

War on diabetes: An inside look

More regular foot checks for diabetics

Polyclinics stepping up efforts to catch diabetic foot problems early and prevent amputations



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At Yishun Polyclinic, patients with diabetes used to be told to come in once a year for foot screening, but doctors soon realised this was not often enough.

Some were returning a year later with foot ulcers bad enough to require an immediate referral to the hospital, and possibly amputation.

The polyclinic now sifts out patients at higher risk of developing such issues, and schedules them for more frequent follow-ups.

"The next time we saw them, some might have developed an ulcer, and it would be too late," said Yishun Polyclinic family physician Donna Tan, describing the way things used to be.

"You really want to prevent that first wound."

Polyclinics around Singapore have been stepping up efforts to catch diabetic foot problems early and prevent amputations.

These include fast-track hospital referrals for patients who need it most, and introducing podiatrists at some facilities to treat conditions that put diabetics at risk of developing wounds.

In recent years, the National University Polyclinics (NUP) has also started making it more convenient for patients by scheduling two screening sessions on the same day.

Senior podiatrist Tan Liang Sheng, who works at NUP's Bukit Batok Polyclinic, said if diabetic patients have foot screening on one day and a screening for the eyes on another day, they tend to skip appointments.

His job involves looking at problem areas on the feet which pa-



Ms Rubiah Omar, a senior enrolled nurse at Bukit Batok Polyclinic under the National University Polyclinics, conducting a foot screening with the aid of the 10g monofilament device. At the National Healthcare Group, the polyclinics under its charge handle about 300,000 visits a year by patients with diabetes. ST PHOTO: SYAMIL SAPARI

tients may be putting too much pressure on, leading to the formation of calluses or blisters.

While calluses and blisters are common even with healthy people, these issues take a longer time to heal for most diabetics because they have poor blood circulation and often lack feeling in their feet.

The wounds may go unnoticed, eventually leading to infection and amputation.

Since 2016, Yishun Polyclinic has sifted out patients deemed to be at higher risk so that it can keep closer tabs on them. Patients could be

asked to come back in six months, for example, instead of a year.

Singapore has one of the highest rates of diabetic leg amputations in the world. In 2015, this stood at 180 foot and toe amputations for every 100,000 adult diabetics, which was three times the average for Organisation for Economic Cooperation and Development countries.

Mr Tan said one of his challenges is getting people to change their behaviour.

For example, younger patients tend to be reluctant to swap their footwear for more diabetic-

friendly styles, while seniors may harbour misconceptions about how to care for foot wounds.

"They think that exposing wounds (to the open air) can help them to dry faster, but that is a big source of infection," he said.

At Yishun Polyclinic, 510 higher-risk patients have been enrolled in the new programme, which is called the Diabetes Foot Screening and Surveillance, Treatment and Escalation Protocol for Ulcer Prevention.

The National Healthcare Group (NHG), which is in charge of the polyclinic, plans to roll the pro-

gramme out to the rest of its six polyclinics.

The polyclinics under NHG handle about 300,000 visits a year by patients with diabetes. It is the second most common condition after acute upper respiratory infections, which include the common cold.

Dr Tan, who is also assistant director of clinic services at NHG Polyclinics, said that stratifying patients by their risk level has helped healthcare staff to give advice tailored to a patient's specific condition.

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