

Foot Disease Greatly Affects Quality of Life

Patients with diabetes are among the population who had a predisposition for foot disease.

BY ANDREAS KATSAMBAS, MD

There is a high prevalence of foot disease in the general population, causing compromised quality of life (QOL) in some who suffer from it. During the Achilles Project, a large-scale survey on foot disease, my colleagues and I determined the impact of foot disease on QOL. We reported our findings in the *Journal of the European Academy of Dermatology and Venereology*. Among a population of 76,475 patients from 17 countries, enrolled in late spring or early summers of 1997 and 1998, we found the presence of foot disease in 57% of patients; a higher percentage than anticipated.

We categorized foot diseases in this population as fungal infection or nonfungal infection. Patients were categorized by age, gender and ethnicity, and the presence of predisposing factors.

PREDISPOSING FACTORS

A higher proportion of patients with predisposing factors (with the exception of participation of sports) had their QOL affected by foot disease than patients without predisposing factors. One of the predisposing factors was diabetes, which affected approximately 12.3% of patients with foot disease. Leg and foot ulcers are frequently associated with diabetes and vascular disease, and they can have a major impact on QOL. In our study, diabetic patients with ulcers complained mainly of discomfort in walking, but a large proportion of patients also reported pain, embarrassment and limitations in their daily activities. Furthermore, ulcer and gangrene were the foot diseases most likely to affect all four measures of QOL.

The literature indicates a situation in which those with diabetic foot ulceration may have an even poorer QOL than those who have experienced an amputation related to diabetes. One reason for this is their restricted mobility. Another possible factor that adversely affects QOL in patients with diabetic ulcers is pain, which is not the case in patients after an amputation.

Physicians may not regard that most foot diseases are serious, however, patients report that its effects are. After

surveying the population on their level of pain, embarrassment, discomfort while walking and limitation in daily activity, we determined that foot disease had a larger affect on QOL than previously suggested.

Of the patients who answered all QOL survey questions (n=35,975), 52.5% reported that their foot disease affected QOL. Most patients (40.3%) claimed they experienced more discomfort in walking than having pain (30.7%), embarrassment (27.3%) or a limited daily activity (19.6%). We found a strong association between three of the four QOLs: discomfort in walking, pain and limitations in daily activity.

EMBARRASSMENT AFFECTS QOL

Embarrassment was the least likely to be associated with another measurement. A larger portion who reported embarrassment affected their QOL were either women (28.8% vs 25.1% in men, $P < .001$) or had a fungal foot disease (29.1% fungal vs 27.1% nonfungal).

Only 7% of patients reported that all four measurements of QOL were affected, with diabetic ulcers and gangrene to be the most likely cause of all four. In general, QOL in women seemed to be affected more than in men.

When we examined the affects of fungal versus nonfungal foot diseases on QOL, we found that nonfungal diseases caused a lower QOL than fungal diseases. Nonfungal diseases had a higher probability of causing pain, discomfort while walking and limiting daily activities.

Our results from the Achilles Project suggest that a considerable proportion of patients with foot disease experience a negative impact on their QOL. Thus, the importance of a routine examination of patients' feet by primary care physicians and dermatologists is underlined, so that the effective treatment may be provided. ■

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