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CORRECTION OF FOOT CARE PRACTICE BETWEEN THE INTERVENTION AND CONTROL GROUPS THROUGHOUT THE HEALTH EDUCATION PROGRAM

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ABSTRACT

Background: A total of 150diabetic patients were selected retrospectively from Khartoum State Diabetic Care Centers, this group divided to two equal groups, had been analyzed using the certain risk factors of non-insulin dependent diabetes mellitus patients after implementation of health education program. Group (cases) the program was implemented and the other group was considered as a control (75 patients for each group).

Objective: The aim of the study to evaluate the correction of foot care practice between the intervention and control groups among non-insulin dependent diabetes Miletus patients after implementation of health education program.

Results: The study showed that foot care practiced among the studied patients before and after the program and after 15 months of the program. Practicing good foot care was not done by a high percentage of our studied patients before program intervention. The most common practiced was washing the feet daily.

Conclusion: In this study population, the educational health program played an important role in correction of foot care practice of non-insulin-dependent diabetic patients.

INTRODUCTION

People with diabetes are at significant risk for lower extremity gangrene. Peripheral neuropathies may result in alterations in the perception of pain, loss of deep tendon reflexes, loss of cutaneous pressure and position sensation, foot drop, changes in the shape of the foot and changes in bone and joints. Peripheral vascular disease may cause intermittent claudication, absent pulse, delay venous filling on elevation, development of rubor and gangrene injuries lesions and changes in skin, (Fritschi, 2001). Dehydration potentiates infections delay of healing and tissue loss in the person with diabetes mellitus. So that is way special foot care is necessary when the patient has diabetes. Poor circulation, damage to nervous and trouble lighting infection can make foot problems very serious so patient can prevent major foot problems by following daily routine of checking and caring for his/her diabetic foot, So diabetic foot care include the following elements: foot hygiene, drying, toenails care of the skin, foot inspection, characteristic of socks, characteristic of shoes, foot exercises and treatment of injures, (Badar, 1996).

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MATERIALS AND METHODS

This is a descriptive study to evaluate the knowledge and practice of non-insulin dependent diabetes mellitus patients after implementation of health education program regarding foot care. The study conducted in Khartoum State Diabetic Care Centers during the period from January 2014 to March 2015. 150non- dependent diabetic patients, all originating from the Sudanese, were eligible for analysis. Patients were divided equally to two groups. One group was considered as the study group (cases) and the other group was enrolled as control group (non-cases).

The following variable analyzed

Foot care practiced, management of minor foot complications, avoid activities that injure the feet, washed their feet daily, and chooses foot wear were collected by a structured questionnaire.

Ethical consideration

The aims of this study are fully explain to the patients and their consent to participate in this study is obtain. The questionnaire filled in the presence of patients.

Statistical analysis

Data will be analyzed using spss program**.**

RESULTS

Shows foot care practiced among the studied patients before and after the program and after 15 months of the program. Practicing good foot care was not done by a high percentage of our studied patients before program intervention. The most common practiced was washing the feet daily (46.7%). The least practiced foot care was asking the doctors for food exam (6.7 %), then management of minor foot complications (8.00%). Immediately after the program there significant improvement was observed in the practices of foot care, as started to avoid activities that injure the feet, washed their feet daily, chooses foot wear (78.7%, 88%, and 65.3% respectively). Statistically significant was found between both groups (intervention and control) regarding foot care practiced compound to pre-program test $P<0.00$.

DISCUSSION

Foot care practice of the most of the intervention group was incorrect, this finding in agreement group with, Anderson (1994) who found that 50 % of diabetic patients demonstrated inadequate foot care. Moreover, Taha (1999) mentioned that the poor foot care practice may be due to that patients did not receive any instructions, this was done through quick verbal communication from the physician and they did not remember the instruction because it was given to the intervention group improved significantly after attending our health education program, A significant difference was obtained between the intervention and control groups. These findings were supported by; Taha (1999) who mentioned that diabetic food care program can decrease the rate of ulcer and amputation by 44% to 85 %. These programs have usually included a continues foot risk assessment, callus and nail care, and wound care. Furthermore, Litzelmen, (1998) documented that; the effectiveness of an educational program will improve patient's knowledge and minimize diabetic foot damage and also reduce rate of ulcer and amputation. A significant difference was obtained between the intervention and control groups. Theses result supported by, Lefebvre & Scheen, (1992) who recommend that initial management of non-insulin depend diabetes mellitus should include dietary education and physical activity program.

Conclusion and Recommendation

Their findings will provide us with greater insight into improving the Health education program of non-insulin dependent diabetes Miletus patients correction of foot care practice correlated. Further innovative studies with larger sample sizes are needed to examine how the status of this potentially modifiable health education program and non-insulin dependent diabetes mellitus patients regarding of correction of foot care practice. Lastly, we recommend further studies in this field with wider scope.

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