



FOOT CARE FOR PEOPLE WITH DIABETES

Skin changes as it ages

The skin on your feet ages like skin on the rest of your body. It loses elasticity and becomes thinner and drier. There are also specific problems related to the feet that can occur as you age. These include hard skin, corns, bunions and pressure spots. The size or shape of your feet may change with aging.

Toenails grow more slowly with age but also can become more brittle. Fungal infections particularly can make toenails yellow and crumbly, particularly the big toe. Skin conditions such as eczema can cause toenails to become thicker. Ingrown toenails if untreated can be painful and cause infection.

Diabetes and feet (See information sheet on Diabetic Foot Disease)

People with diabetes may experience a greater loss of fluid from the body if the blood glucose levels are high. This can make the skin of the feet and rest of the body more likely to be dry.

Diabetes causes nerve damage in the feet meaning that cuts, blisters etc. are not felt by the person and can quickly develop into an ulcer. Wounds on the feet are more difficult to heal for people with diabetes as the disease reduces the blood circulation and therefore nutrients to the feet.

If feet are not checked regularly, even minor skin care problems can evolve into serious ulcers. In addition to

self-monitoring of feet, a twice yearly check of feet by a health care professional is advised as they have the equipment and skill to assess circulation and sensation in the feet.

Inspection of feet

Regular, ideally daily, inspection of the feet is essential for people with diabetes and the easiest time to do so is when washing them.

Once washed with a mild soap, ensure that feet are well rinsed and are dried gently, but well. If reaching the feet is difficult, then gauze can be wrapped around the end of a ruler and used to gently dry between toes. This is important because if not dried well dead skin can collect between toes forming a moist environment suitable for fungal infections or breaks in the skin. Likewise do not put talcum powder or cream between the toes (unless advised by health professional to treat eg eczema or tinea) for the same reason. Similarly do not soak your feet in water unless advised to do so.

However, applying moisturiser on other parts of the feet, particularly heels will help protect feet from dryness. Check the heel for hard skin, cracks or fissures. These can be painful and an avenue for infection. If heels are very dry or cracked, a heel balm containing 25% urea (a moisturising and softening agent) will help to keep the heel moist and supple.



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If you have difficulty bending or reaching your feet, use a small mirror on the floor or attached to a stick to inspect the bottoms of your feet. Check the feet to ensure that you do not have any cuts, blisters or other wounds. If found contact your health care professional urgently. Inspect the feet also for any calluses or corns which if present are best managed by a podiatrist (foot specialist). If you find areas of redness on your feet this might indicate that the shoes you are wearing do not fit properly.

Toenails are best trimmed after a shower when they are softer. Long toenails can potentially cause damage to skin on the other leg and foot, especially on the bed at night. If you are not able reach your feet, trimming toenails is best done by a podiatrist.

Wearing the correct shoes

One of the most important ways of preventing diabetic foot disease is wearing shoes that are comfortable and protect your feet. It is important to always wear shoes both inside and outside the house, and make sure you wear shoes/slippers to the toilet at night.

Diabetic socks are also available that are free of dyes, pressure points e.g seams and tight bands. Change socks daily, check them for holes and damage, and replace as necessary. It is best to feel inside shoes and socks on a daily basis to make sure they do not contain objects like pebbles that can damage feet.

Buying shoes

When trying on shoes, this is best done later in the day as feet may have swollen during the day. Where possible choose footwear specially designed for diabetics, otherwise closed toe shoes are best for protecting feet. Low heeled shoes are safer and less damaging than high heeled shoes. The soles of shoes are ideally non slip and cushion the feet while walking, with the upper part of the shoe being of soft and flexible material.

Many people have one foot slightly larger than the other so make sure the shoes you choose fit the larger foot, and that the ball of the foot fits comfortably in the widest part of the shoe. Make sure you walk around in the shoes at the store to test for comfort and check that they don't move up and down the heel as this is likely to cause a blister.

Avoid buying shoes that feel tight (expecting them to stretch) and make sure when you stand in the shoes there is space between your toes and the end of the shoe.

Comfortable, fitting shoes play an important role in protecting feet from diabetic foot disease. Remember cuts, blisters, foreign objects can cause foot ulcers extremely quickly in people with diabetes.