BACKGROUND: The benefits of self-foot care management are well recognized in type 2 diabetes subjects. However, a substantial proportion of patients don't perform self-foot care assessment at all. We aimed to enumerate the barriers to self-foot care management in Type 2 Diabetes Mellitus (T2DM) patients and factors associated with these barriers.

METHODOLOGY: A cross-sectional study of successive 600 type 2 diabetes patients attending routine out-patient diabetes clinics in tertiary care hospitals in Kolkata, India from 1st June 2018 to 31st March 2019. Besides demographic details, patient particulars, laboratory investigations, the questionnaire included 2 direct questions on possible barriers to self-foot care management. The questions were grouped into five categories viz. environmental (4 questions), behavioral (9 questions), occupational (2 questions), physical inability (7 questions) and medical reason (1 question).

RESULTS: An overwhelming 60% of the study population have more than one barrier to self-foot management. A larger proportion of females (69.9%) were not taking self-foot care management compared to their male counterparts (55.5%). Around one-third of the male participants cited lack of time as a major barrier to self-foot care management. Around 40% females reported lack of foot care education and training as the major obstacle to self-foot care management.

CONCLUSION: This study elaborates the need for awareness regarding possible barriers when counseling T2DM patients. Behavioral causes seem to be the commonest barrier to self-foot care management and hence strategies to target the same needs to be thought of.

KEYWORDS: Diabetic Foot, Self-care, India
DISCUSSION:
Although studies highlighting barriers to self-foot care management in T2DM come up from time to time, to our knowledge this is one of the largest studies addressing the barriers to self-foot care management in T2DM patients.

Foot conditions are highly prevalent amongst diabetic patients. Globally the lifetime risk of a diabetic patient developing a foot ulcer is 15%. They potentially result in decreased function and quality of life for patients. They result in either loss of limb and loss of life and diabetes is by far the leading cause of amputation in the developed world. Such negative outcomes are preventable. To a large extent, these negative outcomes occur due to late diagnosis and improper diabetic foot care. In fact, the majority of people with diabetes do not receive or practice the foot care recommended by current guidelines.1–5

The present study is the first of its kind to enlighten on the perceived barriers to self-foot care in the Indian population. Our study results confirm that self-care is low in the Indian T2DM diabetes population, with an overwhelming 80% of the study population have more than one barrier to self-foot management. A larger proportion of females (69.9%) were not taking self-foot care management compared to their male counterparts (55.5%). Around one-third of the male participants cited lack of time as a major barrier to self-foot care management. Around 40% females reported lack of foot care education and training as the major obstacle to self-foot care management.

LIMITATIONS OF THE PRESENT STUDY:
All the patients did not have Hba1C done at the time of survey and hence correlation of self-foot care management with good glycemic control could not be done.

STRENGTH OF THE PRESENT STUDY:
On the other hand, the interview-based design ensured more complete response for this study. Participants were offered the chance to discuss the questionnaire with the care providers before they filled in the form.

CONCLUSION:
This study elaborates the need for awareness regarding possible barriers when counseling T2DM patients. Behavioral cues seem to be the commonest barrier to self-foot care management and hence strategies to target the same needs to be thought of.

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