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Handling Barriers to Offloading the Foot in Diabetic Patients

Background

Offloading has been described as “arguably the most important of multiple interventions needed to heal a neuropathic plantar foot ulcer in a person with diabetes”^{*1}. Since 2019 there has been a focus on effective offloading following a review of the evidence and the subsequent recommendations from the IWGDF (International Working Group for the Diabetic Foot 2019)^{*2}.

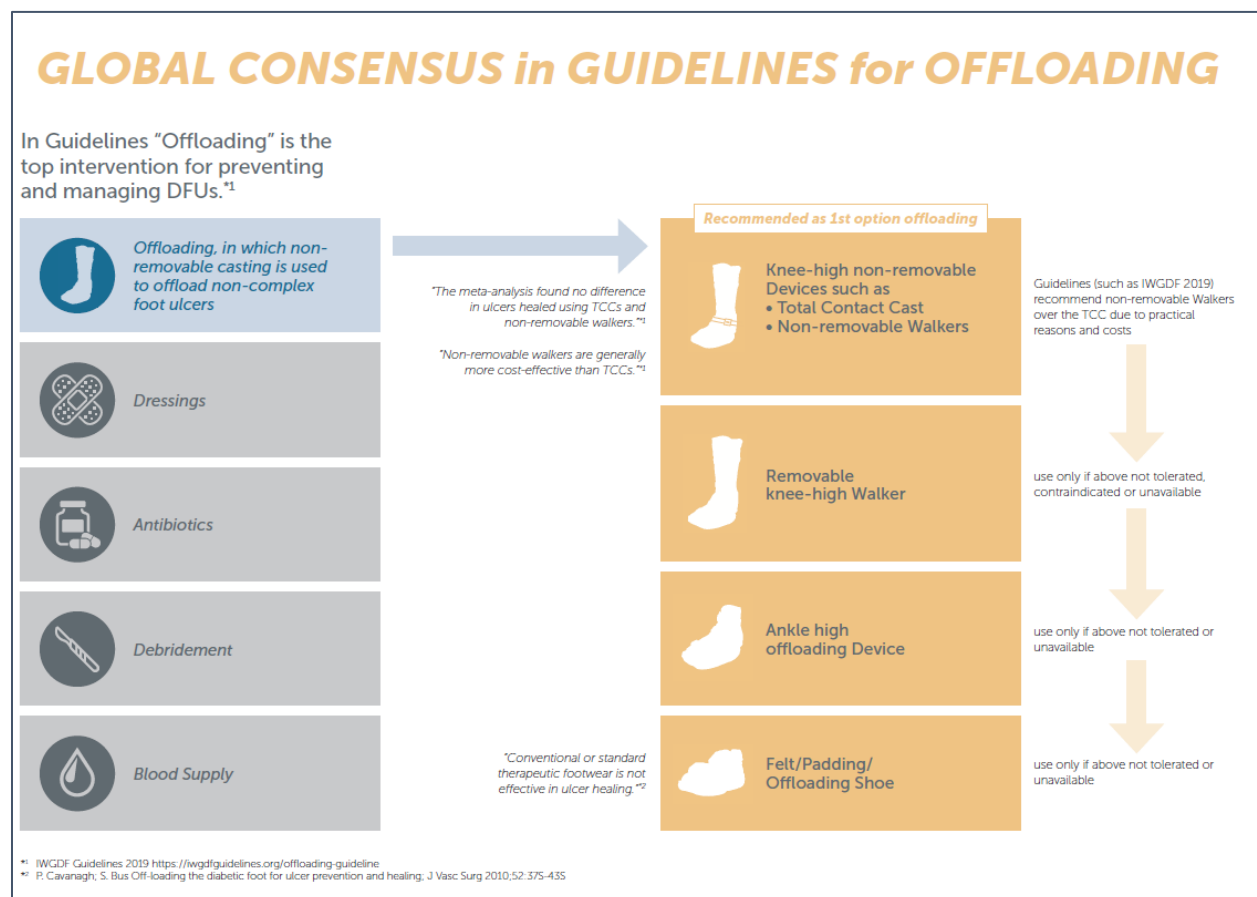
There is a clear guidance and evidence-based recommendations around the standards of practice for clinicals to deliver effective patient management and optimum clinical outcomes. It gives an opportunity to review current practice and identify where offloading practices need to improve. Despite offloading being an essential part of treatment, it has been observed that it is not always implemented^{*3} with use as low as 2% in some diabetic populations with foot ulcers.

Evidence Based Recommendations in International Guidelines

As 1st line routine offloading, the use of knee-high non-removable walkers is recommended. The TCC has the same recommendation level.

Only if this is not applicable or contraindicated, a removable knee-high walker can be used. If also this isn't practicable, an ankle high device is indicated.

Felt/Padding are the last choice, they don't provide appropriate offloading or therapeutic value.



Barriers of Offloading

The Quality of Offloading can be significantly improved, if the following Barriers are addressed:

- **Service Structure in hospital and community care**
Lack of interdisciplinary team communication and collaboration. Lack of evidence-based care standard and clinical pathways. GPs not understanding / not willing to prescribe recommended treatment
- **Availability of Budget for Offloading**
Insufficient budgets and budgets competing with e.g. dressings. Focus on dressings while offloading is neglected, although it addresses the underlying cause of the ulcer. Bureaucracy. Budgets held in other departments and hence offloading not performed at point of care. Lack of influence of the Podiatrist on appropriate offloading device.
Budget restrictions are leading to the use of ineffective offloading as 1st line treatment, such as felt/padding or inexpensive offloading shoes with the consequence of wounds failing to heal or deteriorating and causing longer healing times, more appointments and higher costs.
- **Clinicians**
Lack of training and re-training opportunity. Lack of awareness of guideline recommendations. No use of clinical pathways. Lack of clinical leadership by Podiatrists. Podiatrists are not the decision makers and coordinating key clinicians. Podiatrists have no prescription license. No rotation system in place to upskill and learn from each other.
- **Availability of clinically effective Devices**
Lack of availability of effective devices the clinician is skilled to use. Storage in central location instead of point of care, leading to delays as well as patients handled in different departments and different appointments.
Devices only budgeted/available in other departments. Out of date formularies, having no "offloading" section. Use of time consuming methods while faster offloading with the same efficacy and level of evidence based recommendation is not available.
- **Patient Adherence**
Lack of time to educate the patient. Skills to educate/motivate the patient to adhere with the offloading treatment.

Discussion

Podiatrists can influence the Standard of Care by being proactive in implementing the following:

- Use key documents such as 2019 IWGDF Offloading Guidelines to set up a clinical pathway in your service and implement an evidence-based standard of care.
- Streamline communication among the multidisciplinary clinicians. Take leadership for the management of the patients journey.
- Budget for effective offloading, which is held in the podiatry department.
- Availability of effective offloading devices at point of care
- Increase and maintain skills of the team by staff rotation, joint training opportunities and companies educational programmes. Consider modern, less time consuming treatment methods with equal evidence and efficacy as TCC.

Conclusion

- Effective offloading is an essential and non-negotiable part of managing patients with DFUs. COVID-19 pandemic has reduced access of patients to secondary care, where patient care has moved more towards the community. It is critical, that access to effective offloading is not compromised and the quality of offloading must not depend on where and in which service the patient is treated. Overcoming the Barriers, Podiatrists can have a significant influence on the quality of offloading and hence on outcomes and costs.

Full Text Link

[Handling barriers to offloading the foot in patients with diabetes - DiabetesontheNet
https://flickread.com/edition/html/index.php?pdf=61a9fb885db8f#8](https://flickread.com/edition/html/index.php?pdf=61a9fb885db8f#8)

¹ Bus et.al. 2019

² IWGDF Offloading Guidelines <https://iwgdfguidelines.org/offloading-guideline/>

³ Guest 2018, Messenger et al, 2017