

Focus On Delay As A Strategy For Care Designs And Evaluation Of Diabetic Foot Ulcers In Developing Countries

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Abstract:

Background: While Foot Care Services For Diabetic Patients Are Necessary If Limb Morbidity And Wastage Are To Be Reduced, They May Not Be Sufficient. Even When The Few Service Centers And Personnel That Are Available Appear To Be Functioning Relatively Well, Patients Still Face Multiple Barriers To Derive Maximum Benefits From The Services. Objectives: To Review Certain Aspects Of Care Of Diabetes Foot Ulcers In Developing Countries With Emphasis On Causes Of Delay In Care Delivery. Data Sources: Review Of Published Literature On Care Of Diabetic Foot Ulcers As Well As Our Local Experiences. Main Outcome Measures: Levels Of Potential Or Actual Delay In Care Delivery And Causes Of Such Delay In Pre-hospital Phase, Access To Hospital And Within-hospital Phase Of Care. Data Synthesis And Conclusions: The Barriers Or Causes Of Delay Are Observed To Occur At Various Levels: Decision To Seek Care, Reaching The Treatment Facility And Receiving The Desired Optimal Care. The Usual Main Causative/ Risk Factors That Include Peripheral Neuropathy Causes Inattention And Delays The Decision To Seek Care; Peripheral Vascular Insufficiency And Infection Are Both Involved In Initiation Of Diabetic Foot Ulcers And Are Also Major Causes Of Delay In Ulcer Healing Process. Aside From The Processes Unique To Diabetes, The Health Care Providers And The Facilities Of Care Have Had Major Contributions In Delaying The Desired Care Of The Foot Ulcers. This May Arise From Heavy Workload, Priority Illnesses, Shortage Of Required Supply For Standard Care And/or Just Wrong Attitudes. Patients' Inadequate Knowledge Of Self-care, Unique Socioeconomic And Sociocultural Characteristics Are Also Contributors To The Barriers That Compound Sub-optimal Foot Care. Care Programme Designs That Lay Emphasis On Causes Of Delay Are More Likely To Seek To Eliminate Such Causes. Just Like Justice, Foot care Delayed Is Foot (care) Denied