

**CLINICALLY COST EFFECTIVE DIABETIC PATIENT CARE**

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The lifetime risk of a person with diabetes developing a foot ulcer has been estimated at 14%, but recent studies have shown the annual population-based incidence ranges from 1.3-4.6%, and the prevalence from 4.2-9.8%, suggesting the incidence may be as high as 26.5%.

Lower-extremity disease, including peripheral arterial disease, peripheral neuropathy, foot ulceration or lower extremity amputation, is twice as common in patients with diabetes as non-diabetics and affects 32% of those over 45 years old.

Prospective studies have found that foot ulcers cause substantial emotional, physical, productivity and financial losses. The cost of treating a diabetic foot ulcer were estimated at 33000 Euro in European study, and at 28000 Euro with no amputation and 38000 Euro with amputation.

The most costly and feared consequences of a foot ulcer is limb amputation, which occurs 12 to 35 times more often in patients with diabetes than the general population.

Diabetes is causative in up to 8 in 12 non traumatic amputations, of which 87% follow a foot ulcer.

The age-adjusted annual incidence for non traumatic lower limb amputation in persons with diabetes ranges from 2.3-14.5 per 1,000.

Mortality following amputation ranges from 15% to 41% at one year, 35% to 69% at three years, and 42% to 82% at five years, 59% to 97% at ten years.

Surprisingly and alarmingly, this worse than for most malignancies. In light of the enormous disease burden of diabetic foot ulcers, it is crucial to know if they are treatable and preventable.

This review summarizes and critically evaluates the available clinical evidence and attempt to marry common sense with technology in the management, healing and prevention of diabetic foot wounds.