly into our service.
- ▶ I like them and the visual, easy to understand and follow for patients
- ▶ Patients like them, nice images and easy to understand.
- ▶ We are an inner London borough so are diverse in skin colour and languages and taking a visual is helpful
- ▶ Very often due to neuropathy people with diabetes delay self-referral as things don't hurt. Having the aide memoir of card with images results in faster action.
- ▶ Everyone who seen the cards expressed what a great idea they were and how easy to use.
- ▶ All the team used and loved them, including the vascular consultants, orthotists, podiatrists etc. This meant we were all giving the same message.

Things to consider

- ▶ Use a skin tone tool to assess and record the patient's baseline skin tone
- ▶ Record in clinical noting
- ▶ Do not look for 'redness', but for skin and/or colour changes
- ▶ Look for other signs and symptoms, e.g. are there any texture changes? Does the skin look or feel shiny or tight? Is there any swelling or inflammation?
- ▶ Assess for warmth (use a skin thermometer if available)
- ▶ Ask the patient about their skin and listen to their perspectives
- ▶ Consider using photography for recording and monitoring, rather than as a diagnostic tool, where possible



TIPS FOR SKIN TONE ASSESSMENT





HANDBOOK

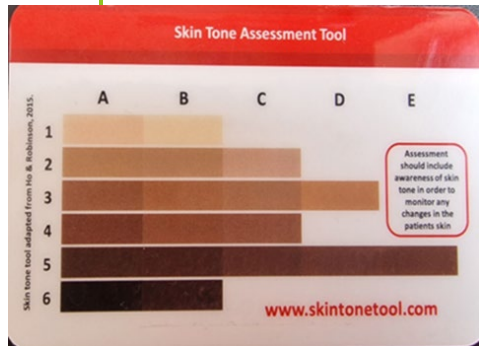
Diabetes footcare in dark skin tones

DIABETES AFRICA

with visual guide

Person-centred impact of skin tone assessment

- ACT NOW can work for you, no matter your clinical background or specialist knowledge.
- Listen to your patients and hear what they say
- Learn what to check for during consultations to improve foot care outcomes, especially in darker skin
- Dark skin should not be seen as a ‘challenge’ in diabetes care



ACT NOW!

A - ACCIDENT **C - CHANGE** **T - TEMPERATURE?**

N - NEW PAIN? **O - OZZING?** **W - WOUND?**



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 discoloration can be observed.



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

What's next?

- ▶ Shortlisted for funding award for production of an ACT NOW app
- ▶ Downloaded free of charge
- ▶ iOS and Android compatibility
- ▶ Skin tone and wound assessment and triage in your pocket - where you need it, when you need it!
- ▶ ACT NOW before its too late

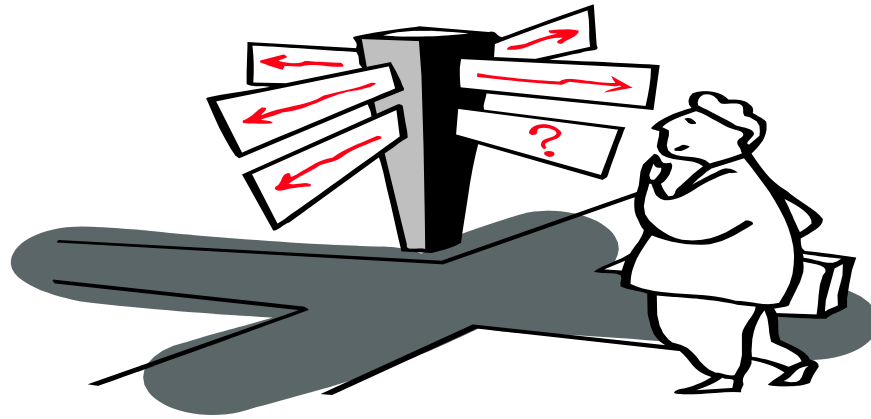


Summary

- ▶ Dark skin should not be seen as a ‘challenge’ in clinical practice
- ▶ To reduce health inequalities and misdiagnosis, clinicians should 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 individual patient’s needs.

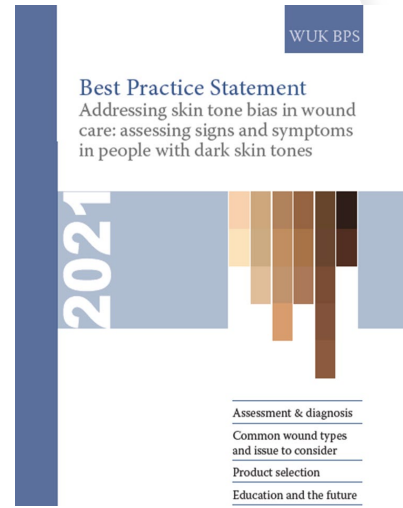
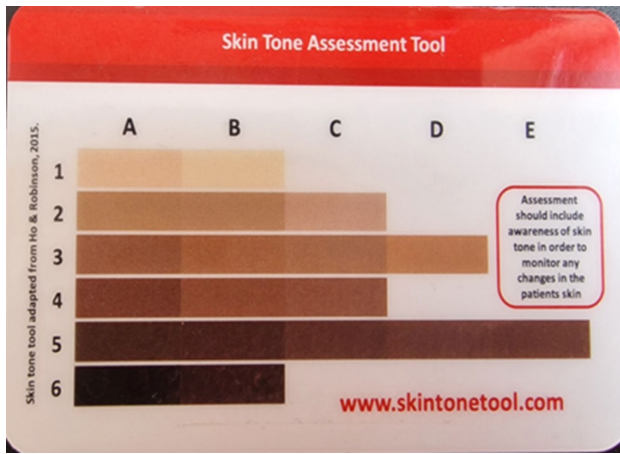


Scan to download
the handbook



- ▶ 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



[www. diabetesafrica.org](http://www.diabetesafrica.org)

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



Additional resources

Scan to download the handbook





References & Resources

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