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Preventing Diabetic Foot Ulcers: The Lived Experiences of Patients With Type 2 Diabetes and DFUs

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Background: Diabetic foot ulcers (DFUs) are a major cause of morbidity and mortality globally. DFUs are often marked by poor healing, infection, re-ulceration, prolonged hospitalization, impaired quality of life, financial burden and death. Approximately 80,000 Americans lose their toes to DFU-related amputations annually. Research supports DFU prevention of through foot self-care practices. However, a gap exists between healthcare provider recommendations and actions taken by patients with DFUs. This study explored the lived experiences of patients with type 2 diabetes and DFUs regarding their foot self-care practices, so that recommendation can be provided for future clinical and educational intervention and practices.

Method: A descriptive phenomenological research study was conducted with a purposive sample of adults with type 2 diabetes and DFUs. Fifteen participants were recruited and interviewed from outpatient podiatry clinics in Washington State. Data were analyzed using Colaizzi’s approach to phenomenology.

Findings: Participants reported initially being passive about foot self-care. This was impacted by a lack of awareness between diabetes, foot self-care and DFU development. However, the sudden onset of DFUs was a wake-up call to adapt to a new reality. Adaptation included monitoring their feet, performing foot self-care, and learning about their disease process. However, ongoing challenges with DFUs and foot self-care continue to impair participants’ physical, social, and mental well-being. Some participants seek self-management strategies in a quest to make their feet comfortable and continue with their preferred lifestyle.

Conclusion: Study findings provide insights into how participants’ perception of foot self-care practices impacted their health behaviors. Early education to promote health literacy is important to help patients with type 2 diabetes understand their susceptibility to DFUs and the severity of DFUs. Tailored and long-term behavioral reinforcement may support daily foot self-care and reduce DFU development and re-ulceration.

Implications: Nurses should take the lead in developing programs to assist patients’ patients with diabetes and DFUs, families, and caregivers to overcome healthcare system and personal barriers to undertaking foot self-management and accessing care. Research is needed to identify the best methods of delivering patient-centered and behavioral-focused educational interventions to support patients’ initial and long-term adherence to foot self-care. Future foot care educational interventions and management should be tailored towards changing individual perceptions, priorities, and behaviors.
over the long-term. In view of these considerations, a holistic and multidisciplinary patient-centered approach focusing on changing patients' behaviors may improve foot care behaviors and associated diabetes outcomes.

Title:
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Abstract Summary:
Diabetic foot ulcers (DFUs) are a major cause of morbidity and mortality globally. A gap however, exists between healthcare provider recommendations and actions taken by patients
Diabetic foot ulcers (DFUs) are a major cause of morbidity and mortality globally and are often marked by poor healing, infection, re-ulceration, prolonged hospitalization, impaired quality of life, and death. A gap exists between healthcare provider recommendations and actions taken by patients with DFUs. This study explored the lived experiences of patients with type 2 diabetes and DFUs regarding their foot self-care practices to provide recommendation for future clinical and educational interventions aimed at preventing DFUs. This research provides a rich description of the lived experience of patients with type 2 diabetes and DFUs with broad insights and recommendations to support the patient-centered interventions to reduce DFU development and re-ulceration.

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