

The Quality of Life in Patients with Diabetic Foot Ulcers

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ABSTRACT

Diabetes mellitus is one of the commonest chronic diseases, resulting in a lot of complications including a diabetic foot ulcer. Diabetic foot ulcers (DFU) including the risk to progress to amputation, also deteriorate the quality of life of the patients and their care givers. Diabetic foot ulcers not only affect the physical health-related quality of life (HRQoL) of patients but the social, psychological and economic aspects of the patient's life are also affected. Research studies have shown that factors such as female gender, obesity, presence of Peripheral Vascular Disease and stressful life events further decrease the quality of life in patients with diabetic foot ulcers. This editorial advocates that diabetic foot ulcers being a huge burden on the healthcare system also deteriorate the quality of life of patients.

Keywords: Diabetes mellitus; Quality of life; Diabetic foot

EDITORIAL

According to the most recent statistics, around 8.5% of the population of the world that is around 422 million people is suffering from diabetes mellitus [1]. Approximately 15% of the diabetic patients develop a foot ulcer during their life and in 14% to 24% of the diabetic patients, the diabetic foot ulcers headway to amputations [2]. It is evident that lower limb amputations are preceded by foot ulcers in around 75-85% of cases, commonly in association with chronic infection and severe gangrene [3]. According to recent literature, Diabetic Foot Ulcers (DFU) affects the physical HRQoL of the patients as well as the mental wellbeing of the patients. Patients having DFU when compared to the patients without DFU have greater deterioration of HRQoL in the social, psychological, physical and economic aspects [4]. Due to reduction in the mobility and consequent lifestyle changes further deteriorate the HRQoL in these patients. Though, there is some impairment in the mental HRQoL but that is not linear to the expected impairment [4]. The impact of DFU on the impairment of HRQoL is so intense, that patients with diabetic foot amputations having the capacity of mobilization have a higher HRQoL when compared with patients having DFU [4]. Obesity further deteriorates the quality of life of patients having DFUs. According to a recent study

conducted in Jordan in 2018, they found that the quality of life in patients with obesity in addition to DFUs was significantly lower as compared to the non-obese patients having DFUs [5]. They also identified female gender, presence of PVD and stressful life events as significant factors associated with a lower quality of life in patients with DFUs [5]. Besides the morbidity and mortality caused by DFUs, they are a huge burden on the economy and the health care system. The studies conducted previously have reported that the cost of the treatment and management of patient with DFU was around four times higher as compared to that with non-DFU patients having diabetes mellitus [3]. Besides the direct expenditure towards the treatment and management of DFUs, there is also an indirect expenditure that probably contributes by the loss of the productivity of the patient, family costs, and loss of quality of life of the patients as well as the family members. DFUs are neglected problem in the healthcare system. They are huge burden on the healthcare system and for developing countries it quite difficult to manage the expenditures during of the management of DFUs. DFUs can lead to amputations that lead to further complications. Vascular intervention should be considered an option before going for a limb amputation as there are other multiple complications such as routine

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Received date: 2 February, 2020; **Accepted date:** 21 February, 2020; **Published date:** 28 February, 2020

Citation: Arshad MA, Arshad S, Arshad S, Abbas H (2020) The Quality of Life in Patients with Diabetic Foot Ulcers. J Diab Metab 11:e101. doi: 10.35248/2155-6156.20.11.e101

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investigations, multiple organ damage and mental misery of the patient due to diabetes mellitus in which limb amputation can further deteriorate the quality of life of the patient [1].

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