

## [P087] DIABETIC FOOT SELF CARE KNOWLEDGE AND PRACTICE IN WOMEN WITH DIABETES

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**Aim:** A large number of patients with diabetes mellitus are unaware of foot care principles and are at risk of developing foot ulcer and amputation. The author aimed to examine the knowledge and practice of Diabetic Foot Self-care in women with T2DM.

**Method:** This is the cross-sectional, multi-centric study, which included 457 women with type 2 diabetes were recruited using random multistage cluster sampling. The data was completed by demographic questionnaire and Diabetic Foot Self Care Questionnaire (DFSQ). This study is investigating demographic and lifestyle factors (age, gender, marital, educational and social economic status), general health status (HbA1c level, FBS, Lipid profile, WHR, BMI, BP, life satisfaction, self-rated health) and Diabetic Foot Self Care Questionnaire (Personal Self-care, Podiatric Care and Footwear and Socks). The descriptive statistic and Pearson regression were used to assess the Diabetic Foot Self Care status.

**Results / Discussion:** The mean age of participants was 50 (SD: 7.7), range 28-70 year. The mean total Diabetic Foot Self Care was 60.38 (SD: 9.9). Also, the mean and standard deviation of Personal Self-care, Podiatric Care and Footwear and Socks were (M:24.87, SD:7.00), (M:18.02, SD: 2.11), (M: 17.52, SD: 3.95) respectively. The results showed that the 17% of the women with diabetes had poor, 49% median and 34% had acceptable diabetic foot self-care status. The Pearson regression analysis revealed that there was no any correlation between diabetes control, anthropometric and cardiovascular indices, but the BMI level had reverse correlation with Footwear and Socks subcategory of diabetic foot self-care ( $r: 0.1, P: -0.12$ ). It means that the patients with higher BMI had lower score in Footwear and Socks status.

**Conclusion:** The results of this study suggest that need to establish and development the diabetic foot care services in outpatient clinics to early detection of foot at risk and provide enhanced patient outcomes and forbid the lower limb amputation.