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The role of the podiatrist in the multidisciplinary management of the diabetic

El rol del podólogo en el manejo multidisciplinar del pie diabético: una necesidad en el sistema de salud

Sergi Sánchez Hernández

Servicio de Cirugía Ortopédica, Traumatología y Podología. Hospital Clínic de Barcelona. Profesor en la Universitat de Vic-Universitat Central de Catalunya. Barcelona, Spain

To the Editor,

Diabetes is a chronic disease that affects approximately 3-4 % of the global population and is frequently associated with severe complications such as neuropathy and peripheral vascular disease. These complications significantly increase the risk of foot ulcers and infections, which can lead to amputations in 19-34% of cases if not properly managed¹.

In the treatment of diabetes, it is essential that management be approached from a multidisciplinary perspective to prevent not only amputations but also patient mortality, highlighting the severity of this situation.

Various studies have demonstrated the effectiveness of this approach. For example, a study published in 2012 indicated that the intervention of a multidisciplinary team can reduce amputation rates by 45-85%². However, these figures differ considerably when compared with data from the Spanish health care system^{3,4}. An article from 2013 highlighted the urgent need to improve the organization of diabetic foot care in Spain, proposing the creation of specialized units, which are currently insufficient⁵.

More recent studies have shown that the inclusion of a podiatrist in a multidisciplinary team not only reduces amputation rates but also significantly improves the patient's quality of life. A study conducted in Ireland emphasized the positive experience of podiatrists within an integrated diabetic foot care program, stressing the need for continuous collaboration between various health care professionals⁶.

And not only in the treatment of diabetic foot, but in prevention as well, the American Diabetes Association (ADA) recommends that all diabetic patients be assessed annually for diabetic peripheral neuropathy, a condition that greatly increases the risk of foot ulcers. Implementing these assessments as part of routine podiatric care can prevent serious complications and improve long-term outcomes⁷.

In this context, the podiatrist's role emerges as an essential element within any specialized diabetic foot unit. Their training and specialization in comprehensive foot care enable them to prevent and treat common complications such as ulcers and infections, as well as perform surgical interventions when necessary. The deep understanding that podiatrists have of foot biomechanics, their skill in using offloading devices, and their ability to detect problems at early stages position them as key professionals in preserving foot functionality and preventing amputations, thus improving patients' quality of life.

Despite the significant contribution of podiatrists, their inclusion in health care teams is often limited by economic barriers and widespread ignorance about the value they can add. Investment in podiatric services is erroneously perceived as an unnecessary expense by some health institutions, reflecting a short-term cost-saving approach.

Of note, the costs associated with amputations include not only direct expenses such as surgery and hospitalization, but also long-term costs related to rehabilitation, ongoing care, and the need for prosthetics and assistive devices. These are not just medical costs but also loss of income and the need for assistance with patients' activities of daily living.

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Corresponding author:

Sergi Sánchez Hernández
sesanchez@clinic.cat

Therefore, it is crucial to avoid amputations as much as possible, address these misconceptions, and raise awareness within institutions about the benefits of including podiatrists, both for the patients and for the overall efficiency of the health care system.

Overcoming these barriers requires a shift in institutional perspective, recognizing that comprehensive diabetic foot care cannot be effective without the collaboration of various healthcare professionals, including endocrinologists, vascular surgeons, orthopedic surgeons, specialized nurses, and, of course, podiatrists. Creating multidisciplinary teams, where the podiatrist plays a key role, can optimize decision-making and provide more effective and efficient care, reducing not only amputation rates but also the costs associated with more drastic and expensive interventions in the long term.

In conclusion, the inclusion of podiatrists in diabetic foot units is not merely a recommendation but a critical necessity to ensure comprehensive care for diabetic patients. It is imperative to overcome institutional barriers, whether financial or stemming from a lack of understanding of the podiatry specialty, to move toward a more complete and effective care model. Collaboration among health care professionals is essential to ensure that the importance of podiatrists in diabetic foot units is recognized and valued in modern healthcare, benefiting both patients and the health care system as a whole.

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