

Diabetic Foot Ulcers: A Neglected Complication Demanding Urgent Attention

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Sir/ Madam,

We are writing to emphasize our concern about a serious but neglected problem, Diabetic foot ulcers. India has the highest number of diabetic patients in the world and the diabetes has affected people, the most as compared to any other non-communicable disease. As a result, the increasing complications of diabetes are a major concern. Diabetic neuropathy is one of them, resulting in loss of protected sensations and making the diabetic persons vulnerable to foot injuries and ultimately neglected, non-healing or infected diabetic foot ulcers¹. A recent study published in the *National Journal of Community Medicine* reported a considerable prevalence of diabetic peripheral neuropathy among patients with type-2 diabetes², depicts that a significant number of type 2 diabetes patients were having peripheral neuropathy, highlighting its importance as a growing clinical and public health concern.

When looking at the global picture, between 19% and 34% people living with diabetes are at risk of developing diabetic foot ulcers³. Around 25% of the diabetic population experienced diabetic foot ulcer at least once in their lifespan of which half of the cases, the ulcers got infected and 20% of the infected cases

underwent amputation⁴. More than one million people with diabetes lose their limbs every year across the globe, and diabetic foot ulcers are responsible for approximately 85% of these cases⁵. Re- amputation is also very common in patients with diabetic foot ulcers, approximately 19% of patients require re-amputation within one year and nearly 37.1% within five years after the first amputation⁶.

As per the clinical experience of authors in a tertiary care hospital in northern India, the patients with advanced diabetic foot ulcers, mostly come with infectious wounds and severe tissue damage along with the history of neglecting the wounds at an initial stage or attempting self-treatment. In majority of cases, patients are subjected to extensive antibiotic therapy along with daily painful dressings for weeks to months during their hospitalization. If conservative management fails, amputation is the final option, which leaves a lifelong emotional and physical wound on the patient. A significant proportion of diabetic patients attending OPD and IPD have never received structured foot-care education despite living with diabetes for several years. This highlights an important gap in routine diabetes management at the primary care and community levels.

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In conclusion, diabetic foot ulcers remain a major but largely preventable cause of morbidity, disability, and financial burden among people living with diabetes in India. Despite this, preventive foot care still receives limited attention in routine diabetes management. Addressing this challenge requires a coordinated and preventive approach. Strengthening patient education on routine foot care, early warning signs, and appropriate footwear should become an integral part of diabetes care at all levels of the health system. Training nurses and community health workers to identify high-risk patients and provide counselling can play a crucial role in early prevention. In addition, improving access to affordable diabetic foot care services, timely treatment of foot lesions, and availability of appropriate off-loading footwear is essential.

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