

PODIATRISTS RECOMMEND INTERVENTION TO SAVE DIABETIC LIMBS

31 May 2019 – Toronto, ON – **Immediate Release** | Today, at the Wounds Canada Symposium held in Toronto, podiatrists stood with other leading voices advocating for lower limb preservation for the more than 1.2 million Ontarians (expected to grow to just under 2 million by 2020) living with Type 1 or Type 2 diabetes.

FACTS:

The Ontario Diabetes Strategy (2012) identified need for evidence-based clinical guidelines to improve diabetic treatment plans and then failed to include the research-driven data demonstrating need and role for podiatrists in that continuum of health services;

Diabetes is the leading cause of non-traumatic lower limb amputation in Canadian adults, accounting for approximately 70% of amputations performed in hospitals, according to the Canadian Diabetes Association, costing \$30 billion per year in Canada;

Prevention of diabetic foot ulcers [by podiatrists] as an early intervention is both a cost-saving approach to preventing lower extremity vascular degeneration and pre-empting lower limb amputations according to Journal of Diabetes and its Complications (2017);

The Ontario Podiatric Medicine Association (OPMA) states foot amputations are largely the result of diabetic neuropathy or peripheral vascular disease, which can cause a loss of sensation in the extremities, as well as infections.

Key statistics:

- “Compared to the general population, Canadian adults with diabetes are over 20 times more likely to undergo non-traumatic lower limb amputations, 85% of which are preceded by a foot ulcer.”
- “After an amputation, the chance of another amputation within three to five years is as high as 50 percent.”
- “Five-year survival rates following lower limb amputation are lower than for breast cancer and prostate cancer. Following a major amputation in diabetes, only around half of patients survive for more than two years.”

QUOTATIONS:

“Ontario podiatrists believe the research data out of the States that indicates including a podiatrist in diabetes care plans can reduce the risk of lower limb amputation up to 85 percent and can lower the risk of hospitalization by 24 percent,” says James Hill, D.P.M and president of the OPMA.

“The American designed “Toe and Flow” model of care gets the approval of Ontario podiatrists as a proven interdisciplinary built upon a conjoined model involving podiatry and vascular surgery. Time to advocate for more prevention,” stated OPMA president, James Hill, D.P.M.

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