

## SOUTHERN OHIO FOOT AND ANKLE ASSOCIATES, INC.

## DIABETES AND THE FOOT 2006

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## THE FACTS ABOUT DIABETES

20.8 Million people-7% of the population have diabetes  
Diagnosed=14.6 million  
Undiagnosed=6.2million

About 176,500 people less than 20 years of age have diabetes  
This represents .022% of all people in this age group

Approximately one in every 400 to 600 children and adolescents has type 1 diabetes

20.6 million people age 20 and over have diabetes

10.3 million people 60 and over have diabetes;

Men: 10.9 million. 10.5% of all men aged 20 and older have diabetes

Women: 9.7 million. 8.8% of all women aged 20 and older have diabetes

Non-Hispanic Whites: 13.1 million. 8.7% of all non-Hispanic whites aged 20 and older have diabetes

Non-Hispanic Blacks: 3.2 million. 13.3% of all non-Hispanic blacks aged 20 years or older have diabetes

Hispanic/Latino Americans: 2.5 million. 9.5% of all Hispanic/Latino Americans aged 20 years and older have diabetes. On average Hispanic/Latino American are 1.7 times more likely to have diabetes than non-Hispanic whites of similar age.

American Indians and Alaskan Natives who receive care from the HIS (Indian Health Service): 99,500. 12.8% of American Indians and Alaska Natives aged 20 years and older receiving care from HIS have diabetes. On average, American Indians and Alaskan Natives are 2.2 times more likely to have diabetes than non-Hispanic whites of similar age

Total Cost of Diabetes in the United States (direct and indirect): \$132 billion

Direct Medical Costs: \$92 billion

Indirect Costs: \$40 billion (disability, work loss, premature mortality)

The data for these facts were derived from various surveys of the Centers for Disease Control and Prevention (CDC), the National Health Interview Survey (NHIS), the National Health and Nutrition Examination Surveys (NHANES III and NHANES 1999-2000), the National Hospital Discharge Survey, and surveys conducted through the Behavioral Risk Factor Surveillance System. Other data sources include CDC's National Vital Statistics Systems, the out-patient database of the Indian Health Service (IHS), the U.S. Renal Data System of the National Institutes of Health (NIH), and published studies. Many of these estimates were calculated from these data sources by CDC and NHI staff.

\*Story Source: The American Podiatric Medical Association. Visit them on the web at: [www.apma.org](http://www.apma.org)

## PREVENTING DIABETES COMPLICATIONS

*Diabetes can affect many parts of the body and can lead to serious complications such as blindness, kidney damage, and lower-limb amputations. Working together, people with diabetes and their healthcare providers can reduce the occurrence of these and other diabetic complications by controlling the levels of blood glucose, blood pressure, and blood lipids, and by receiving other preventative care practices in a timely manner.*

*\*Source: The American Podiatric Medical Association*



## FOOT SCREENINGS AT ANNUAL CHECKUPS CAN DECREASE RISK OF LOWER-LIMB AMPUTATIONS

**Bethesda, MD** – Do you remember the last time your doctor examined your feet? According to an American Podiatric Medical Association (APMA) online survey, 73 percent of over 600 people surveyed said their feet are not inspected routinely at doctor's visits. Since the feet often show the first signs and symptoms of diabetes, patients are missing opportunities to detect the disease early and to avoid complications. In an effort to decrease the number of lower-limb amputations occurring in

the U.S., APMA has launched its "Knock Your Socks Off" campaign to encourage patients to ask their doctor to examine their feet as part of their regular checkup,

"Diabetes has a life threatening impact and unfortunately more than 5 million people in the U.S. have the disease and don't even know it," said APMA President Harold Glickman, DPM. "Checking the feet for common symptoms of diabetes can help people at risk prevent serious complications."

With diabetic foot problems leading to the highest percentage of non-traumatic, lower-limb amputations, APMA suggests checking your feet for these diabetes warning signs: **Redness, Numbness, Swelling, Cold to the touch due to lack of blood circulation, Inflammation, and loss of hair.**

Early detection is key to reducing amputation rates and improving the quality of life for people with diabetes.

*Founded in 1912, the American Podiatric Medical Association represents the nation's premier foot and ankle physicians. The Association has component societies in 53 locations in the U.S. and its territories and a membership of more than 12,500 doctors of podiatric medicine. For free foot health information, contact APMA at 1-800-FOOTCARE (1-800-366-8227) or visit [www.apma.org](http://www.apma.org) on the Web.*

# FREQUENTLY ASKED QUESTIONS—DIABETES AND THE FEET

The human foot has been called the mirror of health and podiatrists are often the first doctors to see signs of systemic conditions, particularly diabetes. But all too often patients forget to ask their primary care physicians to “knock their socks off” and check their feet. Thirteen million people suffer from diabetes, but a whopping 5.2 million are undiagnosed. That’s why it’s important, whether you have diabetes or not, to know what signs and symptoms of diabetes you should be on the look out for and to have your feet checked *every* time you visit the doctor’s office.

## **1. Why should I ask my doctor to “knock my socks off”?**

Feet do more work than most parts of the body, so it only makes sense to have them checked as often as you do the rest of your body. And since the feet are said to be mirrors of our general health, it’s especially important to remind your primary care physician, who sees you on a regular basis, to check for any signs of diabetes or other diseases that often show up in the feet first.

## **2. Is it normal for my feet to hurt?**

Foot pain is not normal and is often a sign of a more serious medical problem. It is a misconception that foot pain is something that everyone suffers from and many people don’t realize that foot problems can often be treated easily and with a high rate of success. You should see your podiatrist if you experience anything abnormal.

## **3. I have been diagnosed with diabetes. Should I be**

## **worried about the bunions and hammertoes that I’ve been living with?**

Bone deformities such as bunions and hammertoes are usually progressive and your podiatrist may recommend correcting them before they get severe. Bone deformities can cause ulcers (sores) that may lead to severe infections and even amputation. Many podiatrists feel that it is better to correct those deformities while your diabetes is under control, earlier in life.

## **4. How long does it normally take for a sore to heal?**

Healthy individuals can expect a sore to improve daily. Sores that do not improve or worsen over time should be evaluated by a podiatrist and may be a symptom of other conditions. Pressure, infection and bone deformities can all contribute to sores, or ulcers, and may need to be addressed in order for the ulcers to heal.

## **5. Will my nails continue to grow ingrown?**

Some ingrown nails are a result of leaving a spicule in the skin and will not be a problem once that spicule is removed. However, if a nail grows curved and ingrown it will likely continue to grow that way because the root of the nail is telling it to do so. Your podiatrist may recommend a permanent removal of that portion of the nail to prevent the ingrown part from returning. Untreated ingrown nails can cause infections that can be severe for a person with diabetes.

## **6. Why do my feet feel cold?**

Cold feet may be a sign of circulation problems. Lack of blood flow to the feet and toes is common for those with diabetes and can make your feet feel cold. Another sign of decreased blood flow is the loss of hair growth on the toes or feet. Decreased blood flow can make it difficult for people with diabetes to heal sores or infections.

## **7. Is there a special examination to evaluate how much feeling I have in my feet?**

Diabetic neuropathy is a common complication of diabetes. Signs of neuropathy include: muscle weakness in the legs, pain in the feet and legs, tingling, burning, or numbness in the feet and hands, and decreased pain sensations and loss of feeling. Podiatrists are trained to evaluate the foot for sensation as well as circulation. Many podiatrists who specialize in the care of people with diabetes have more specific means to determine specific levels of neuropathy, such as monofilament wires. If you are experiencing any of the signs of neuropathy, call your doctor right away.

## **8. I’ve noticed a burning sensation in my feet. Is there anything I can do to stop it?**

There are some over the counter creams that can help people with the burning sensation. It is important to have your podiatrist explain how to use these creams properly. Certain medications and ointments could pose risks for those with diabetes and should be avoided.

## **9. Are there special shoes or inserts that I can wear to keep my feet more comfortable?**

Custom orthotic inserts are often made for shoes to help control the way your foot functions. These orthotics are used for many problems, including heel pain, arch pain and bunions. Special diabetic shoes are also available, and may be covered by Medicare. Ask your podiatrist for more information about shoe programs.

## **10. How should I inspect my feet at home?**

Those who suffer from diabetes should check their feet *every day*. He or she should look for areas of irritation (redness), areas of inflammation (swelling) or any other changes to the feet. Often, people with diabetes lose their sensation and cannot feel an abnormality on their foot so a daily visual inspection becomes very important. If the person with diabetes is older or unable to check their own feet, he or she should ask a friend or family member to assist them. It is also important to check shoes daily for anything that may be hidden inside.

