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Guidelines on the prevention of foot ulcers in persons with diabetes

IWGDF 2023 update





General data

- This 2023 guideline updates the 2019 guideline on prevention
- Target population: at-risk person with diabetes with at least LOPS or PAD
- 14 clinical questions (PICOs)
- 13 critically important and important outcomes
- SR: 172 eligible studies, 10 meta-analyses, 33 evidence statements
- 17 recommendations, 9 summary of judgements



Five key elements of prevention

1. Identifying the at-risk foot (1 recommendation)
2. Regularly inspecting and examining the at-risk foot (1R)
3. Educating the patient, family and healthcare providers (5R)
4. Ensuring routine wearing of appropriate footwear (3R)
5. Treating risk factors for ulceration (6R)

1-5: Integrated foot care consists of 2 or more of these elements (1R)



What's new?

- The guidelines are published as we speak!!!
- Used a more thorough GRADE methodological approach to the guideline
- Performed meta-analyses where possible
- Added new clinical question on psychological intervention for ulcer prevention;
- Added new important outcomes, including health-related quality of life, costs, mortality, self-efficacy, well-being and adverse events;
- Split the recommendation on the use of footwear according to the severity of foot deformity present;
- Reorganized the recommendations on treating non-rigid hammertoe to contain both a surgical and orthotic intervention recommendation



What's new on the recommendations?



4. Ensuring routine wearing of appropriate footwear

In a person with diabetes who is at risk of foot ulceration

- and with no or limited foot deformity, no pre-ulcerative lesions and no plantar ulcer history (IWGDF risk 1-3), **educate to wear footwear that accommodates the shape of the feet and that fits properly.** (Strong; Low)
- and with a foot deformity that significantly increases pressure or a pre-ulcerative lesion (IWGDF risk 2 or 3), **consider prescribing extra-depth shoes, custom-made footwear, custom-made insoles, and/or toe orthoses.** (Strong; Low)





5B. Surgical intervention

- In a person with diabetes at risk of foot ulceration (IWGDF risk 1-3) and a non-rigid hammertoe with nail changes, excess callus or a pre-ulcerative lesion on the apex or distal part of this toe: **consider digital flexor tendon tenotomy for treating these outcomes** and to help prevent a first or recurrent foot ulcer (Conditional; **Moderate**)



Flexor Tendon Tenotomy
Treatment of the Diabetic Foot:
A Multicenter Randomized
Controlled Trial

<https://doi.org/10.2337/dc22-0085>

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79 patients with impending ulcers
Progression to ulcer: 1/39 vs 7/38 in
control group (p=0.028)
Number of ulcer-free days higher in
the tenotomy group (p=0.043)



Key considerations

- Robust data are lacking on **whom, how, and when** to screen for ulcer risk
- High quality data on interventions to **prevent a first foot ulcer** are scarce
- **Costs and cost-effectiveness** of intervention needs more research
- **Adherence** to an intervention is crucial in outcomes

Future research agenda