

# The diabetic foot in Russia: Has the Eastern bloc gotten the message?



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Post-1985, when the 'perestroika' reforms began, Russia (USSR until 1991) experienced significant economic instability and continual changes in health and social care systems. To begin with, various instruments were gifted by our international colleagues: for example, the cumbersome heavy metal device for shoe extension gifted by Leona Miller (USA), a pedicure drill and tuning fork from Professor Jan Phillip Assal (Switzerland), a set of monofilaments from Professor Andrew Boulton (Manchester) and a half-shoe from Düsseldorf University clinic. However, the most important aspect was the knowledge gained from and the support given by such colleagues and their institutions, and the ensuing success in reducing amputation rates that was built upon this spirit of enthusiasm and collaboration.

The year 2000 signalled a new era, following the translation into Russian of the *International Consensus on the Diabetic Foot* document, which has created a common approach and understanding of comprehensive diabetic foot care among Russian practitioners.

The Federal Diabetes Program recognised these important changes but real progress was only made once structured postgraduate education was delivered to healthcare professionals. The first state orthopaedic centre for shoe making started in 2003 at the Federal Expertise and Rehabilitation Enterprise, and state reimbursement of two pairs of shoes per year is now the standard prescription for high-risk individuals. However, a shortage of skilled orthotists means that delivery is, in practice, far from adequate. Consequently, considerable progress still needs to be made in order to address the needs of the estimated 10 million individuals with diabetes in Russia today.

The major Russian event of the IDF's Year of the Diabetic Foot (2005) was the International Diabetic Foot Symposium in Moscow, attended by over 700 participants from all regions of Russia. Data from presentations at the conference showed positive changes in diabetic foot care practice in Russia. For example, in Buriatia (Siberian region) the amputation rate was 12.1 per 1000 patients per year. Of these amputations,

48.9% were classed as major. In Saint Petersburg, the ulcer rate in a survey of 4000 patients was 4%. After managing diabetic foot care more effectively in Moscow the duration of ulceration before the first clinic visit decreased from 9 months to 2 months and amputation rates decreased 1.7 times between 1999 and 2004.

The National Research Center for Endocrinology (Moscow) runs a programme in epidemiology of diabetes with industry support. This support has provided the use of a mobile research and healthcare centre, at which approximately 7500 patients were screened between 2002 and 2005 revealing high levels of complications.

Lack of knowledge about the condition is a major problem, both for healthcare professionals and people with diabetes. Education is included in healthcare programmes, but is conducted by endocrinologists – generally without qualified nursing support as specially trained nurses are uncommon.

The main problem for diabetic foot care in Russia is the absence of trained podiatrists and specialist nurses able to take care of the diabetic foot – this is generally done directly by endocrinologists and surgeons. Russia needs an army of specialist nurses and this should be the focus in the immediate future.

Information on diabetes care is now available from many sources, and interest is rising among different professionals including family doctors, neurologists and orthopaedists. Russia is again going through reform of health and social care systems – promising renewal of healthcare institutions and further social support in the coming years.

At the 2006 DFCon (Diabetic Foot Global Conference) [1] gave a talk entitled 'The diabetic foot in Russia: Has the Eastern bloc gotten the message?'

We can now confidently state that Russia *has* gotten the message but still has a long way to go. Step-by-step, endocrinologists have won the battle with surgeons to save parts of the diabetic foot – in some instances even taking people off the operating table on the day scheduled for amputation! ■

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