

Press Release

Group of experts is setting up Germany's biggest database for "Diabetic Foot Syndrome"

New instrument for the assessment of therapy measures for DFS / Basis for new therapy recommendations

Berlin/Dortmund, November 30th 2010 – every 19 minutes a diabetic gets a foot or a leg amputated or partly amputated in Germany. With almost 28.000 amputations a year the diabetic foot syndrome (DFS) belongs to the most dreaded diseases resulting from diabetes mellitus.

In order to improve therapy options and healing chances for about 200,000 diabetics with DFS in Germany, a group of experts "diabetic foot syndrome" formed around the diabetologist Dr. med. Alexander Risse, head of the diabetes center at the Hospital Dortmund.

The interdisciplinary group is planning to set up Germany's biggest register for the diabetic foot syndrome. So far an independent database, which registers all data relevant for therapy nationwide, does not exist. The plan is that in future all specialized hospitals will make their data continuously available.

„We urgently need sound available data for the diabetic foot syndrome, to evaluate used therapeutic measures”, said spokesperson of the group Dr. Alexander Risse. The goal is to significantly improve the available data in Germany and later on also to pronounce therapy recommendations.”

Risse and his fellow campaigners, who are diabetologists, angiologists, surgeons, hygienists, microbiologists, physio-therapists, wound managers and health economists, hope for a long-term improved therapy management. The wound care for the diabetic foot usually is lengthy and complex. “Often daily changes of bandages for infected wounds are necessary”, reported Prof. Dr. Axel Kramer, director of the Institute for Hygiene and Environmental Medicine at the University Hospital Greifswald.

“For the therapy with antiseptic solutions or the supportive use of anti-microbic wound dressing antiseptics with a broad therapeutic width are recommended. The antiseptic therapy is only promising, if it is integrated in a supervised clinical care pathway.

However, this is not always the case. According to a study (1) the wound care in Germany has been difficult all along: Even though four million patients suffer from chronic wounds, only 16 percent of the questioned physicians evaluate the wound care as being good to very good. More than 40 percent of the patients do not even get the benefits of a modern wound care.

From the point of view of visceral surgeon Dr. Dipl. Oec. Colin M. Krüger of the Vivantes Humboldt-Clinic in Berlin the set-up of an extensive database for the diabetic foot syndrome has been long overdue: "The diabetic foot represents an increasing field of treatment within vascular surgery. However, so far we can't resort to independent, inter-disciplinary data. The database therefore is a crucial step to optimize therapy management long-term.”

The new database will also make possible cost-benefit-assessments. Experts expect that the number of diabetics will double from today's six million until the year 2030 in Germany. The costs connected with diabetes will rise accordingly. „Diabetes and its resulting diseases are already significantly burdening today the healthcare insurances, the solidary group and the national economy”, says health economist Prof. Dr. Dr. Wilfried von Eiff, Centrum für Krankenhaus-Management (Centre for Hospital-Management) at the University of Münster. „Exceptional attention is to be directed to the fact that the amputation frequency of diabetic foot ulceration depends on the integration of the patient in

strict precaution-, care- and DM-programmes. It is even more important to develop an instrument for the evaluation of the cost-benefit-relation of treatment measures.”

About the diabetic foot syndrome (DFS)

The diabetic neuropathy is the only necessary and at the same time adequate criteria of the DFS. The disease is taking an even more dramatic turn by an additional poor blood circulation.

The meticulous diagnosis and weighting of the neuropathy therefore always is the foundation for every prophylaxis and therapy. Also, the qualified angiologic diagnostic belongs to the essence of care. The smaller vessels in the foot are widened in diabetics due to the paralysis of the autonomic nervous system. With elated blood sugar levels over a considerable period of time – recognized by the so-called HbA1c-level - all components of the blood are “coated with sugar”. Meaning therefore, they are either stiff (erythrocytes) and therefore are cause of an increased viscosity of the blood, or they are paralyzed, e.g. all white blood cells and immunoglobulins. Due to that the patient’s immune response system is dangerously weakened (immunosuppression), similar to AIDS.

Patients seek medical advice far too late because of the neuropathy and pain apathy, so infections are already widely spread. Since complaints are not lodged, primarily treating doctors usually react too late. Due to the Fontaine-classification, which assumes the distance a patient is able to walk pain-free as a criteria, the severity of the circulatory disorder is underrated. Paired with an existing neuropathy the walking distance is infinitely long due to inability to perceive pain..

The briefly portrayed complexity of the clinical picture explains the bad treatment results and the high amputation rates. At the same time it is becoming obvious, that an interdisciplinary and multi-professional therapy organization is unavoidable. Unfortunately the structure of the German healthcare system is preventing exactly such co-operations.

5% of the diabetics with DFS are care dependent after toe amputation, 5% after forefoot amputation and every third case after lower or upper leg amputation.

Within four years of amputation of the first leg an amputation is also conducted at the second leg in over 50 % of the diabetics. Because amputations are avoidable by an early and adequate treatment, with the support of the database the state of knowledge should be analyzed to draw conclusions therefrom for therapy options with reference to the patient.

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1) Opinion poll at 20,000 resident physicians about the Treatment of patients with chronic wounds by the Institute for healthcare-system-research (IGSF) in Kiel (2006)