

Diabetes Mellitus Patients on Chronic Care Follow-Up in Southern Hospitals about Diabetic Foot Ulcer Management and Related Factors

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Abstract

Diabetes patients who have diabetic foot ulcers (DFU) have full-thickness wounds below the ankle that penetrate the dermis. Due to the rising prevalence of diabetes mellitus (DM) worldwide and the lack of awareness and practise of diabetic foot self-care, there has been an increase in the incidence of diabetic foot ulcers. As a result, the study's objective was to evaluate patients with diabetes mellitus in southern Ethiopian hospitals' knowledge of and attitudes toward diabetic foot ulcers and related factors. The investigation was carried out using a multicenter cross-sectional design. At Bedele General Hospital and Mettu Karl Comprehensive Specialized Hospital, all diabetes patients who met the study's inclusion criteria and were receiving outpatient care between August 9, 2021, and September 5, 2021 G were questioned using a semi-structured questionnaire. A social science statistical analysis tool was used to analyse the data. Most of the study participants had positive attitudes, while more than half had weak knowledge. Knowledge was highly correlated with age and educational attainment. The following factors were found to be predictive of attitudes toward diabetic foot care: monthly income, educational attainment, prior knowledge, and prior foot ulcer history. Therefore, diabetic foot care education should be offered by healthcare professionals to prevent additional foot ulcer issues. In addition, patients with poor socioeconomic level who have developed diabetic foot ulcers should receive extra care.

Keywords: Ulcer; Diabetic Foot

Introduction

Diabetes mellitus (DM) is a broad category of metabolic illnesses brought on by elevated blood glucose levels. It can result from total or almost total insulin shortage, insulin resistance, or impaired insulin secretion, and is categorised as either Type-one or Type-two diabetes. DM is one of the four priority non-communicable diseases (NCDs) that the World Health Organization has identified for prevention and control [1]. The number of persons with diabetes globally was anticipated to reach 500 million in 2019 and to increase to 693 million by 2045. With an estimated 28 million cases by 2030 and 41.6 million by 2045, type 2 diabetes will be the major public health issue in Africa. The leading factor in early mortality and disability has been found to be diabetes. Significant long-term vascular and non-vascular consequences are linked to persistent hyperglycemia in diabetes. Microvascular (retinopathy, neuropathy, and nephropathy) and macrovascular problems are further separated into the vascular complications of diabetes mellitus [2].

The term diabetic foot ulcer (DFU) refers to a full-thickness wound in a diabetic patient's deep vascular and collagenous inner layer of skin below the ankle. Peripheral vascular diseases that reduce blood supply to tissue and may cause infection and gangrene, raising the risk of amputation, and peripheral neuropathy, which results in a loss of sensation in the feet, are two causes of diabetic foot problems [3]. The two main factors that contribute to morbidity and mortality in diabetic individuals are foot ulceration and supervening infection. One of the most expensive diabetes consequences to treat is diabetic foot issues, which are common in diabetic individuals. To speed up the healing of the diabetic foot ulcer, many treatment protocols have been used, including vascular intervention, anti-infection therapy, surgery, and postoperative wound care. Despite these, the reported healing rates for diabetic foot ulcers across many series were subpar. Foot ulcers are one of the most dreaded and prevalent diabetic complications in low- and middle-income nations [4]. According to estimates, 15% of all persons in Ethiopia have diabetes foot, which are the primary

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