

International Journal of Nursing and Health Care Research

Sharpe JE. Int J Nurs Health Care Res 11: 1126.

DOI: 10.29011/2688-9501.101126

Short Commentary

Regarding Preventive Measures: Does the Fate of the Diabetic Feet Rest upon More Nurse Advocates and Community Involvement?

Jacqueline Elaine Sharpe*

School of Nursing, Hampton University, Hampton, Virginia, USA

***Corresponding author:** Jacqueline Elaine Sharpe, Assistant Professor, School of Nursing, Hampton University, Hampton, Virginia 23668, USA

Citation: Sharpe JE (2019) Regarding Preventive Measures: Does the Fate of the Diabetic Feet Rest upon More Nurse Advocates and Community Involvement? Int J Nurs Health Care Res 11: 1126. DOI: 10.29011/2688-9501.101126

Received Date: 28 October, 2019; **Accepted Date:** 25 November, 2019; **Published Date:** 29 November, 2019

“We are in an era where more people are dying globally from non-communicable diseases known as lifestyle related diseases—diabetes-, cardiovascular disease, stroke, cancer and chronic lung diseases—than from infectious diseases”. “In 2015, 5.0 million died from diabetes, 1.5 million died from HIV/AIDS in 2013, 1.5 million died from tuberculosis in 2013, and 0.6 million died from malaria in 2013” [1]. “Lifestyle related diseases fueled by unhealthy diets, insufficient physical activity, and obesity, are leading the way for increased deaths” [1]. The purpose of this article is to raise awareness and to promote actions based on the selective findings from research conducted at the bench level that proclaimed the preventiveness measures that can be done to help prevent the occurrence of diabetic foot ulcers. To implement these findings for health promotion is a key step in translational research that the professional nurses can make a difference in the community.

The Diabetic Foot is defined by the World Health Organization [2] as, “The foot of a Diabetes Mellitus patient that has the potential risk of pathologic consequences, including infection, ulceration, and/or destruction of deep tissues associated with neurologic abnormalities, various degrees of peripheral vascular diseases and/or metabolic complications of diabetes in lower limb.” “Diabetes is responsible for approximately 80% of all non-traumatic amputations performed every year and after a major amputation 50% of people will need to have the other limb amputated within two years’ time.” Even more dire is that the “projected worldwide burden of diabetic patients is estimated to escalate from 135 million in 1995 to 300 million in 2025. “Patients with diabetes are at high risk of developing infections of the foot and have at least a tenfold greater risk of hospitalization for foot infections compared with people without diabetes.” “Foot care education of diabetic patients is a long-established practice that

is at the heart of the prevention and management of diabetic foot disease” [3].

Nurses have been involved in the care of others for centuries. Diabetes is only one of health disparities that nurses provide care. However, despite progress made, diabetes has increased in prevalence worldwide. It is becoming more evident from data provided by the World Health organization that diabetes is a global pandemic [2]. The prevalence of diabetes has increased the number of patients with complications of this disease. Worldwide, nurses are not only taking care of these patients, but also, conducting research to find out explanations for questions raised about the care to be given.

“It has been noted that foot care programs that include regular examinations and patient education could prevent up to 85% of diabetes-related amputations” [4]. Another study conducted to explore the relationship between foot self-care practice and the development of diabetic neuropathy patients was researched by Chin, et al. [5]. This study was significant because it was a scientific, small sample size investigation, that demonstrated from the results of the number of diabetic foot ulcers hospitalizations, along with the results of the physical assessment neuropathy instrument for screening, successfully predicting for occurrence of diabetic foot ulcers. Chetpet, et al. [6] were interested in finding out the risk of lower extremity amputation in patients with diabetes. The aim of this study was to develop a scoring system to help clinicians to identify patients at high risk for lower extremity amputation. There are other studies that have been done to explore various factors to predict diabetic foot ulcers as part of the scientific process.

Every nurse is not trained to take care of the diabetic foot. Training to take of the diabetic patient is a standard part of the

nursing curriculum, that may or may not cover in depth foot care of the diabetic patient. In the United States, the research and work of Beuscher, et al. [7], is noteworthy because it written about a foot care education program for nurses. Especially when they reveal that “the increase in the number of individuals unable to perform nail and foot self-care and the lack of third-party reimbursement for routine services makes nail care performed by nurses a desirable service and is within the scope and standards of nursing practice.” Beuscher [8] wrote a published template for the care of all feet that gives guidelines for diabetic foot care. If doctors are not to be paid by insurance providing preventive measures for diabetic foot care, would this be a deterrent to the health of the diabetic persons? Advocacy is needed by nurses to get insurance companies to become partners in preventive care for the diabetic community.

Another group of nurses are adding to the knowledge that we have in regard to the diabetic foot. Takehara, et al. [9] have provided foot care for more than 10 years for diabetic outpatients at a university hospital. Their successful clinical research studies that pertained to diabetic foot ulcers resulted in a rate as low as 1.2% over a 5-year period. Their method of providing evidence bases for preventive care is a model also to be followed. Meaney [10] pointed out prevention is better than cure for diabetic foot care. Meaney’s experience in working with diabetics in vascular surgery, ophthalmology, and renal surgery described the risks for such patients in this population. Her work showed that there is a lack of patient understanding, knowledge, and awareness of foot care.

Conclusion

Nurses are surely recognized as advocates for diabetic persons who have the potential for development of diabetic foot ulcers. There are many examples in the literature, worldwide, of the involvement and actions of nurses assuming the care and actions for diabetic foot care. However, due to the increase in numbers of diabetic foot ulcers, and the lack of insurance for many diabetic

persons, there is a need for more nurse advocates for these patients. Nurses can make a difference in prolonging the life of persons with diabetes. Preventive care is imperative. Nurses are key players in the health care field who can provide the health promotion and survival skills for the diabetic person. Nurse advocates working to promote community involvement can help these patients’ quality of life to change, if changes occur in the communities where they live.

References

1. International Diabetes Federation (2017) Clinical Practice Recommendations on the Diabetic Foot-2017. Pg No: 42-50.
2. World Health Organization (2016) Global Report on Diabetes.
3. Turns M (2012) The diabetic foot: an overview for community nurses. *British Journal of Community Nursing* 17 :422-433.
4. Cousart TH, Handley M (2017) Implementing Diabetic Foot Care in the Primary Care Setting. *The Journal for Nurse Practitioners* 13: e129-e132.
5. Chin YF, Liang J, Wang WS, Hsu BRS, Huang TT (2014) The role of foot self-care behavior on developing foot ulcers in diabetic patients with peripheral neuropathy: A prospective study. *International Journal of Nursing Studies* 51:1568-1574.
6. Chetpet A, Dikshit B, Phalgune D (2018) Evaluating a Risk Score for Lower Extremity Amputation in Patients with Diabetic Foot Infections. *Journal of Clinical and Diagnostic Research*: 14-19.
7. Buescher T, Moe H, Stolder M, Peloquin L, Nesbitt B (2019) Expanding a foot care education program for nurses. *Journal of Wound, Ostomy and Continence Nursing* 46: 441-445.
8. Buescher T (2019) Guidelines for diabetic foot care. *Journal of Wound, Ostomy and Continence Nursing* 46: 241-245.
9. Takehara K, Oe M, Ohashi Y (2019) Difference between patient-reported versus clinician-observed nonulcerative signs and symptoms of the foot in patients with diabetes mellitus. *J Wound Ostomy Continence Nurs* 46: 113-116.
10. Meaney B (2012) Diabetic foot care: prevention is better than cure. *Journal of Renal Care* 1: 90-98.