138 - DIABETIC FOOT: SELF-CARE AND RISK OF COMPLICATIONS IN TYPE II DIABETIC PATIENTS

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INTRODUCTION

Diabetes Mellitus (DM) is a syndrome of multiple etiology, caused by lack of insulin or the inability to perform its functions properly, resulting in peripheral insulin resistance. It is characterized by chronic hyperglycemia that favors the development of highly disabling complications, including diabetic foot (PD) (SBD, 2002; VIGO, 2006).

The PD represents a multifaceted pathophysiologic state, which occurs on average after 10 years of evolution of DM and is characterized by the association of arteriopathy, neuropathy and infection. As a result of neuropathy, many individuals with diabetes lose their sensitivity, develop deformities and do not realize feet injuries, which are usually caused by improper footwear, skin problems or improper manipulations of the feet by patients or by unauthorized persons. The formation of ulcers, associated with infection and difficulty of the member,irrigation may culminate in amputation (MILMANN, 2001; INTERNATIONAL CONSENSUS ON THE DIABETIC FOOT, 2001).

Because it is a highly disabling complication that causes considerable suffering, changes in lifestyle and quality of life of the patient, it is suggested that early and intensive interventions can prevent the onset or reduce the complications of PD (LIRA et al., 2005; ASSUMPÇÃO et al. 2009).

There are two important actions when considering the precautionary approach: early evaluation of the sensitivity of the feet and treatment adherence. The first can be performed in a standardized way with the monofilament 10 grams, which is a simple, practical and not intrusive device used for screening of diabetic neuropathy (PERKINS et al., 2010).

Adherence to treatment can be assessed in different ways, but the application of specific questionnaires that include, in addition to drug treatment, several other self-care activities, has proved a valuable tool and practice. Recently Michels et al. (2010) translated into Portuguese and validated the questionnaire known worldwide: Summary of Diabetes Self-Care Activities Questionnaire, which assesses 12 items including diet, physical activity, blood glucose control, use of medication, feet care and smoking. They concluded that the Portuguese version proved to be valid and reliable for use in Brazilian population (TOOBERT, GLASGOW & Hampson, 2000).

Therefore, the study objectives were to assess the risk of developing foot complications and identify the rate of self-care in patients with type II DM assisted by national health care system.

METHODOLOGY

In this quantitative, observational and transversal study were included type II diabetic patients (as described in medical records), aged above 18 years and who consented to participate in the study. Between June 28 and July 30 of the present year we evaluated some of the non-hospitalized patients who are regularly attended by medical specialty of endocrinology or general practitioners forming a convenience sample.

After accepted for participation in the study, the participant's cognitive status was assessed with the Mini-Mental State Examination (MMSE). This questionnaire assesses specific cognitive functions such as orientation to time, spatial orientation, registration of three words, attention and calculation, recall of three words, language and visual constructive ability. The score can vary from a minimum of 0 points (worst cognitive capacity) to a maximum of 30 points (better cognitive ability.) The cutoff point was adjusted for education level, i.e., for individuals with education over 4 years, the cutoff score was 24, and for those with less schooling, the court was 17 points (BERTOLUCCI et al, 1994). Patients who did not achieve this score were excluded, considering that their cognitive impairment could interfere with self-care questionnaire response.

If the patient did not have cognitive impairment, it was applied the Self-Care Activities Questionnaire with Diabetes (QAD), which is an instrument that includes questions about: diet, physical activity, blood glucose monitoring, feet care, medication and smoking. The answers range from 0 to 7, indicating how many days in the last week (before the test), the participant performed the questioned activity. In items about ingesting foods rich in fats and intake of sweets, the score was reversed, as indicated by the author (if 7 days = 0 points, indicating a less favorable position, and successively until 0 days = 7 points, indicating the most favorable situation). (Michels et al., 2010).

Then, the inspection of the feet was conducted, with the subject lying supine on a stretcher and bare feet, to evaluate items such as hygiene, skin conditions, nails, trophism, deformities and ulcers or scars. Also palpation was performed to assess the temperature of the foot and the presence of posterior tibial pulse and the dorsal pedal pulse, with the goal of identifying vascular changes (SBD, 2009).

With the patient in the same position, we evaluated the protective sensation with monofilament of nylon of 10g (Semmes-Weisten-Kit smiles). The test was conducted in the hallux (distal phalange), first, third and fifth metatarsal of each foot, randomly and with just enough pressure to bend the filament, held for 2 seconds. The patient's inability to perceive at least one of the points tested were classified as plant protective insensitivity. Subsequently, we tested the Achilles reflex bilaterally with the patient in the supine position, with knee flexion and hip abduction in side tested, and reflex hammer was tapped on the Achilles tendon. The absence or decrease of this reflex on at least one side tested was rated as deep insensitivity. The presence of two abnormal tests was used to classify the patient as having neuropathy. (SBD, 2009).

Based on these procedures, diabetic subjects were classified according to risk for feet injuries. The scores range from 0 to 3, and represent: 0 = absence of neuropathy, 1 = presence of neuropathy (abnormal sensitivity and reflex changes), 2 = neuropathy associated with signs of peripheral vascular disease and/or feet deformity and 3 = amputation/current or previous ulcer. Zero determines low risk classification, 1 represents moderate risk, while 2 and 3 is characterized by high risk of developing vascular complications (SBD, 2009). In the statistical analysis, continuous data were described as mean and standard deviation and categorical data were described as frequency and percentage.

RESULTS

From the 57 patients approached, 10 were excluded because they were hospitalized and 5 because they participated in the pilot study. Therefore, we included 42 patients for the final analysis, the following locations: Ambulatory (n = 6, 14%), Center of Medical Specialties (n = 11, 26%), Basic Health Units (n = 25, 60%). General characteristics of the patients are shown in Table 1.

TABLE 1. General characteristics of the 42 patients included in the study.

Characteristics	Mean	Standard Deviation	n /%
Female	--	--	28/67
Male	--	--	14/33
Age	62.8	11.4	42/100
Time since diagnosis (months)	130.9	90.8	42/100
Time since started using oral medication (months)	122.6	87.1	42/100
Time since started using insulin (months)	27.0	46.3	18/43

The most common problem found during inspection of the feet was dry skin (40%), accompanied by other changes suggestive of diabetic foot, as hairlessness (33%), calluses (24%), nail changes (19%) and bony prominences (17%), among others.

In the analysis of each aspect of QAD it was observed that the highest value of adhesion was found for the aspect "taking the indicated number of diabetes pills" (6.9 ± 0.7 days per week) and the lowest for the aspect "performing specific physical activities (walking, swimming etc)." (2.0 ± 2.6 days per week) (Table 2).

TABLE 2. Adhesion on days per week (mean ± standard deviation) for each item of self-care activities in the previous seven days, assessed by the Self-Care Activity Questionnaire with Diabetes.

QAD aspects	Adhesion
1. Following a healthy diet	
2. Following a food guide	3.9 ± 3.0
3. Eating five or more servings of fruits and / or vegetables	5.4 ± 2.2
4. Eating red meat and / or milk derivatives	2.8 ± 2.9
5. Eating sweets	5.9 ± 1.5
6. Perform physical activities for at least 30 minutes	2.4 ± 2.7
7. Perform specific physical activities (walking, swimming etc.)	
8. Assess your blood sugar	3.5 ± 3.0
9. Assessing blood sugar as recommended	4.3 ± 3.2
10. Examine feet	4.9 ± 3.0
11. Look inside shoes before you put them	4.2 ± 3.4
12. Dry the spaces between your toes after washing them	6.2 ± 2.3
13. Taking insulin injections as recommended	6.7 ± 1.1
14. Taking the indicated number of diabetes pills	**6.9 ± 0.7**

With the 10-g monofilament was possible to verify that the plantar sensitivity was altered in only 6 patients (14%). The point detected with better sensitivity in both legs was the "5th metatarsal" and the point with the lowest sensitivity was the "3rd metatarsal". In relation to the deep sensitivity, 9 (21%) patients were assessed with the reflection Achilles diminished or absent in at least one side. In total, 5 patients showed abnormalities in both tests (sensitivity and reflex) and thus were classified as neurologically impaired. Four of these 5, also presented other conditions (such as vascular abnormality or deformity), which increases their risk of complications, including them in another category classification.

Regarding the risk of complications feet, 35 patients fit in the low risk category (no neuropathy = 83% of the sample), 1 patient was classified as at moderate risk (neuropathy but without other alterations = 2% of the sample), 6 patients were at high risk (15%). Of these, 4 patients had vascular abnormalities or deformities associated to neuropathy (10% of sample), 1 patient was amputated and 1 had history of ulcer (amputation or ulcer = 5% of the sample).

DISCUSSION

In the population investigated here the mean disease duration was 130.9 months (10.8 years), resembling to a study by Scheffel et al. (2004), in which the authors assessed the prevalence of chronic complications of diabetes in 927 patients (11 years). In studies by Rocha et al. (2009) and Bortoletto et al. (2009), the average time to diagnosis was less than ten years. Vigo et al. (2005) that evaluated 584 diabetic patients regarding risk of developing feet complications, observed that the most frequent alteration was dry skin (53.4%) and most had preserved plant sensitivity (85%), corroborating the present study.

In this study, 42% of patients presented the absence of one distal pulse, at least. This finding is similar to a study by Nunes et al. (2006), who noted the absence of distal pulses in 44% of evaluated, and of these, 80% underwent amputation of one lower limb. Thus, patients with abnormal distal pulses should receive specialized care in order to avoid amputation (Nunes et al., 2006; ASSUMPÇÃO et al., 2009).

Display normal circulation pattern does not eliminate the possibility of peripheral vascular disease, which ideally would be tested with the help of Doppler ultrasound, through the ankle-brachial index, which could not be performed in this study.The presence of ulcers was detected in only one patient, considered at high risk, since ulcers are responsible for 85% of lower limb amputations and high percentage of morbidity, mortality and hospitalizations among diabetics. The amputee is also classified as high risk, considering that the rate of contralateral amputation is high (Milman et al., 2001).

In the evaluation of adherence to self-care, it was observed that the specific physical activities were poorly performed (2.0 ± 2.6), while using the medication as recommended is the best aspect followed (6.9 ± 0.7 days per week). Similar data, but better than those found by Michels et al. (2010), in which the lowest value was 1.24 ± 2.78 days and the second greater 6.23 ± 1.99 days per week, for the same items.

Lutfey and Wishner (1999), in a review, had shown that only 19 to 30% of DM patients adhere to exercise prescriptions. Hays and Clark (1999) said the sociodemographic and health characteristics, such as low socioeconomic status, age, race, and presence of a chronic disease, tend to be associated with low levels of physical activity. Adherence is worse in situations that require long treatments, preventive approach and when there is need for change in lifestyle, as in the case of

diabetics (FECHIO & MALERBI, 2004).

Treatment adherence is a complex phenomenon influenced by several factors. One is the patient's belief about the medicine which can be decisive in relation to compliance with drug therapy. Often, patients make decisions about whether or not to take a medication influenced by information received about them (GIMENES, ZANETTI & HAAS, 2009). Study by Grant et al. (2003) showed that 82% of diabetics surveyed believed that medications prescribed improved symptoms and 83% believed that they protected health against future events.

Regarding the tactile sensitivity on 10 g monofilament, it was found that only 14% of patients had alterations in at least one of the points assessed. This ratio is lower than that observed by Nascimento (2002), who noted 24% of patients with abnormal tactile. By the current classification, patients who have just absent from protective sensation are not classified as neuropathic, but it must be emphasized that they, even though classified as low risk (absence of neuropathy) may not realize traumas and cracks on the feet, which favors the development of ulcers (ARAUJO & ALENCAR, 2009).

According to the literature, the low-risk patients (5 in this study) should have their feet examined annually use appropriate footwear and be encouraged to self-care, as well as participation in educational activities. Patients classified as high risk for vascular complicationsin addition care referred to above, should be examined at least every 3 months to train self-care measures, be referred to a specialist, and receive an indication of high risk in the medical chart (GROUP INTERNATIONAL LABOUR, 2001; Rith-Najarian & Reiber, 2000). It is clear, in these and other publications about diabetes, the lack of emphasis on the importance of physical exercise as part of the treatment of diabetes and its prevention. This also is experienced in public health services, which has no professionals in the field of exercise as part of their team. This deficit manifests itself in the low adherence of patients to the practice of physical activity, reported in the self-care questionnaire (QAD).

A possible explanation for the majority of the population has be classified as low risk index could be the access to periodic evaluations in specialized clinics and participate in diabetic groups, performing glycemic control and having access to information about drug treatment. This practice should be continued to avoid abandonment of treatment and be complemented with practical information about non-pharmacological treatment to achieve better results in domicile care (self-care).

The results of this survey may be useful to begin the study of the diabetic this region, and thus can stimulate improvements in certain areas, for example, in physical activity. Future research can be conducted in order to increase the sample size, individually treat patients who had moderate or high risk of developing feet complications and monitor their progress.

CONCLUSION

With this study it can be concluded that most diabetic patients tested showed low risk of developing feet complications with low prevalence of neuropathy, ulcers and amputations. It was also demonstrated that the level of adherence to self-care is high in relation to the use of medications and is low in relation to the practice of physical activities.

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DIABETIC FOOT: SELF-CARE AND RISK OF COMPLICATIONS IN TYPE II DIABETIC PATIENTS

ABSTRACT

BACKGROUND: Adherence to Diabetes Mellitus (DM) treatment (pharmacological and non-pharmacological) is of great importance to reducing the incidence of complications. OBJECTIVES: To identify the level of self-care in patients with type II DM and assess their level of feet complications risk. METHODS: This cross-sectional study included type II diabetics, aged over 18 years with preserved cognition, not hospitalized, forming a convenience sample. The rate of self-care was assessed by the Self-Care Activities Questionnaire with Diabetes (QAD). The level of risk for complications was evaluated by inspection of feet and palpation (distal pulses, superficial and deep sensitivity). RESULTS: The sample consisted of 42 individuals, 67% women, mean age 63 ± 11 years, who were diagnosed for 131 ± 91 months, that use oral medications for 123 ± 87 months (100% of the sample) and insulin for 27 ± 46 months (43% of the sample). In QAD, greater adherence was observed "take the indicated number of diabetes pills" aspect (6.9 ± 0.7 days per week) and lowest in "conduct specific physical activities" aspect (2.0 ± 2.6 days per week). Regarding the risk of complication in feet, 35 patients had low risk (no neuropathy = 83% of sample), 1 patient had moderate risk (neuropathy and no other abnormalities = 2% sample) and 6 patients were high risk patients (15%). CONCLUSION: It was concluded that most diabetic patients tested showed low risk of developing feet complications, with low prevalence of neuropathy, ulcers and amputations. It has been shown that the level of adherence to self-care is high in relation to the use of medications and is low in relation to the practice of physical activities.

KEYWORDS: Diabetic foot, Self-Care, Risk of complications.

PIED DIABETIQUE: AUTOSOINS ET RISQUE DE COMPLICATIONS DANS DIABÉTIQUES II

RÉSUMÉ

CONTEXTE: L'observance du traitement (pharmacologique et non pharmacologique) en le Diabetes Mellitus (DM) est primordiale pour réduire l'incidence des complications. OBJECTIFS: Identifier le niveau d'auto-soins chez les patients atteints de diabète II et d'évaluer leur niveau de risque de complications dus pieds. METHODES: Cette étude transversale inclus diabétiques II, âgés de plus de 18 ans, avec la cognition conservés, non hospitalisés, formant un échantillon de commodité. Le taux d'auto-soins a été évaluée par le questionnaire d'auto-soins activités avec le diabète (QAD). Le niveau de risque de complications a été évaluée par l'inspection et la palpation de leurs pieds (pouls distaux, superficielle et profonde sensibilité). RÉSULTATS: L'échantillon était composé de 42 individus, 67% des femmes, âge moyen 63±11 ans, diagnostiqué pour 131±91 mois, l'utilisation de médicaments par voie orale est de 123±87 mois (100% de l'échantillon) et de l'insuline de 27±46 mois (43% de l'échantillon). Dans le QAD, nous avons observé la plus grande quantité d'adhérence sous prendre le prendre des comprimés pour le diabète comme indiqué" (6,9±0,7 jours par semaine) et inférieure dans l'aspect "accomplir certaines activités physiques" (2,0± 2,6 jours par semaine). Concernant le risque de complication en pieds, 35 patients avaient un risque faible (absence de neuropathie= 83% de l'échantillon), 1 patient avait un risque modéré (neuropathie et aucune autre anomalie= 2% de l'échantillon) et 6 patients présentaient un risque élevé (neuropathie avec d'autres changements, l'amputation ou ulcère=15%). CONCLUSION: On peut en conclure que la majorité des patients diabétiques évalués avaient un faible risque de développer des complications du pied, avec une faible prévalence de la neuropathie, les ulcères et les amputations. Il a également été démontré que le niveau d'adhésion à l'auto-soins est élevé par rapport à l'utilisation de médicaments et est faible par rapport à la pratique d'activités physiques.

MOTS-CLES: Pied diabétique, autosoins, risque de complications.

PIE DIABÉTICO: AUTOCUIDADO Y EL RIESGO DE COMPLICACIONES EN LOS PACIENTES DIABÉTICOS TIPO II

RESUMEN

INTRODUCION: La adherencia al tratamiento del Diabetes Mellitus (DM) es fundamental para reducir la incidencia de complicaciones. OBJETIVOS: Identificar el nivel de autocuidado en los pacientes con DM II y evaluar su nivel de riesgo de complicaciones en los pies. MÉTODOS: Este estudio transversal que incluyó diabéticos tipo II, mayores de 18 años, con cognición conservada, no hospitalizados. La tasa del autocuidado auto-cuidado fue evaluado por el Cuestionario del autocuidado con Diabetes (QAD). El nivel de riesgo para las complicaciones se evaluó mediante la inspección y palpación de los pies (pulsos distales, sensibilidad superficial y profunda). RESULTADOS: La muestra consistió en 42 personas, 67% mujeres, edad media 63±11 años, diagnosticados por 131±91 meses, en uso de los medicamentos por vía oral es de 123±87 meses (100% de la muestra) y la insulina por 27±46 meses (43% de la muestra). En QAD, se observó la mayor cantidad de adhesión en "tomar el número indicado de medicamentos para la diabetes" (6,9±0,7 días a la semana) y el menor en "realizar actividades físicas específicas" (2,0±2 6 días a la semana). Con respecto al riesgo de complicaciones en los pies, 35 pacientes tenían un riesgo bajo (neuropatía ausente en 83% de la muestra), 1 paciente tenía un riesgo moderado (neuropatía sin otras alteraciones = 2% de la muestra y 6 pacientes eran de alto riesgo (neuropatía con otros problemas, amputación o úlcera = 15%). CONCLUSIÓN: Se puede concluir que la mayoría de los pacientes diabéticos evaluados tenían bajo riesgo de desarrollar complicaciones del pie, con una baja prevalencia de la neuropatía, úlceras y amputaciones. También se demostró que el nivel de adhesión a los cuidados personales es alto en relación con el uso de medicamentos y es bajo en relación con la práctica de actividades físicas.

PALABRAS CLAVE: pie diabético, autocuidado, riesgo de complicaciones.

PÉ DIABÉTICO: AUTOCUIDADO E RISCO DE COMPLICAÇÕES EM PACIENTES DIABÉTICOS TIPO II

RESUMO

INTRODUÇÃO: A aderência ao tratamento (medicamentoso e não-medicamentoso) do Diabetes Mellitus (DM) é de suma importância para a redução da incidência de complicações. OBJETIVOS: Identificar o índice de autocuidado em pacientes com DM II e avaliar seu nível de risco de complicações nos pés. METODOLOGIA: Neste estudo transversal, foram incluídos diabéticos do tipo II, com idade superior a 18 anos, com cognição preservada, não hospitalizados, formando uma amostra de

conveniência. O índice de autocuidado foi avaliado pelo Questionário de Atividades de Autocuidado com o Diabetes (QAD). O nível de risco para complicações foi avaliado pela inspeção dos pés e sua palpação (pulsos distais, sensibilidade superficial e profunda). RESULTADOS: A amostra foi composta por 42 indivíduos, 67% mulheres, com média de idade de 63±11 anos, diagnosticados há 131±91 meses, em uso de medicação oral há 123±87 meses (100% da amostra) e de insulina há 27±46 meses (43% da amostra). No QAD, observou-se o maior valor de aderência no item "tomar o número indicado de comprimidos para diabetes" (6,9±0,7 dias por semana) e o menor no item "realizar atividades físicas específicas" (2,0±2,6 dias por semana). Quanto ao risco de complicação nos pés, 35 pacientes tinham baixo risco (neuropatia ausente = 83% da amostra), 1 paciente tinha risco moderado (neuropatia, sem outras alterações = 2% da amostra) e 6 pacientes eram de alto risco (neuropatia com outras alterações, amputado ou com úlcera = 15%). CONCLUSÃO: Pode-se concluir que a maioria dos pacientes diabéticos avaliados apresentou baixo risco de desenvolver complicações nos pés, com baixa prevalência de neuropatia, úlceras e amputações. Também ficou demonstrado que o nível de aderência ao autocuidado é alto no que diz respeito ao uso de medicações e é baixo em relação a pratica de atividades físicas.

PALAVRAS-CHAVE: Pé diabético, Autocuidado, Risco de complicações.