



The Burden of Diabetic Foot Infection on Healthcare Systems

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Description

Diabetic Foot Infection (DFI) is a serious and potentially life-threatening complication of diabetes. It occurs when a wound or ulcer on the foot becomes infected, which can cause tissue damage, loss of sensation in the foot, and in severe cases, gangrene or amputation.

Stages of Diabetic Foot Infection

Diabetic Foot Infection (DFI) can be classified into different stages based on the severity and extent of the infection. The most commonly used classification system is the Infectious Diseases Society of America (IDSA) classification, which categorizes diabetic foot infections into four stages:

Stage 1

Mild Infection: In this stage, the infection is usually confined to the skin and superficial soft tissues, and there may be mild to moderate pain, redness, and swelling. There is no evidence of deeper tissue involvement, and the patient may not have any systemic symptoms.

Stage 2

Moderate Infection: In this stage, the infection has spread beyond the skin and soft tissues, and may involve deeper tissues such as tendons, bones, or joints. The patient may experience more severe pain, and there may be purulent drainage, fever, and systemic symptoms.

Stage 3

Severe Infection: In this stage, the infection is more extensive and may involve multiple structures in the foot, such as bones, tendons, and joints. The patient may have systemic symptoms such as fever, chills, and malaise, and there may be evidence of sepsis (a serious systemic infection).

Stage 4

Gangrene: In this stage, there is necrosis (death of tissue) in the affected area, and the infection has progressed to the point where amputation may be necessary.

DFI Affecting Healthcare Systems

DFI is a costly complication of diabetes that can have a significant burden on healthcare systems. Here are some ways in which DFI can affect healthcare systems:

Increased hospitalizations

Patients with DFI often require hospitalization for treatment, which can lead to increased costs for hospitals and health insurance providers. In severe cases, patients may require extended hospital stays or multiple surgeries, further adding to the burden.

Cost of treatment

The cost of treating DFI can be high, and includes expenses related to antibiotics, wound care, and surgical interventions. These costs can be further compounded if the patient requires long-term rehabilitation or prosthetic devices.

Workforce burden

The management of DFI requires a multidisciplinary team of healthcare professionals, including primary care physicians, infectious disease specialists, podiatrists, and wound care specialists. This can place an additional burden on healthcare systems that are already struggling with shortages of healthcare professionals.

Reduced quality of life

DFI can have a significant impact on the quality of life of patients, who may experience pain, mobility issues, and psychological distress. This can result in increased healthcare utilization and costs over time.

Increased risk of amputation

DFI is a major risk factor for lower extremity amputation, which can lead to further healthcare costs and long-term disability for patients.

Conclusion

The diabetic foot infection represents a significant burden on healthcare systems, both in terms of cost and workforce burden. Preventive measures such as patient education, regular foot exams, and appropriate footwear can help reduce the incidence of DFI and improve outcomes for patients, thereby reducing the burden on healthcare systems.

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