Free e-learning resource

Problems with the diabetic foot

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Glenda is 62 years old and has had type 2 diabetes for 5 years. She reports an uncomfortable tingling sensation in both her feet that is most troublesome at night, and the feeling of walking on pebbles.

How would you interpret Glenda's symptoms?

56-year-old Sam has established type 2 diabetes and peripheral neuropathy. An area under his left foot has been weeping, but is not painful. Examination reveals an area of callus and frank ulceration under the first metatarsal head. There is a little bleeding, but no pus discharge or indication of cellulitis. The foot is not deformed, and feels warm with good pulses. A dense sensory peripheral neuropathy is confirmed.

What is your assessment of Sam's problem?

Proma is a 57-year-old Asian woman with type 2 diabetes. Two years ago she suffered a myocardial infarction. She has a small new ulcer on her right foot, without cellulitis or discharge. The posterior tibial pulse is absent and the dorsalis pedis pulse is weak. The foot is cool, with a dusky tinge to the toes and dystrophic toenails. Peripheral sensation is intact. There is excessive wear on the inside of the lateral aspect of her shoe at the site corresponding to her ulcer.

What is the likely underlying cause of Proma's foot ulcer?

By working through these interactive case studies, we will consider the following issues and more:

- Causes of peripheral neuropathy.
- Pharmacological management of peripheral neuropathic pain in diabetes.
- Prevention of diabetic foot problems in primary care.
- Neuropathic and ischaemic origins of foot ulcers.

Diabetes & Primary Care's series of interactive case studies is aimed at all healthcare professionals in primary and community care who would like to broaden their understanding of diabetes.

Around one in three people with diabetes will develop a foot ulcer within their lifetime. Primary care plays a critical role in identifying problems with the diabetic foot, and in responding rapidly and appropriately to them. The three mini-case studies developed for this issue of the journal take us through the basic considerations of identifying and managing problems with the diabetic foot.

The format uses typical clinical scenarios as tools for learning. Information is provided in short sections, with most ending in a question to answer before moving on to the next section.

Working through the case studies will improve our knowledge and problem-solving skills in diabetes care by encouraging us to make evidence-based decisions in the context of individual cases.

Readers are invited to respond to the questions by typing in your answers. In this way, we are actively involved in the learning process, which is hopefully a much more effective way to learn.

By actively engaging with these case histories, I hope you will feel more confident and empowered to manage such presentations effectively in the future.

David Morris, Undergraduate Clinical Tutor, Keele University; and retired GP and Specialist Doctor in Diabetes

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Problems with the diabetic foot **and other interactive case studies are all available here**