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Clinical Results of a prevention model in a Podiatry Diabetic Foot Unit. A 5 years follow-up study.

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Introduction: Reulceration in diabetic foot syndrome is currently an unresolved problem. The average rate of reulceration in the literature is around 40%-60%. Podiatric professional in Europe are yet very heterogenic, with a different level of background formation and professional skills and competences. **Objective:** To evaluate the new ulceration and reulceration rate in a follow up cohort of patients which received primary and secondary prevention in a podiatric model diabetic foot unit. **Material and Methods:** Between January of 2000 and December of 2002 we included 494 patients, 63,9+/-11,4 years old (63,7% men and 36,3% women) in a 5 years follow up study, evaluating and recording the new ulceration and reulceration event in a primary (n=362) and a secondary prevention cohort (n=132). All patients were classified according diabetic foot risk classification of the International Working Group of Diabetic Foot and were revised according the frequent recommendation of this scale. Foot disorders were treated by the habitual protocol of the Diabetic Foot Unit of the Podiatry University Clinic of the Complutense University of Madrid (Spain). The proportion of ulcer free patients was plotted with a Kaplan-Meier curve, and differences in new ulcer and reulceration rate between subgroups were tested by the log-rank (LR) test. **Results:** New ulceration rate after 5 years of follow up was 11,3% (n=41), and the reulceration rate was 12,1% (n=16). The estimation likelihood accumulated of suffer new ulcer after 5 years was 21% in primary prevention and 20% in secondary prevention. Previous amputation (LR 7,96 p=0,029), ulcer antecedents (LR 4,74 p=0,005), pedis pulse absence (LR 4,6 p=0,031), Charcot foot (LR 101,82 p=0,001) and Claw Toes deformities (LR 18,96 p=0,001) were the factors associated to ulcer in primary prevention group. Nephropathy (LR 5,54 p=0,019), previous ulcer and amputation (LR 4,32 p=0,038) and Charcot foot (LR 66,11 p<0,001) were associated to reulceration. **Discussion:** The podiatrist's intervention in patients with diabetes mellitus is very important independently of the risk of development an ulcer. The ulceration and reulceration rate was very low in our study population in comparison with similar studies in the literature. The role of the effective podiatry's model of prevention it is necessary in Europe and the development with same skills and professional background it must be an effort of all-professional who treat diabetic foot syndrome.