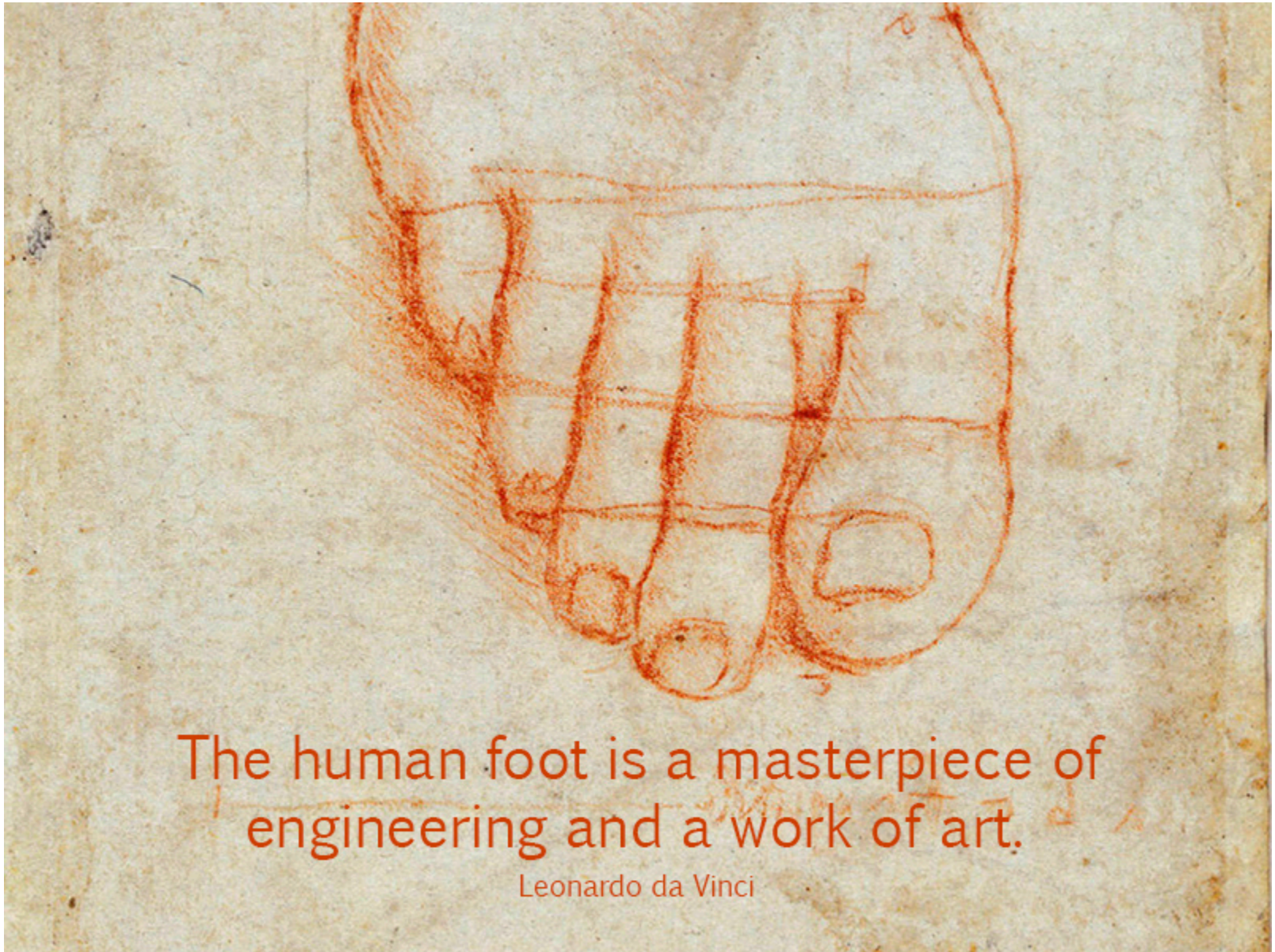


Il /la dr./sa Norina Gavan dichiara di NON aver ricevuto negli ultimi due anni compensi o finanziamenti da Aziende Farmaceutiche e/o Diagnostiche

Dichiara altresì il proprio impegno ad astenersi, nell'ambito dell'evento, dal nominare, in qualsivoglia modo o forma, aziende farmaceutiche e/o denominazione commerciale e di non fare pubblicità di qualsiasi tipo relativamente a specifici prodotti di interesse sanitario (farmaci, strumenti, dispositivi medico-chirurgici, ecc.).

Que vadis diabetic foot
in
Romania and Eastern Europe?

Norina Alinta Gavan, Ph.D.
Cluj Napoca, Romania
norina@norinagavan.ro



The human foot is a masterpiece of
engineering and a work of art.

Leonardo da Vinci



Washing of Feet by Giotto (1267 – 1337)



Christ Washing the Disciples' Feet by Giotto



Christ washing the Feet of His Disciples by Tintoretto Jacopo (1518 - 1594)



Italian Antique Pencil Drawing Of Feet



Washing of Feet by Giotto Di Bondone
Cappella Scrovegni, Padua



Italian art museum painting women washing feet



Foot of Constantine's colossal statue, A. D. 313-324
Musei Capitolini, Rome

Why the Venus de Milo Has Extra-Long Second Toes

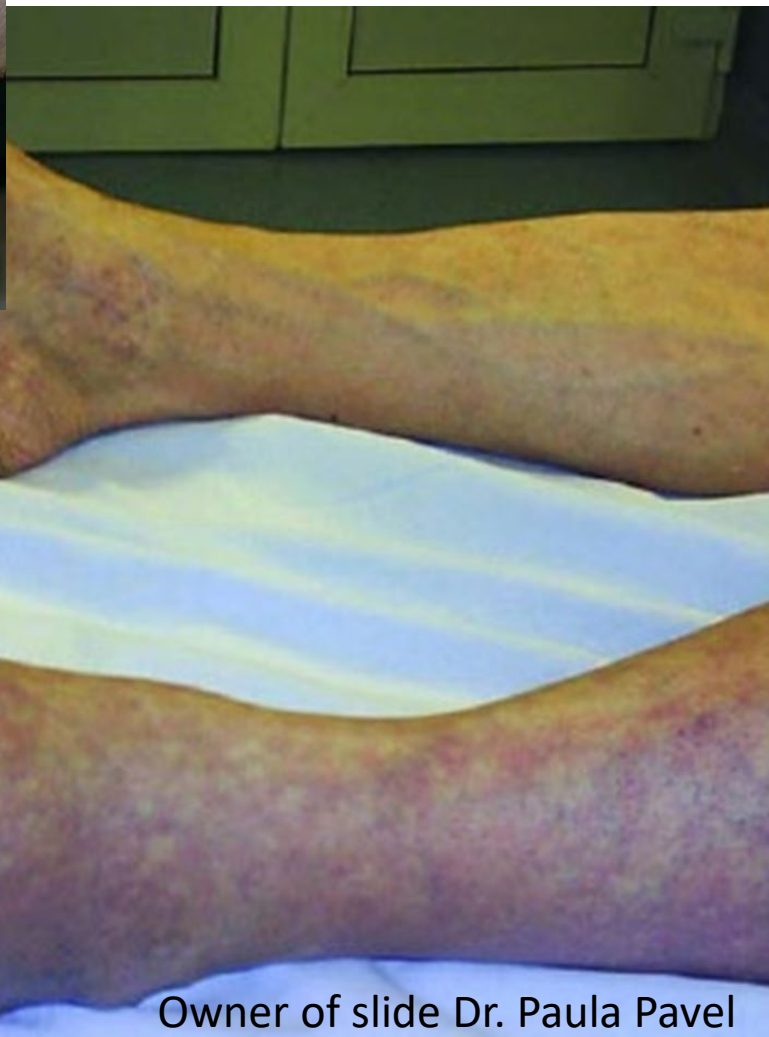


It's a condition called "Greek foot" or "Morton's toe"— 15-20% of us have it.



2 feet sculpture in the form of a human skeleton
created by Italian Gino De Dominicis
exhibited at the Museum of Modern Art in Rome

Diabetic foot definition ... in pictures





Owner of slide Dr. Eduard Catrina



Owner of slide Dr. Eduard Catrina



Owner of slide Dr. Eduard Catrina



Owner of slide Frank Bowling



Owner of slide Frank Bowling



PATIENTS WITH DIABETIC FOOT DISEASE FEAR MAJOR LOWER- EXTREMITY AMPUTATION MORE THAN DEATH

Published February 28, 2017 by David G. Armstrong in Uncategorized

Que vadis diabetic foot
in
Romania and Eastern Europe?



EUROPA



West

Podiatrists

Diabetic Foot
clinics

East

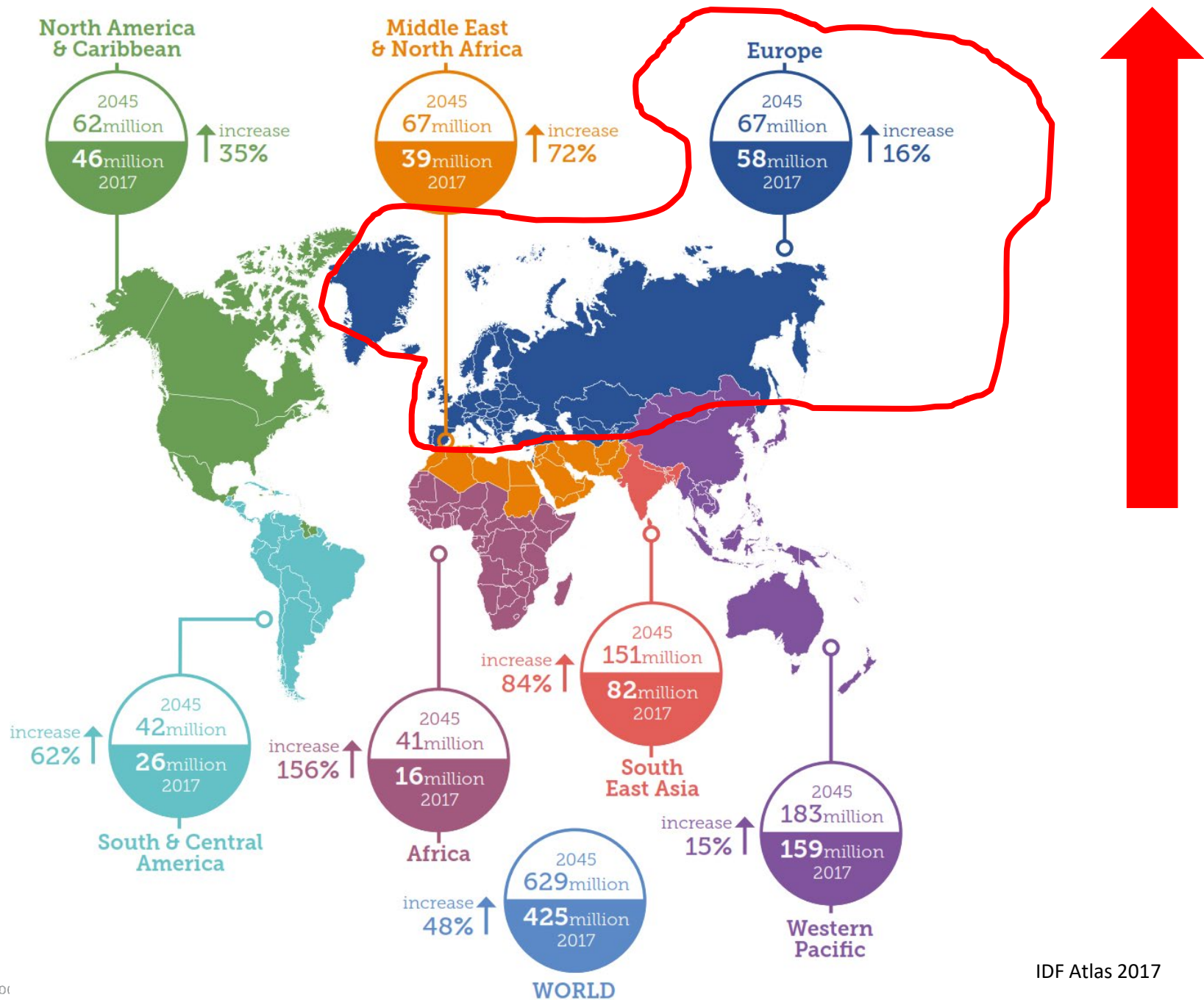
No podiatrists

Rare
diabetic foot
clinics



Two political systems,
differences in social and economic development

Number of people with diabetes worldwide and per region in 2017 and 2045 (20-79 years)



Health Care Provision for People with Diabetes and Postgraduate Training of Diabetes Specialists in Eastern European Countries

Viera Doničová, M.D., Ph.D.,¹ Jan Brož, M.D.,² and Iocara Sorin, M.D., Ph.D.³

BACKGROUND: In many eastern European countries, information is limited regarding (1) prevalence of diabetes and its complications, (2) health care provisions for diabetes, (3) diabetes management, and (4) the structure of postgraduate training in diabetes for doctors and nurses. These have been reviewed here.

METHODS: Source material was derived from publications and through personal communication with diabetes specialists in leading clinical centers in Bulgaria, the Czech Republic, Hungary, Poland, Romania, Russia, Slovakia, and Ukraine.

RESULTS: In many countries, information about diabetes prevalence is incomplete or inaccurate with many undiagnosed cases but varies from 7.7-9.6%. Diabetic complications and adverse outcomes (blindness, amputation, and chronic renal failure) are common, with a high mortality resulting from cardiovascular disease. State-funded and private systems often exist side by side. Diabetes care is provided by diabetologists, endocrinologists, internal medicine physicians, and general practitioners, but their involvement varies considerably between countries and some have too few specialists who are located only in large centers. Specialized dietetics and foot care services are, in general, poorly developed. Insulin is freely available although analogs may incur a cost to the patient, while newer drugs (glucagon-like peptide-1 agonists, dipeptidyl peptidase-4 inhibitors) are either expensive or unavailable. Glucose monitoring is often rationed. Postgraduate training in diabetes is now well established in most countries and specialist training for nurses is being developed.

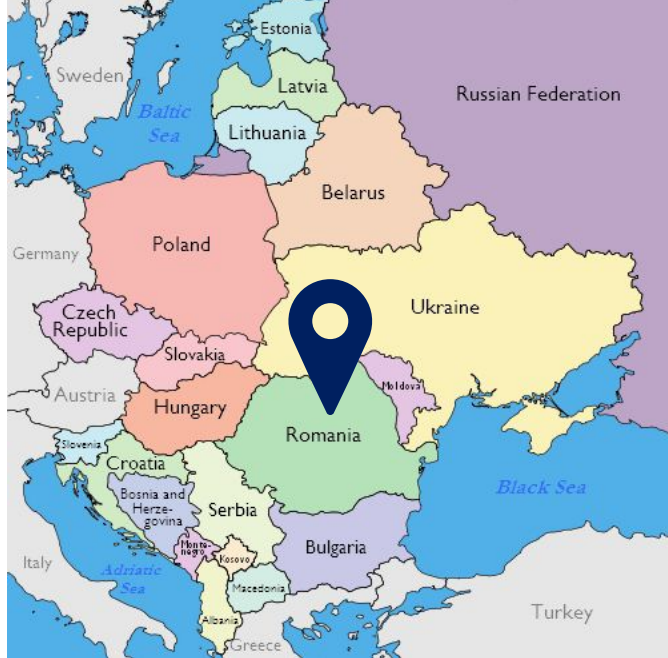
CONCLUSIONS: Continuing disparities with western European countries are related mainly to deficient economic resources and inadequate financial investment. Some countries have introduced national programs to improve diabetes care with better clinical outcomes being obtained following treatment initiatives.

Table 1.
Prevalence of Diabetes in Chosen Countries in the European Region according to Diabetes Federation Data from 2010^a

Country/territory	Population (20–79) 000s	Diabetes Prevalence		Number of people with DM (000s) in the 20–79 age-group	
		National	Comparative	Total	% undiagnosed
Bulgaria	5790	↓ 9.0% 7,9%		519.5	40%
Czech Republic	7824	8.7% 9,5%		677.3	–
Hungary	7515	↓ 8.8% 9,5%	6.4%	658.9	56%
Poland	28,618	↓ 9.3% 7,6%	7.6%	2674.6	50%
Romania	16,129	↓ 8.4% 12,4%	6.9%	1351.4	50%
Russian Federation	107,184	↓ 9.0% 7,9%	7.6%	9,624.9	75–80%
Slovakia	4075	↓ 7.7% 9,7%	6.4%	314.0	30%
Ukraine	34,686	↓ 9.6% 8,4%	7.6%	3328.4	50–66%

^a Population numbers as described in the *CIA World Factbook 2008*, with growth and distribution adjustment to that of developed world population from 2008 to 2010.

^b All comparisons should be done using the comparative prevalence which is adjusted to world population. The national prevalence indicates the percentage of each country's population that has diabetes; it is ideal for assessing the burden of diabetes in each country.



Diabetes mellitus and DN & DF

In Romania

2012



J Diabetes. 2016 May;8(3):336-344. doi: 10.1111/1753-0407.12297. Epub 2015 May 6.

Prevalence of diabetes mellitus and prediabetes in the adult Romanian population: PREDATORR study.

Mota M¹, Popa SG¹, Mota E², Mitrea A³, Catrinoiu D⁴, Cheta DM⁵, Guja C⁵, Hancu N⁶, Ionescu-Tirgoviste C⁵, Lichiardopol R⁵, Mihai BM⁷, Popa AR⁸, Zetu C⁵, Bala CG⁶, Roman G⁶, Serafinceanu C⁵, Serban V⁹, Timar R⁹, Veresiu IA⁶, Vlad AR⁹.

1.752.000 people with diabetes in RO

RESULTS: In all, 2728 participants from 101 clinics of general practitioners were randomly selected, with a probability proportional to population size according to the 2002 Romanian Census. The participation rate was 99.6%. Impaired glucose regulation (prediabetes, known and unknown DM) was found in 28.1% of the study population. The overall age- and sex-adjusted prevalence of DM was 11.6% (95%CI 9.6%-13.6%), of which 2.4% (95%CI 1.7%-3.1%) had unknown DM. The prevalence of DM increased with age and was higher in men than in women. The age- and sex-adjusted prevalence of prediabetes was 16.5% (95%CI 14.8%-18.2%), with the highest percentage in the 60-79 year age group and in women. Obesity, abdominal obesity, dyslipidemia, low education level, and a family history of diabetes were associated with glucose metabolism disorders.

IDF Atlas

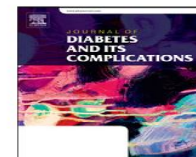
- 2011 – 8,4%
- 2017 – 12,4%

QoL-DN Romania - NeuRODiab Study 2012

- # of diabetes centers around the country = 51
 - # of health care professionals involved = 181 (153 diabetologists, 5 neurologists, 14 GPs and 9 nurses specialized in diabetes)
 - # of distributed questionnaires = 25.000
 - # of filled/completed questionnaires = **23.543**
 - # of validated questionnaires = **21.756** (name, gender, age).
 - # of people with diabetes = **21.261**
-
- # of people with DM + DN = 14.401 = **65,2%**
 - # of people with DN + ulcers = 2.164 = **14,8%**
 - # of people with DN + amputations = 576 = **3,6%**



1.752.000 people with diabetes = 11,6% prevalence of DM in RO (PREDATORR)



Detection of undisclosed neuropathy and assessment of its impact on quality of life: a survey in 25,000 Romanian patients with diabetes



Andrei I. Veresiu ^{a,1}, Cosmina I. Bondor ^{b,*1}, Bogdan Florea ^c, Etta J. Vinik ^d, Aaron I. Vinik ^e, Norina A. Găvan ^f

A B S T R A C T

Aims: The objective of this cross-sectional survey was to capture undiagnosed neuropathy in Romanian patients with self-reported diabetes using Norfolk QoL-DN as a screening tool and to assess its impact on quality of life (QoL).

Methods: 25,000 Romanian-translated, validated Norfolk QoL-DN questionnaires were distributed between June and December 2012. 21,261 patients who self-reported diabetes and answered questions related to neuropathy, ulceration, gangrene and amputation were included in the analysis.

Results: 52% of diabetic patients ($n = 6615$) who answered “no” to the question “Do you have neuropathy?” had total QoL scores above the cut-off, suggesting the presence of diabetic neuropathy. 13,854 (65.2%) patients answered “yes” to the question “Do you have neuropathy?” and 3,150 (14.8%) reported at least one episode of ulceration, gangrene or amputation. Total QoL score was 3-fold higher (worse) for patients who answered “yes” to the question “Do you have neuropathy?” than for those who answered “no” (38.39 vs. 13.71; $p < 0.001$) and 1.4-fold worse for patients who reported ulceration, gangrene or amputation than for those who did not report any of these (50.38 vs. 34.87; $p < 0.001$).

Conclusions: We found a high prevalence of undisclosed diabetic neuropathy in this population and showed that neuropathy severity has an increasing impact on total QoL and its domains.



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Diabetes Research
and Clinical Practice

journal homepage: www.elsevier.com/locate/diabres



International
Diabetes
Federation



Trends in diabetes-related lower extremities amputations in Romania—A five year nationwide evaluation

Ioan Andrei Veresiu^{a,b,*}, Silvia Stefania Iancu^b, Cosmina Bondor^a

^a Iuliu Hatieganu University of Medicine and Pharmacy, Diabetes, Nutrition and Metabolic Diseases Department, Str Clinicilor 2-4, 400006 Cluj-Napoca, Romania

^b County Clinical Emergency Hospital Cluj-Napoca, Cluj-Napoca, Romania

- **> 5.000 amputations/year**
- **aprox. 14 amputations/day**

**Each 22 minutes,
one amputation in people with DM**

A B S T R A C T

The aim of the study was to perform a nationwide evaluation of the frequency, incidence and trends of diabetes-related LEA (lower extremities amputations) in Romania. We have retrospectively analysed DRG data (ICD 10 AM codes) from all hospitals in the country, over a 5 year period (2006–2010). Knowing the shortcomings of this approach, we have assumed that our study can serve as a platform for future comparisons. The total number of non-traumatic diabetes related LEA procedures was 24,312, they were performed in 16,873 patients with diabetes, 22.55% with type 1 diabetes, 70.26 with type 2 diabetes and 7.19% with non-specified diabetes at discharge. The total number of hospital admissions for these patients was 46,985. During the five years of the study there was an increase in the absolute number of major amputations (above the ankle), as well as of minor amputations. The rate of amputations decreased in type 1 diabetes, from baseline (2006): –8.15% in 2007, –25.83% in 2008, –23.43% in 2009, –27.71% in 2010, whereas it increased in type 2 diabetes in the respective years: 16.96%, 60.75%, 66.91%, and 104.64%, due to an increase in minor amputations and mainly in elderly people. Male: female amputations rate was 2:1 in type 1 diabetes patients and 2.4:1 in type 2 diabetes patients. This study, the first of its kind in the Romanian population, offers a starting point for future comparisons and identifies a target for preventive measures.

Research Article

Epidemiology of Diabetic Foot Ulcers and Amputations in Romania: Results of a Cross-Sectional Quality of Life Questionnaire Based Survey

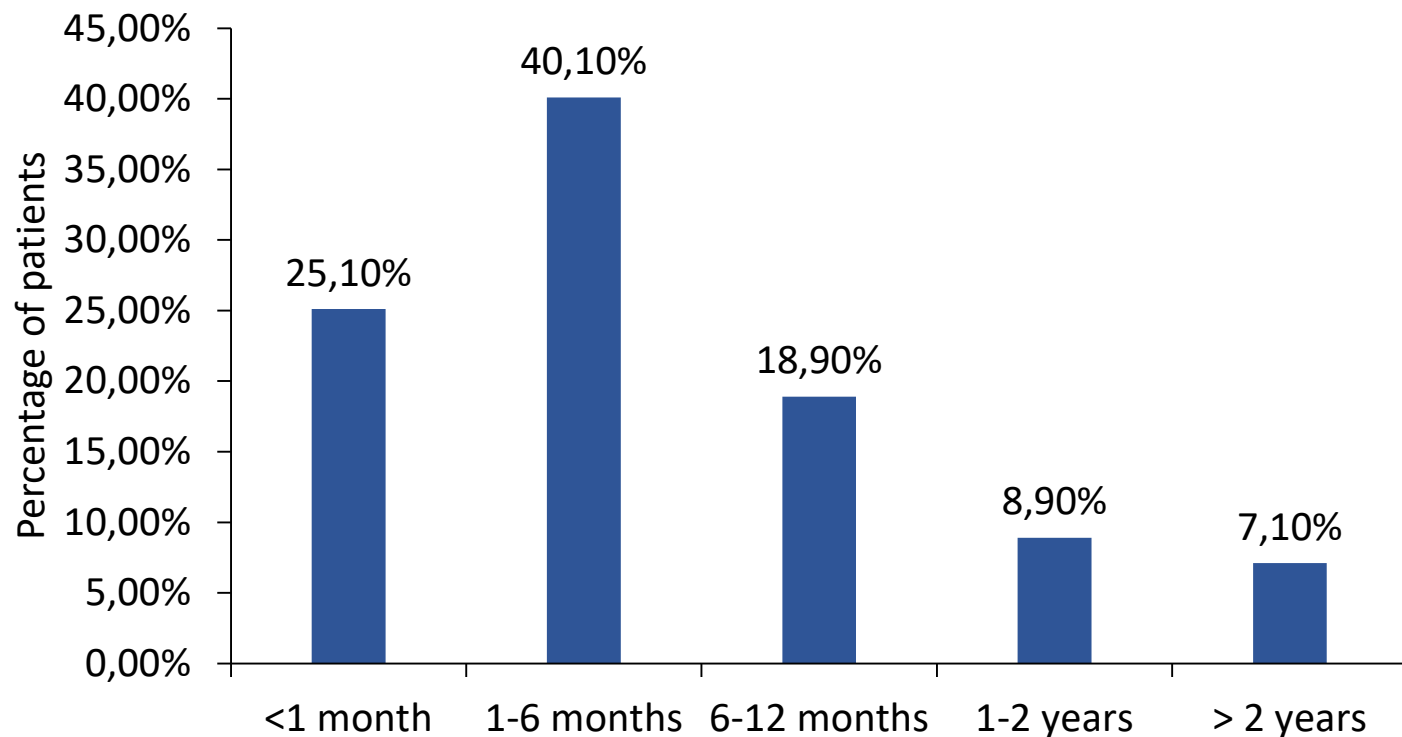
Cosmina I. Bondor,¹ Ioan A. Veresiu,² Bogdan Florea,³ Etta J. Vinik,⁴
Aaron I. Vinik,⁵ and Norina A. Gavan⁶

This is a post hoc analysis of quality of life in diabetic neuropathy patients in a cross-sectional survey performed in 2012 in Romania, using the Norfolk QOL-DN in which 21,756 patients with self-reported diabetes were enrolled. This current analysis aims to expand research on the diabetic foot and to provide an update on the number of foot ulcers found in Romania. Of the 21,174 patients included in this analysis, 14.85% reported a history of foot ulcers and 3.60% reported an amputation. The percentage of neuropathy patients with foot ulcers increased with age; the lowest percentage was observed in the 20–29-year age group (6.62%) and the highest in the 80–89-year age group (17.68%). The highest number of amputations was reported in the 70–79-year age group (largest group). Compared to patients without foot ulcers, those with foot ulcers had significantly higher scores for total DN and all its subdomains translating to worse QOL ($p < 0.001$). This analysis showed a high rate of foot ulcers and amputations in Romanian diabetic patients. It underscores the need for implementation of effective screening and educational programs.

Research Article

Delay between Onset of Symptoms and Seeking Physician Intervention Increases Risk of Diabetic Foot Complications: Results of a Cross-Sectional Population-Based Survey

Norina A. Gavan,¹ Ioan A. Veresiu,² Etta J. Vinik,³ Aaron I. Vinik,⁴ Bogdan Florea,⁵ and Cosmina I. Bondor⁶



The time interval between symptoms of diabetes complication onset and physician visit for those symptoms

Research Article

Delay between Onset of Symptoms and Seeking Physician Intervention Increases Risk of Diabetic Foot Complications: Results of a Cross-Sectional Population-Based Survey

Norina A. Gavan,¹ Ioan A. Veresiu,² Etta J. Vinik,³ Aaron I. Vinik,⁴
Bogdan Florea,⁵ and Cosmina I. Bondor⁶

We present a post hoc analysis of 17,530 questionnaires collected as part of the 2012 screening for neuropathy using Norfolk Quality of Life tool in patients with diabetes in Romania, to assess the impact on foot complications of time between the onset of symptoms of diabetes/its complications and the physician visit. Odds ratios (ORs) for self-reporting neuropathy increased from 1.16 (95% CI: 1.07–1.25) in those who sought medical care in 1–6 months from symptoms of diabetes/its complications onset to 2.27 in those who sought medical care >2 years after symptoms onset. The ORs for having a history of foot ulcers were 1.43 (95% CI: 1.26–1.63) in those who sought medical care in 1–6 months and increased to 3.08 (95% CI: 2.59–3.66) in those who sought medical care after >2 years from symptoms of diabetes/its complications onset. The highest ORs for a history of gangrene (2.49 [95% CI: 1.90–3.26]) and amputations (2.18 [95% CI: 1.60–2.97]) were observed in those who sought medical care after >2 years following symptoms onset. In conclusion, we showed that waiting for >1 month after symptoms onset dramatically increases the risk of diabetic foot complications. These results show the need for accessible educational programs on diabetes and its chronic complications and the need to avoid delays in reporting.

20 millions people = 40 millions feet

- people with DM = 11,6% (PREDATORR) = more than 1.700.000 people
 - 3,4 millions feet at risk due to DM
- Diabetic neuropathy = 67%
 - Almost 2,3 millions feet at high risk due to DN
- Ulcers = 15%
 - 400.000 feet with at least one Ulcer
- Amputations = 4%
 - more than 5.000 amputations/year





Contents lists available at ScienceDirect

Wound Medicine

journal homepage: www.elsevier.com/locate/wndm



The Diabetic-Foot Online Clinic Utilization Score (DFOCUS): A calculator for estimating clinic volume and utilization



John D. Miller, Nicholas A. Giovinco, Joseph L. Mills, David G. Armstrong*

Southern Arizona Limb Salvage Alliance (SALSA), Department of Surgery, University of Arizona College of Medicine, United States

ARTICLE INFO

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Visitation

Administration

Risk-planning

ABSTRACT

The goal of this manuscript is to suggest the utilization of pre-existing population data to provide a functional tool for health systems and administrators to best estimate and plan resource utilization when building or refining a diabetic foot clinic. The system allows one to predict the number of expected risk-category specific visits from a local community in a given year. It is our hope that this system will aid health care providers in administrative planning and overhead. The calculator is hosted at <http://www.diabeticcalculator.com> as a free to use operation.

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[SALSA's](#) Diabetic Foot Online Clinical Utilization Score (**DFocus**) is a free tool, to be used for the estimated calculation of resources needed to treat patients in a particular area. The Center for Disease Control (CDC) has updated information available from a 2011 database available [HERE](#), which will allow you to use known information about specific countries and regions.

Please input the population and appropriate percentages to calculate risks. You will have to press the “Enter/Return” key on your machine to perform the operation. NOTE: if you are using a mobile browser, you may have to turn your device to landscape orientation to best visualize the calculator itself.

D-FOCUS Visitation Calculator:

Calculate by area population:

Enter the surrounding population:

Prevalence of diabetes:

(On average, 7% of the general population is diagnosed with diabetes. ¹⁾

Approximate # number of diabetic patients:

Number of screening and prevention visits: ²

Estimated number of new ulcerations:

Number of wound care visits: (Assuming 20 visits per ulceration as average time to healing)

Total estimated annual visitations: (Annual visitations from patients with diabetes including additional wound care visits)

Or:

Calculate by # of diabetic patients:

Enter the number of patients with diabetes:

(Please use 'Reset' button below to avoid entering data into multiple columns)

- 700 diabetologists
- 1.700 nurses in diabet clinics

References:

- [1. Economic Cost of Diabetes in the US 2012 - ADA](#)
- [2. Comprehensive Foot Examination and Risk Assessment - Boulton & Armstrong](#)
- [3. Reevaluating the Way We Classify the Diabetic Foot - Lavery & Peters](#)
- [4. Prevention of Diabetes-Related Foot Ulcers and Amputations: a Markov Model - Tennvall](#)
- [5. 2011 National Diabetes Fact Sheet - CDC](#)

Breakdown by Risk Group: ³

	Patients:	Visits:
Risk 0:	930600	930600
Risk 1:	332200	996600
Risk 2:	616000	3080000
Risk 3:	321200	2890800

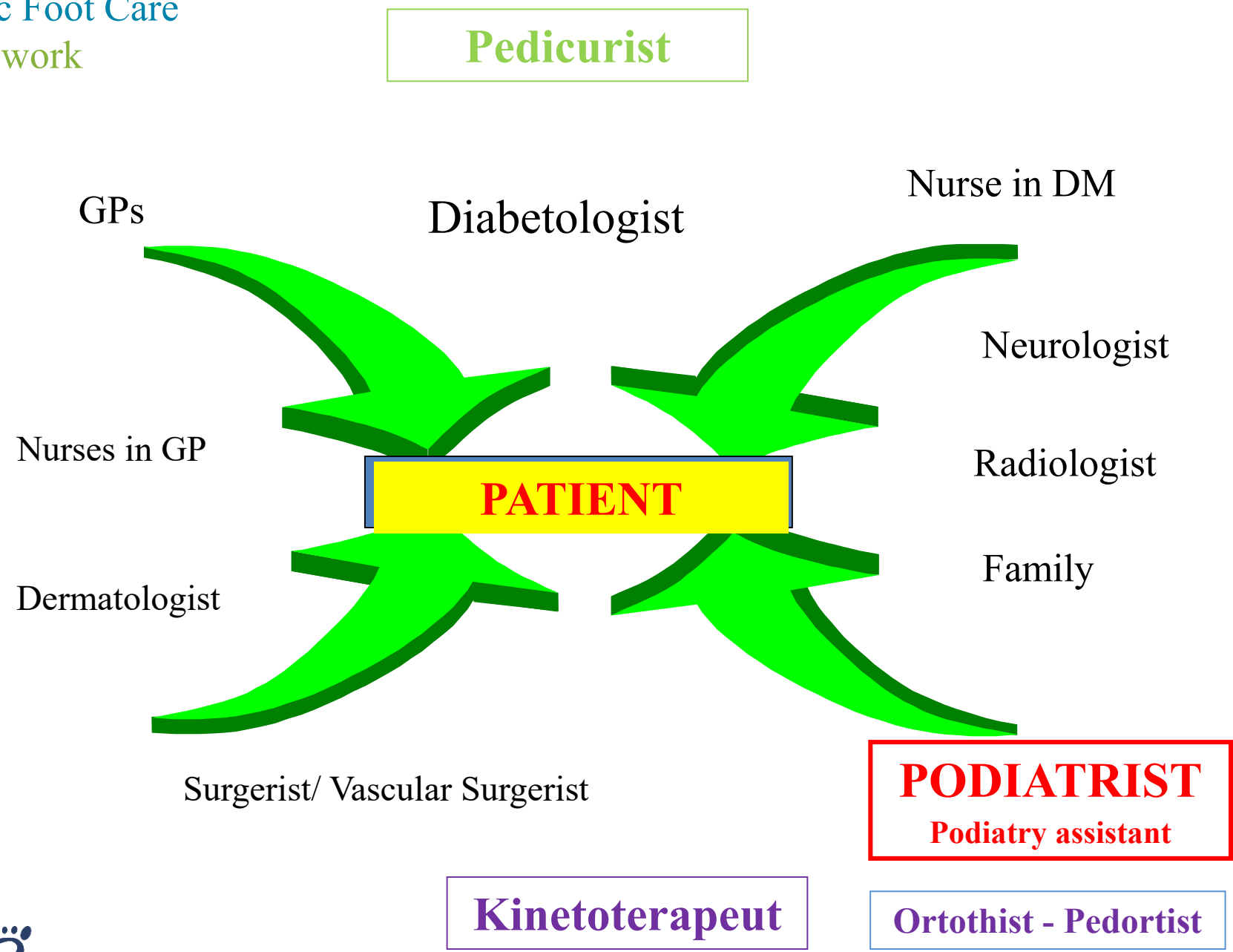
The goal of this calculator is to suggest the utilization of the already present scientific data, to provide an easy to use, yet functional calculator/algorithm for a health provider to best organize and plan their resources when treating the diabetic population. Using this system will allow a physician to predict the number of diagnosis specific visits to be expected from his or her diabetic community in a given year. It is our hope that this system will aid the healthcare community in administrative planning and overhead. For more information about this calculator or about innovations in the treatment of diabetes, visit us at: [The Diabetic Foot Online](#)

Diabetic Foot Care

A team work



Diabetic Foot Care
A team work



Podiatry Impact on High-Low Amputation Ratio Characteristics: A 16-year Retrospective Study

Brian M. Schmidt  , James Wrobel, Michael Munson, Gary Rothenberg, Crystal M. Holmes

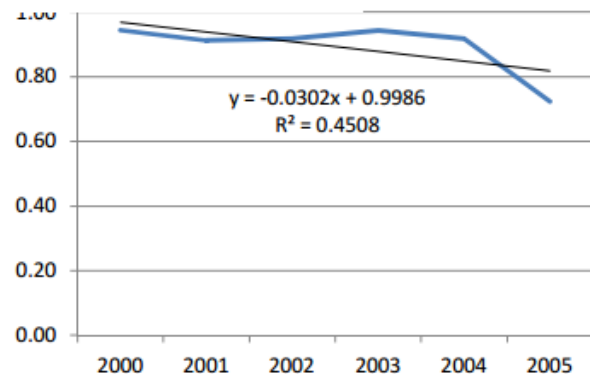
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<http://dx.doi.org/10.1016/j.diabres.2017.02.008>

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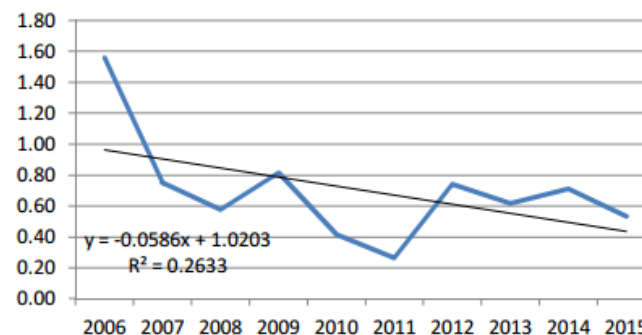
Hi:Lo Ratio pre-Podiatry

Major LEA / Minor LEA Ratio



Hi:Lo Ratio Podiatry

Major LEA / Minor LEA Ratio



CONCLUSIONS: Our findings signify the importance of podiatric care in the diabetic population. With an established podiatry program present at an academic institution, major lower extremity amputations can be avoided and more limbs can be salvaged, thus preventing some of the moribund complications from this condition.

Association for Podiatry

Professionals in footcare

Walk with confidence!

www.podiatrie.ro



**The Romanian Podiatry Association
was founded in April 2015.**

Its mission is as follows:

- Promote and develop the foot care culture among the general population, and especially in people with diabetes
- Promote and develop the specialty in podiatry for nurses
- Promote and develop professional careers in podiatry



EUROPEAN TRAIN THE FOOT TRAINERS PROGRAM

to implement the Step by Step footproject



February 17-21, 2015 | Bled, Slovenia



Dr. Georgeta Inceu
diabetes



Dr. Paula Pavel
surgery



Dr. Raluca Popescu
diabetes



Dr. Eduard Catrina
surgery

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Școala Națională de Sănătate Publică, Management și Perfecționare în Domeniul Sanitar
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Primul curs de formatori în domeniul Podiatriei

cu tema:
Îngrijirea Piciorului Diabetic

28 august – 4 septembrie 2015
Sinaia, Hotel New Montana



Activities for HCP for increasing the awareness of DF care




Association for Podiatry
in partnership with
Romanian Society of Angiology
and Vascular Surgery

is organizing

DIABETIC FOOT SESSION

Friday, 3rd June 2016, 11:00 - 13:00
Cluj-Napoca / Grand Hotel Italia
Exhibition and Conference Center - Milano





17th - 21st JULY 2019
International Hotel, Sibiu

SUMMER SCHOOL

Stop amputation! Act now! Your contribution to diabetic foot care!

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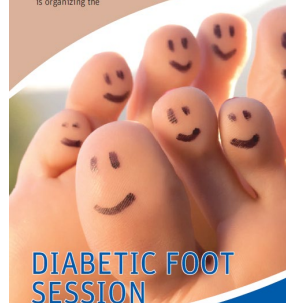





Association for Podiatry
in partnership with
Romanian Federation of Diabetes

is organizing the

DIABETIC FOOT SESSION

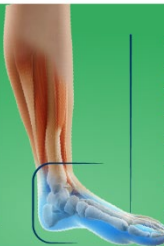




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în Domeniul Sanitar București
Federația Română de Diabet Nutriție și Boli Metabolice

organizează simpozionul

Piciorul diabetic pe înțelesul tuturor

20 - 21 Octombrie 2016
Cluj-Napoca/Grand Hotel Napoca

Certificat
EMC
European Medical Congress



2 mai 2017,
Cluj-Napoca
Hotelul Golden Tulip

18th - 22nd JULY 2018 / NEW MONTANA HOTEL, SINAIA

SUMMER SCHOOL

Diabetes and Podiatry: what's the connection?

ORGANIZED BY
Neurodiab - Society for Diabetic Neuropathy



www.neurodiab.org
www.podiatrie.ro

2 Februarie 2017, Cluj-Napoca
Grand Hotel Napoca, Sala Atena

ASOCIAȚIA DE PODIATRIE

Organizează simpozionul științific

Un prim pas pentru reducerea numărului de amputații
în rândul persoanelor cu diabet

Parteneri științifici



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 AsociațiaDePodiatrie

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la parte la cele mai
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în domeniul Podiatrie
din România.

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Teme de dezbatere:
Discuții specifice despre Podiatrie, îngrijirea piciorului în general și a piciorului diabetic, în special, analiza mersului, piciorul athletic, alegerea încălțămintei, orteze funcționale și altele.



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Organizează prima

Școală de Vară în Podiatrie

21-23 iulie 2017
Sinaia,
Hotelul New Montana

Școala Națională de Sănătate Publică,
Management și Perfecționare în Domeniul Sanitar București

Înscrieri la
www.podiatrie.ro

Noțiuni de biomecanică a piciorului
 Îngrijirea plăgilor
 Examinarea piciorului diabetic
 Recomandare de încălțăminte
 Analiza mersului
 Neuropatia diabetică



2018 – 2020

**UNITED Program
education in DN & DF for GPs**



2018

- 9 specialized trainers in DF (diabetes, neurology, surgery)
- 25 GPs trained as trainers
- 37 workshops in 28 cities
 - 6 hours as CME
- 818 GPs trained (13.000 GPs)
- eLearning in DN
 - 4 lessons as CME
 - 147 GPs
- eLearning in DF
 - 4 lessons as CME
 - 126 GPs

To be paid by the NHI the DF exam!

**UNITED | PROGRAM
Unique Diabetic Neuropathy
and Diabetic Foot Education | EDUCAȚIONAL**

pentru actualizarea pregătirii profesionale a medicilor de familie
în domeniul neuropatiei și a piciorului diabetic



2018 - 2020

Poland

Total adult population: 29,259,000

Prevalence of diabetes in adults: 7.6%

Total cases of diabetes in adults: 2,235,800



Journal of Diabetes and Metabolism

Research Article

The Indirect Costs of Diabetic Foot Ulcers in Poland

Tomasz Macioch^{1*}, Urszula Zalewska¹, Elżbieta Sobol², Beata Mrozikiewicz-Rakowska³, Arkadiusz Krakowiecki³ and Tomasz Hermanowski¹

¹Department of Pharmacoeconomics, Medical University of Warsaw, Poland

²Medical University of Warsaw Central Clinical Hospital, Poland

³Department of Gastroenterology and Metabolic Diseases, Medical University of Warsaw, Poland

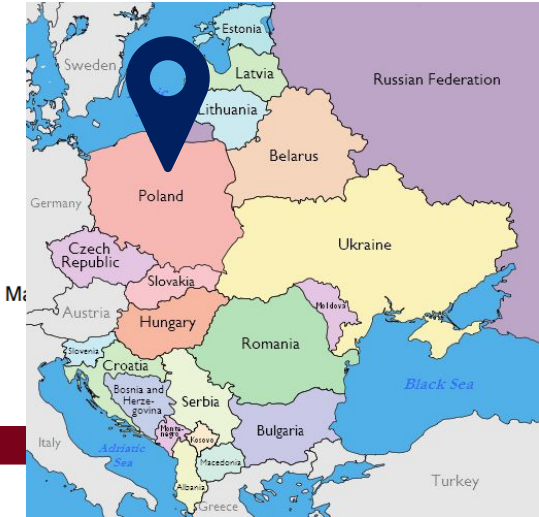
Sep 2011 – Dec 2012
Published in 2015

Format: Abstract ▼

Health Qual Life Outcomes. 2017 Jan 21;15(1):15. doi: 10.1186/s12955-017-0587-y.

Health related quality of life in patients with diabetic foot ulceration - translation and Polish adaptation of Diabetic Foot Ulcer Scale short form.

- 89% of patients with DM Type 2 have loss of protective sensation present
 - 40,2% from the patients were obligated to change their professional activity due to their foot ulcers
 - 34% from the people after amputation do not return to work
 - DFS reduced the work productivity with 50%



Bulgaria

Total adult population: 5,394,960

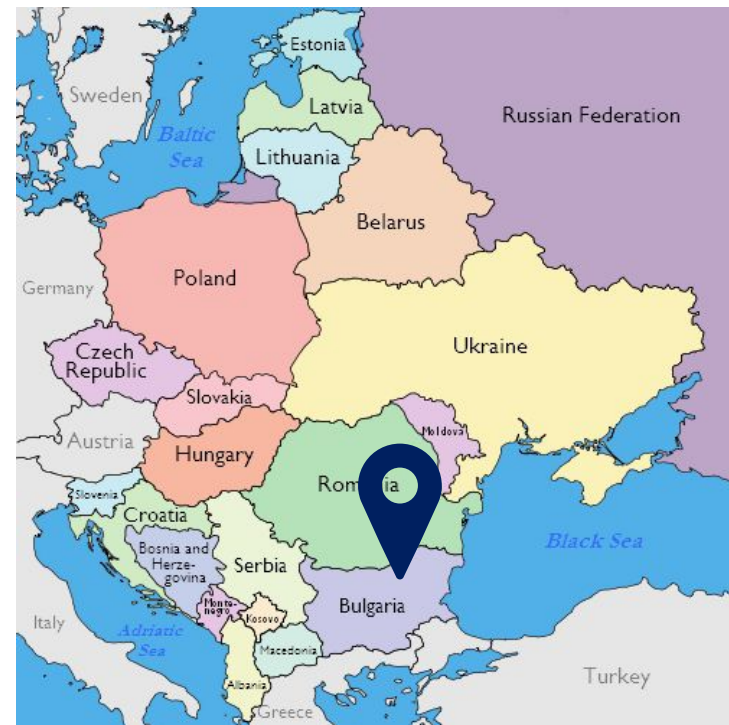
Prevalence of diabetes in adults: 7.9%

Total cases of diabetes in adults: 424,300

Screening for diabetic foot and osteoporosis in Bulgaria

Hripsime Bohchelian,
Dimitar Dimitrov, Lidia Koeva

The Diabetic Foot Vol 10 No 1 2007



- 20% diabetic neuropathy newly discovered
- 16,3% foot deformities which often precipitates foot ulceration

Hungary

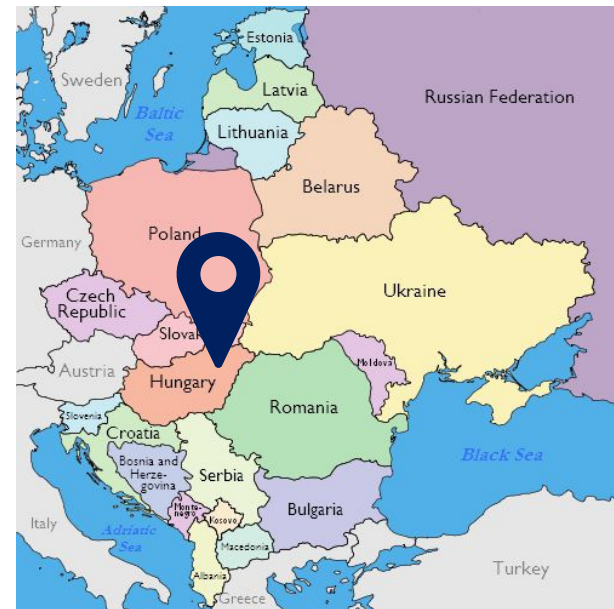
Total adult population: 7,437,470

Prevalence of diabetes in adults: 9.5%

Total cases of diabetes in adults: 706,800

Hungary

In Hungary, 4,000 amputations are carried out every year, 1,000 new cases of blindness occur every year, and 30% of people requiring dialysis suffer from diabetes.⁴



Barkai L, Blatniczky L, Halmos T, Hidvégi T, Jermendy G, Kaló Z, Madácsy L, Vándorfi G, Winkler G, Wittmann I. National Diabetes program 2011. Diabetologia Hungarica. 2011;19(Suppl 3):5–39.

J Clin Nurs. 2017 May;26(9-10):1245-1256. doi: 10.1111/jocn.13508. Epub 2017 Feb 21.

Quality of life in patients with diabetic foot ulcer in Visegrad countries.

Nemcová J¹, Hlinková E¹, Farský I¹, Žiaková K¹, Jarošová D², Zeleníková R², Bužgová R², Janíková E², Zdziebło K³, Wiraszka G³, Stepien R³, Nowak-Starz G³, Csernus M⁴, Balogh Z⁴.

- Due to socio-economical demographic factors and clinical characteristic influence, the QoL of patients with DFU is higher in HU than in Slovakia and Czech Rep.

Czech Republic

Total adult population: 8,060,460
Prevalence of diabetes in adults: 9.5%
Total cases of diabetes in adults: 767,800

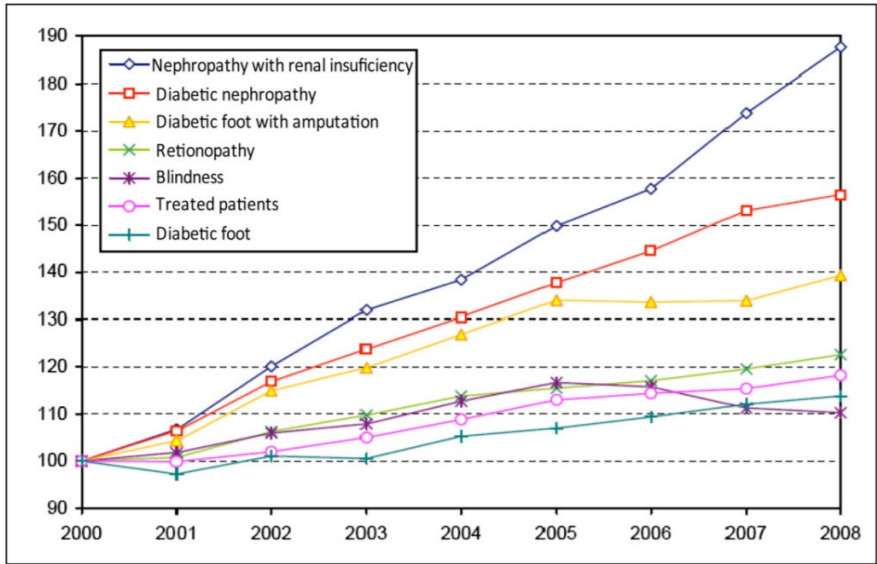


Figure 4. Patients with diabetes and complications of diabetes (index year 2000 = 100%) (source: www.uzis.cz, statistic of outpatient departments of diabetology in 2008 in Czech Republic).



Health Care Provision for People with Diabetes and Postgraduate Training of Diabetes Specialists in Eastern European Countries

Slovakia

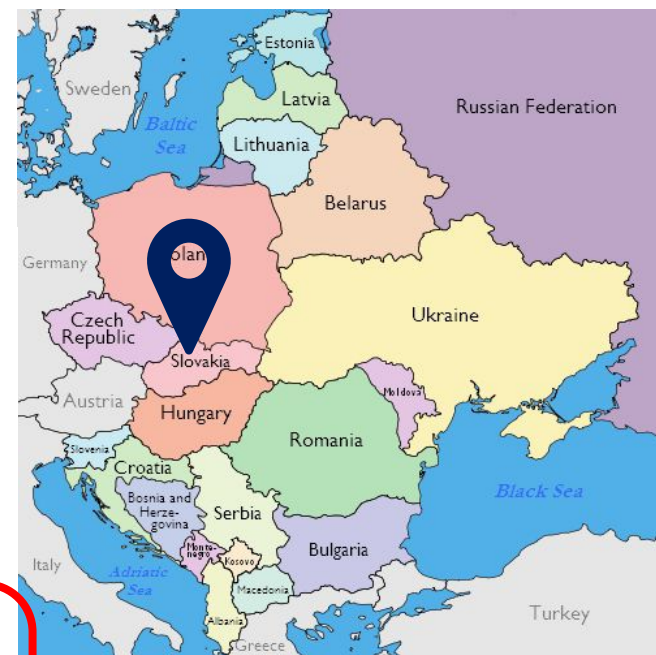
Total adult population: 4,165,000

Prevalence of diabetes in adults: 9.7%

Total cases of diabetes in adults: 405,800

Slovakia

The most accurate data are provided by the National Institute of Health Information and Statistics. In 2009, prevalence of diabetic nephropathy was 11% with 3.2% of patients on hemodialysis while 0.53% received kidney transplants. Prevalence of diabetic retinopathy was 18.5% with 1.6% being blind. Approximately 19,000 patients had diabetic foot disease, which is the most frequent reason for hospitalization; 14–24% of these patients are at risk of amputation. In 2009, prevalence of diabetic neuropathy was 23% and 1.3% for lower limb amputation.⁶



J Diabetes Sci Technol Vol 5, Issue 5, September 2011

Front Pharmacol. 2017 Dec 22;8:946. doi: 10.3389/fphar.2017.00946. eCollection 2017.

Cost-Utility Analysis of Heberprot-P as an Add-on Therapy to Good Wound Care for Patients in Slovakia with Advanced Diabetic Foot Ulcer.

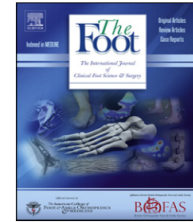
Tesar T¹, Szilberhorn L^{2,3}, Nemeth B², Nagy B^{2,3}, Wawruch M⁴, Kalo Z^{2,3}.



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journal homepage: www.elsevier.com/locate/foot

Original Article

Diabetes foot screening: Challenges and future strategies

C. Formosa^{a,b,*}, N. Chockalingam^{a,b}, A. Gatt^{a,b}^a Faculty of Health Sciences, University of Malta, Malta^b School of Life Sciences and Education, Staffordshire University, United Kingdom

ARTICLE INFO

Keywords:

Diabetes
Diabetic foot
Foot screening guidelines
Health policy
Foot

ABSTRACT

Background: Healthcare options for people with diabetes is still not uniform both within and between countries. This is particularly evident for diabetic foot disease. The number of existing documents/guidelines, together with discrepancies which exist between different organizations or countries can lead to confusion for both practicing health care professionals and new countries or organizations who are in the process of developing local clinical guidelines. This study was aimed at exploring different stakeholder perspectives with a view to develop and introduce culturally competent foot screening guidelines.

Methods: A phenomenological study which incorporated non-structured interviews with eleven local stakeholders and experts related to the field were conducted to explore interviewees' perspectives regarding foot screening guidelines in Malta.

Findings: Qualitative analysis identified 3 key themes from the data highlighting barriers to the implementation of diabetes foot screening guidelines. These focused on organizational factors, healthcare professional factors and patient factors.

Conclusion: Current procedures related to diabetes foot screening has shortcomings. The findings of this study clearly highlight the need for change in current practices if effective diabetic foot screening is to be offered. Recommendations from this study are relevant to other countries especially those who share same cultures and practices. Making changes today and implementing them in the appropriate manner could make a world of difference in diabetes foot care.

- Implementation of International consensus!
- Recognized of the consensus by NH authorities!
- Talking the same language!

West

Podiatrists

Foot clinics

East

No podiatrists

Rare foot clinics



Two political systems,
differences in social and economic development

Slide from Vilma Urbancic



MINISTERUL MUNCII
ȘI JUSTIȚIEI SOCIALE



Nr.58917/RG/1344/DPOCMP/17.12.2018

Către: Domnul Conf.Dr. Ioan Andrei Veresiu, președinte

Stimate domnule președinte,

Având în vedere cererea și documentația depuse de Asociația de Podiatrie la Ministerul Muncii și Justiției Sociale, înregistrate la Direcția Politici de Ocupare, Competențe și Mobilitate Profesională cu nr. 1344/DPOCMP/29.06.2018, completate în 31.07.2018, 21.08.2018 și 06.12.2018, prin care ne solicitați actualizarea Clasificării ocupațiilor din România (COR), prin introducerea ocupației podiatru, vă comunicăm avizul nostru favorabil.

Precizăm că ocupația **podiatru** va avea **codul 226926** și va fi introdusă în cadrul grupei de bază **2269 Specialiști în domeniul sănătății neclasificați în grupele de bază anterioare**.

Până la publicarea în Monitorul Oficial al României a Ordinului comun al ministrului muncii și justiției sociale și al președintelui Institutului Național de Statistică privind modificarea și completarea Clasificării ocupațiilor din România - nivel de ocupație (șase caractere), ordin ce va include și această ocupație pentru care Ministerul Muncii și Justiției Sociale și-a dat acordul, codul respectiv poate fi folosit cu titlu provizoriu.



- 1895, Henryk Sienkiewicz
- 1905, Nobel prize for literature
- 1951, release of one of the finest movie ever made





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for your attention!

