

PROFILE OF PATIENTS ATTENDED AT A SECONDARY DIABETIC FOOT CARE CENTRE IN A BIG CITY

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Background: The severity and extent of complications affecting diabetic feet require the establishment of a differentiated care model that can provide quality primary care and a secondary level of accessibility and case-resolving capacity.

Aim: To outline the profile of patients coming from the Primary Network, attended at a Secondary Centre after the establishment of an Integral Care Project for Diabetic Foot patients.

Method: A data-gathering instrument and single clinical monitoring were used for primary and secondary assistance in the health system. The data relating to the clinical profile and presence of diabetes complications was evaluated after being entered into Excel spreadsheets. Period from January 2003 to August 2005 in a big city.

Result: 2255 patients with an average age of 60 were evaluated; 52% men, mean illness time of 10 years, 29.1% on insulin, 66.2% hypertensive, 16.3% smokers, 17.2% alcoholic, 64% with deformities, 58.8% with hyperkeratosis, 45.6% with neuropathy detected by the Semmes-Weinstein monofilament test, 79.2% using inappropriate footwear, 63.8% with open foot wounds, and 39.8% of the total evaluated had infected wounds. Of these patients, one of the distal pulses was absent in 28.1%, and only 10% of patients were inpatients.

Conclusion: The care profile showed patients who were at a high risk of losing lower limbs in contrast with the low percentage of admission of attended patients. This could indicate that this targeted care model, with guaranteed accessibility, in addition to guaranteed case-resolving capacity through the qualification of the professionals involved, may effectively change the natural evolution of foot ulcer diabetics.