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**“You just have to live with it, haven’t you”**

**Understanding the psychosocial burden of foot complications in diabetes:  
a cross-sectional questionnaire and qualitative interview study**

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# The problems



➔ Up to **70%** of people with diabetes die within 5 years of amputation.

➔ Around **50%** die within 5 years of developing a DFU.



Cost to NHS: **£1 billion** per year.

# The problems



Coastal areas have a significantly higher burden of disease.



This includes higher rates of diabetes, DFUs and amputations.

# The problems



People with diabetes experience disproportionately high rates of psychological health issues.



These issues include anxiety, depression and diabetes distress – the emotional response to living with the condition.

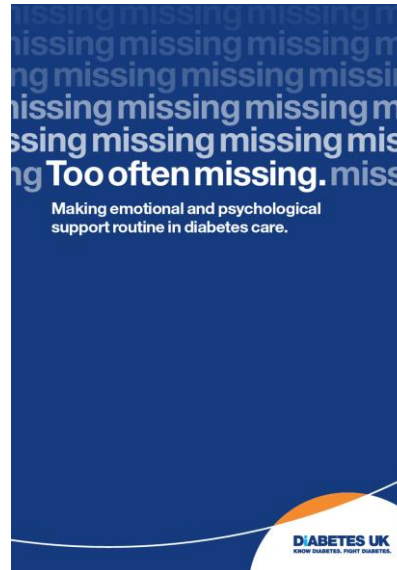
# The problems

What do the guidelines say?

**NICE** National Institute for  
Health and Care Excellence

“The multidisciplinary foot care service should have access to psychological services.”

What is the reality?



What treatments are effective?



# Aim

To explore the **psychosocial burden** of foot complications in diabetes among podiatry patients living in a coastal area.

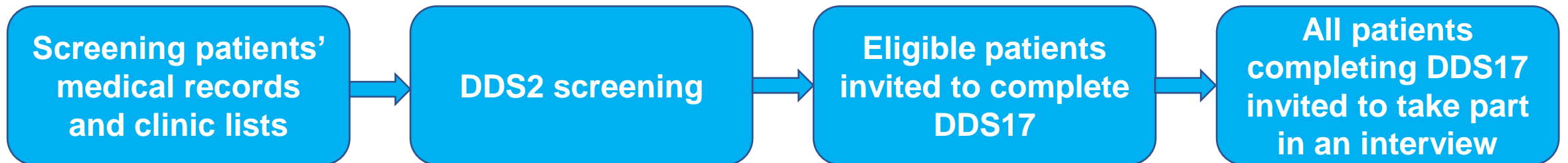
# Methods

## Design

Cross-sectional questionnaires and semi-structured interviews

## Eligible patients

- Aged 18 or over and able to speak/understand English
- Type 1 or type 2 diabetes with DFU, amputation or Charcot in the last 5 years
- Screened positive on DDS2



## Analysis

Descriptive statistics (questionnaires) and inductive thematic analysis (interviews)

# Methods

## DDS2

Item	Not a problem	A slight problem	A moderate problem	A somewhat serious problem	A serious problem	A very serious problem
1. Feeling overwhelmed by the demands of living with diabetes	1	2	3	4	5	6
2. Feeling that I am often failing with my diabetes routine	1	2	3	4	5	6

\* The DDS2 is a two-item diabetes distress screening instrument asking respondents to rate on a six-point scale the degree to which the two items above caused distress. An average score of <2 indicates little or no distress, a score between 2 and 2.9 indicates moderate diabetes distress and >3 indicates high level of diabetes distress.

## DDS17

Table 2. 17-Question Diabetes Distress Scale

Listed below are potential problem areas that people with diabetes may experience. Consider the degree to which each of the items may have distressed or bothered you during the past month and circle the appropriate number.

	Not a Problem	Slight Problem	Moderate Problem	Somewhat Serious Problem	Serious Problem	Very Serious Problem
1. Feeling that diabetes is taking up too much of my mental and physical energy every day.	1	2	3	4	5	6
2. Feeling that my doctor doesn't know enough about diabetes and diabetes care.	1	2	3	4	5	6
3. Feeling angry, scared, and/or depressed when I think about living with diabetes.	1	2	3	4	5	6
4. Feeling that my doctor doesn't give me clear enough directions on how to manage my diabetes.	1	2	3	4	5	6
5. Feeling that I am not testing my blood sugars frequently enough.	1	2	3	4	5	6
6. Feeling that I am often failing with my diabetes routine.	1	2	3	4	5	6
7. Feeling that friends or family are not supportive enough of self-care efforts (eg, planning activities that conflict with my schedule, encouraging me to eat the "wrong" foods).	1	2	3	4	5	6
8. Feeling that diabetes controls my life.	1	2	3	4	5	6
9. Feeling that my doctor doesn't take my concerns seriously enough.	1	2	3	4	5	6
10. Not feeling confident in my day-to-day ability to manage diabetes.	1	2	3	4	5	6
11. Feeling that I will end up with serious long-term complications, no matter what I do.	1	2	3	4	5	6
12. Feeling that I am not sticking closely enough to a good meal plan.	1	2	3	4	5	6
13. Feeling that friends or family don't appreciate how difficult living with diabetes can be.	1	2	3	4	5	6
14. Feeling overwhelmed by the demands of living with diabetes.	1	2	3	4	5	6
15. Feeling that I don't have a doctor who I can see regularly enough about my diabetes.	1	2	3	4	5	6
16. Not feeling motivated to keep up my diabetes self-management.	1	2	3	4	5	6
17. Feeling that friends or family don't give me the emotional support that I would like.	1	2	3	4	5	6

## Example questions

*How has your diabetes affected your feet?*

*What treatments have you had?*

*How much do your foot problems affect your daily life?*

*Do you drive/work/take part in any leisure activities?*

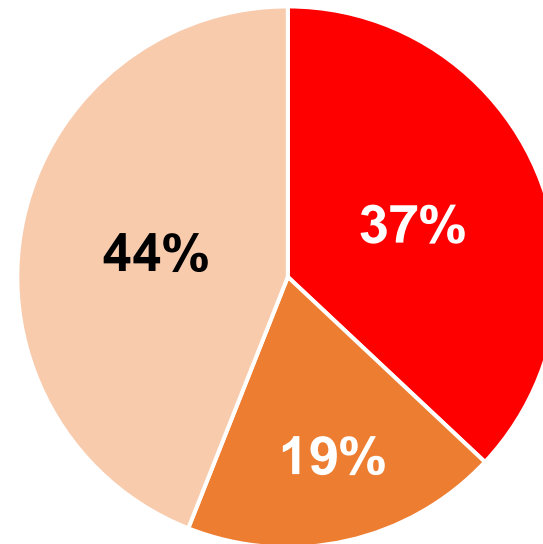
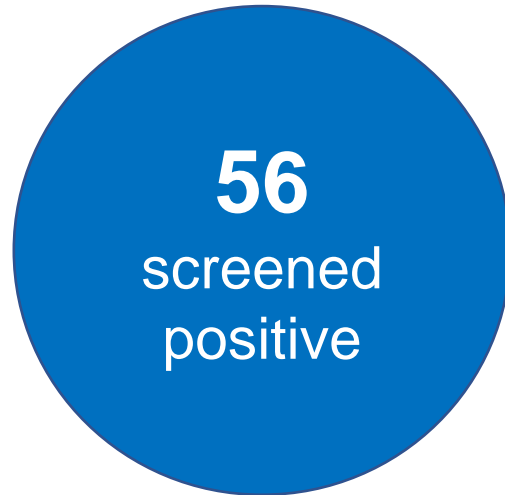
*Do you feel able to cope with your foot problems, day-to-day?*

*Have you had any support for your foot problems?*

*Have you spoken to anyone about how you feel?*



# Results



- High distress
- Moderate distress
- Minor distress

# Theme 1: Life impact

***“It was difficult in some respects – I had the dogs to walk, I couldn’t do that. I can’t drive ... I haven’t shopped for five years.”***



Female, 65, previous Charcot and ulceration

***“After the toe was amputated I went back to work. It wasn’t successful ... I ended up with Charcot foot and pretty much not been able to do a lot since because I’m in the building trade. It’s not good for going out.”***



Male, 53, previous amputation, current Charcot and ulceration

# Theme 2: Emotional distress

*"I'm fed up. I'm not trying to be funny, I'm just fed up. [My wife] goes out, bus stop's over there, but I feel awful because I can't go with her."*



Male, 81, current ulceration

*"My guilt trip ... I've affected my children emotionally ... I've affected them mentally in the case of creating anxieties because of being hospitalised. Worrying about me."*



Male, 62, previous ulceration and amputation

# Theme 3: Psychological support

*“I mean they gave me a number to ring if I asked. But it’s probably a two year waiting list before you get to speak to anyone ... I’ve ended up sorting myself out.”*

Female, 68, current ulceration



*“I’m not a support fellow. We just get on with it ... I don’t like bothering doctor, he’s a smashing bloke.”*

Male, 81, current ulceration



# Theme 4: Coping strategies

***“I have no choice but to get on with it.”***



Male, 54, previous amputation and current ulceration

***“Talking to you lot about it is good. I don’t think you need anybody else. Yeh, yeh, you’ve got my trust.”***



Male, 59, previous amputation

# Implications

- Foot complications impact on multiple areas of patients' lives and cause significant emotional distress.
- The psychosocial burden of living with foot complications in diabetes must not be overlooked by health professionals.
- Findings could inform the design of future foot health services that integrate psychosocial support.
- Patients with foot complications may depend on podiatrists for psychological support; how can podiatrists be supported?

# Acknowledgements

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