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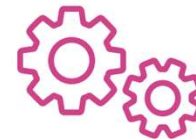
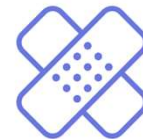


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# Guidelines on the classification of foot ulcers in people with diabetes

## IWGDF 2023 update





# The Group



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## What are classifications?

- (Classification or scoring) systems that attempt to
  - create more homogeneous groups of patients
  - for which similar levels of care should be provided and
  - to standardize the modifiable factors that one should focus on to improve clinical outcomes



## For what purposes?

- No system fits all
- Addressed 5 purposes (same as 2019):
  - for **communication** among healthcare professionals
  - for **predicting the outcome** of an ulcer in a specific **individual**
  - for **characterising** a person with an **infected** ulcer
  - for **characterising** a person with **peripheral artery disease**
  - for the **audit** of outcome(s) of populations



## What have we done differently?

2019	2023
Critical review	Systematic review
19 classifications	28 classifications
50 studies	149 studies



## What have we done differently?

- Defined critically important outcomes
  - group elements, external experts, people with diabetes representatives
- Grouped them into 4 categories:
  - clinical outcomes
  - post-baseline clinical outcomes
  - usability
  - use of resources



## What have we done differently?

- Used a thorough GRADE methodology approach

Systematic  
review

Summary  
of findings  
for each  
system

Certainty  
evidence  
for each  
system

Summary  
judgments  
for each  
system

Identify  
recomended  
systems

Select best  
system(s)  
for each  
purpose



## What have we done?

- Selected only those conditionally or strongly recommended  
*(based on summary of judgments for each system)*
  - DIAFORA
  - IDSA/IWGDF
  - SINBAD
  - University of Texas Wound Classification System
  - (Meggitt-)Wagner
  - Wifi





# What have we done?

- Compared the Summary of Judgments among each of the 6 final systems
- For each of the 5 selected purposes chose best + an alternative system

*Green: positive judgment (supports the use of the system)*

*Blue: neutral judgment (balance between supporting or not the use of the system)*

*Red: negative judgment (does not favours the use of the system)*

<i>Classification/ judgment</i>	<b>DIAFORA</b>	<b>IDSA/IWGDF</b>	<b>SINBAD</b>	<b>UTCS</b>	<b>Wagner</b>	<b>Wifi</b>
<i>Problem priority</i>	Yes	Yes	Yes	Yes	Yes	Yes
<i>Test accuracy</i>	Accurate	Accurate	Accurate	Accurate	Accurate	Accurate
<i>Desirable effects</i>	Moderate	Moderate	Moderate	Moderate	Moderate	Moderate
<i>Undesirable effects</i>	Trivial	Small	Trivial	Trivial	Trivial	Trivial
<i>Certainty of evidence of test accuracy</i>	Low	Low	Low	Low	Low	Low
<i>Certainty of evidence of test's effects</i>	Very low	Very low	Very low	Very low	Low	Very low
<i>Certainty of evidence of management's effect</i>	Very low	Very low	Very low	Very low	Low	Very low
<i>Certainty of the evidence of link between test result/management</i>	Low	Low	Low	Low	Low	Low
<i>Certainty of effects</i>	Very low	Very low	Very low	Very low	Low	Very low
<i>How much people value the main outcome</i>	Probably no important uncertainty or variability	Probably no important uncertainty or variability	Probably no important uncertainty or variability	Probably no important uncertainty or variability	Probably no important uncertainty or variability	Probably important uncertainty or variability
<i>Balance of effects</i>	Probably favors the intervention	Probably favors the intervention	Probably favors the intervention	Probably favors the intervention	Probably favors the intervention	Probably favors the intervention
<i>Resources required</i>	Negligible costs and savings	Moderate costs	Moderate savings	Moderate costs	Negligible costs and savings	Moderate savings
<i>Certainty of evidence of required resources</i>	Low	Low	Low	Low	Very low	Very low
<i>Cost effectiveness</i>	Does not favor either	Does not favor either	Probably favors the intervention	Does not favor either	Does not favor either	Probably favors the intervention
<i>Equity</i>	Probably no impact	Probably reduced	Probably increased	Probably reduced	Probably increased	Probably reduced
<i>Acceptability (to stakeholders)</i>	Probably yes	Probably yes	Probably yes	Probably yes	Probably yes	Probably y
<i>Feasibility</i>	Probably yes	Probably yes	Yes	Probably yes	Yes	Probably n



## What recommendations have changed?

In a person with diabetes and a foot ulcer, use the SINBAD system for communication between healthcare professionals about the characteristics of an ulcer, and clearly state the presence or absence of each of the composing variables (Strength of recommendation: Strong; Certainty of evidence: Low)

Same as 2019



# What recommendations have changed?

In a person with diabetes and a foot ulcer, use the SINBAD system for communication between healthcare professionals about the characteristics of an ulcer, and clearly state the presence or absence of each of the composing variables (Strength of recommendation: Strong; Certainty of evidence: Low)

**OR**

**NEW!**

In a person with diabetes and a foot ulcer, when resources exist in addition to an appropriate level of expertise and it is considered feasible, consider using the Wifl system for communication about the characteristics of an ulcer between healthcare professionals, but with characterisation of each of the composing variables (Conditional; Low)



## What recommendations have changed?

To classify a person with diabetes and an infected foot ulcer, use the IDSA/IWGDF (2015 version) system (Strong; Low)

Same as 2019

*Attention: We have not focused on infection clinical management → different from Infection WG Guideline*



## What recommendations have changed?

To classify a person with diabetes and an infected foot ulcer, use the IDSA/IWGDF (2015 version) system  
(Strong; Low)

**NEW!**

**OR**

To classify a person with diabetes and an infected foot ulcer, when resources exist in addition to an appropriate level of expertise and it is considered feasible, consider using the Wifl system (Conditional; Low)



In sum,

- In total 7 recommendations
  - 5 remained unchanged
  - +2 new
    - For communication and characterization of a person with an infected ulcer Wifl was recommended as an alternative system
- All the 28 systems showed low or very low certainty of evidence
  - Research should focus on
    - Validation and optimization of the existing systems
    - Prognosis of individual outcomes

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Thank You



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