

# Time to act to reduce diabetes-related foot disease

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Greater investment from governments, health professionals and researchers is needed to reduce costly and common diabetes-related foot disease (DFD), QUT Principal Research Fellow Dr. Peter Lazzarini and

co-authors write in the latest issue of the *Medical Journal of Australia*.

Dr. Lazzarini, from the Faculty of Health School of Clinical Sciences, completed his Ph.D. at QUT in 2016 on the burden of foot disease in inpatient populations. He is founding co-chair of Diabetic Foot Australia, a key initiative of the Wound Management Innovation Cooperative Research Centre.

He said DFD is Australia's least recognised chronic health problem, which costs the health care system about \$1.6 billion a year and has mortality rates higher than rates for many cancers.

It is also the leading cause of limb amputation in Australia, with the nation having the second highest diabetes-related amputation rate among OECD countries.

Dr. Lazzarini said DFD commonly develops from trauma in the presence of peripheral neuropathy or [peripheral arterial disease](#) and is complicated by infection. Neuropathy results in patients losing the ability to feel pain, and consequently not recognise the severity of their DFD and delay seeking treatment.

He and co-authors, including QUT Adjunct Associate Professor Jaap van Netten, write in the MJA Perspective article that "best estimates" indicate about 50,000 Australians have DFD ulcers, infections and ischaemia (restriction of blood supply to tissues) and a further 300,000 have major risk factors for developing DFD.

However, "less than 10 per cent of the 540 interdisciplinary DFD services needed to manage the 50,000 Australians with DFD are available."

"DFD is a complex condition that is not easily identified, prevented or

treated," the authors write.

"[It] necessitates a coordinated, interdisciplinary approach that harnesses the complementary skills of medical, surgical, nursing and allied health disciplines across primary, secondary and tertiary care systems.

"Without access to such coordinated interdisciplinary systems, more patients end up in hospital, stay longer, and undergo more amputations."

The article authors all contributed to Diabetic Foot Australia's recently launched Australian diabetes-related foot disease strategy 2018–2022: the first step towards ending avoidable amputations within a generation.

Recommendations in the strategy on increasing access to care, subsidising evidence-based treatment and implementing national models of interdisciplinary care, are similar to those previously published by other national bodies, the authors say.

"However, the need to repeat these recommendations indicates a national failure to act."

The authors call on "Australian [health professionals](#), researchers and governments to finally act" and argue that investment in the strategy "should ensure not only a significant financial return on investment to the health budget but, more importantly, save the limbs and lives of Australians."

**More information:** Peter A Lazzarini et al. Pathway to ending avoidable diabetes-related amputations in Australia, *The Medical Journal of Australia* (2018). [DOI: 10.5694/mja17.01198](https://doi.org/10.5694/mja17.01198)

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