

Test Yourself On Diabetes And Foot Health



(NAPS)—*If you or someone you know is one of the 16 million Americans with diabetes, you may be aware that you are at increased risk for a number of serious conditions, including foot ulcers. To test your knowledge about this important topic, take this quiz and make sure to discuss any troublesome symptoms with your healthcare professional.*

1. People with diabetes are at increased risk of foot ulcers. (T or F)

TRUE. People with diabetes may suffer numbness in their feet due to inadequate supply of blood. As a result, 15 percent of people with diabetes will experience foot ulcers.

2. Foot ulcers are a leading cause of amputations in people with diabetes. (T or F)

TRUE. If a foot ulcer gets infected and is not successfully treated, it may lead to an amputation. According to the American Diabetes Association, 14 to 24 percent of people who have a diabetic foot ulcer will require an amputation. In 1996, 86,000 people with diabetes underwent one or more lower-extremity amputations.

3. There's nothing a person with diabetes can do to prevent foot ulcers. (T or F)

FALSE. There are many steps that a patient can take to lessen the chance of getting a foot ulcer. These include exercising, avoiding smoking and maintaining a healthy body weight. It also includes making sure that any cut, sore, bruise, or blister is noticed early and treated quickly.

4. People with diabetes should examine their feet regularly even if they have not felt pain. (T or F)

TRUE. People with diabetes may not have normal ability to feel pain. They may not feel anything even when they have injuries or open sores. That is why people with diabetes should look at their bare feet every day for

cuts, blisters, red spots and swelling. They should also see their healthcare provider at least once a year.

5. Soaking feet in hot water is part of good foot care. (T or F)

FALSE. Washing your feet is important but in *warm* water, not hot. It is also important to dry your feet well, especially between your toes.

6. Walking barefoot should be avoided. (T or F)

TRUE. It is never a good idea to walk barefoot. Instead, wear comfortable shoes that fit well and protect your feet.

7. Any blister, sore, cut, or bruise on your foot that does not show signs of healing within two days must be brought to the attention of your doctor or health professional promptly. (T or F)

TRUE. The National Diabetes Education Program advises calling your doctor if you find cuts, sores, blisters or bruises on your feet that do not begin to heal after one day.

8. Treating a diabetic foot ulcer may include removing unhealthy tissue. (T or F)

TRUE. Some ulcers are surrounded by callous or skin that doesn't have a good blood supply. Removing that type of skin and any debris is called debridement. Studies show that this step is very important to help good healing. It may need to be done more than once.

9. There are prescription drugs that can help increase the incidence of complete healing. (T or F)

TRUE. For example, Regranex® (becaplermin) Gel 0.01% is a prescription drug that, when used with good wound care practices, can increase the incidence of complete healing of a foot ulcer.

See www.regranex.com for full prescribing information or more information.

Regranex Gel is indicated for the treatment of lower extremity diabetic neuropathic ulcers that extend into the subcutaneous tissue or beyond and have an adequate blood supply. When used as an adjunct to, and not a substitute for, good ulcer care practices including initial sharp debridement, pressure relief and infection control, Regranex Gel increased the incidence of complete healing of diabetic ulcers.

The efficacy of Regranex Gel for the treatment of diabetic neuropathic ulcers that do not extend through the dermis into subcutaneous tissue (Stage I or II, IAET staging classification) or ischemic diabetic ulcers has not been evaluated.

Your doctor must decide if Regranex is right for you. Regranex has not been studied in superficial diabetic foot ulcers. Regranex is contraindicated in patients with neoplasms at the site of application. It should not be used on wounds that are stitched or stapled. A small percentage of patients treated with Regranex or placebo gel experienced a rash at wound. Regranex should not be used by patients sensitive to any of its components.