Title Assessment of chiropodist-podiatrist consultations for preventing foot lesions in diabetic patients with a grade 1 podiatric risk.
Update of assessment conducted in 2007

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Aim

The aim of this assessment is to update an initial review conducted by HAS in 2007, with a view to an indication extension of chiropody-podiatry prevention consultations for diabetic subjects presenting with a grade 1 podiatric risk (isolated sensitive neuropathy). These consultations are not currently covered by French National Health Insurance; as such, the purpose of this report is to:

- assess the impact of chiropodist-podiatrist prevention consultations on the morbidity of diabetic subjects with a grade 1 foot ulceration risk;
- define the content, frequency and duration of chiropodist-podiatrist prevention consultations for diabetic subjects with grade 1 foot ulceration risk.

Results

► Analysis of the literature

Impact of prevention sessions

Three systematic reviews were selected to analyse the impact of chiropodist-podiatrist prevention consultations on the morbidity of diabetic subjects with foot lesions involving a grade 1 risk of ulceration. The analysis of the systematic reviews focused on the methodology used when specified, and on the nature of studies and compiled data. In the majority of cases, observational studies and case series (at a high risk of bias) including limited patient follow-up periods (<1 year) were involved. Some randomised controlled trials were identified by the authors, but very few related specifically to primary ulcer prevention for diabetic subjects.

In the analysed literature, data related to the impact of chiropodist-podiatrist consultations (amputation, ulceration, non-calcaneal callosities, plantar pressure) are in favour of a beneficial effect of chiropodist-podiatrist intervention for diabetic subjects presenting with a grade 1 podiatric risk. They demonstrate the benefit of education and primary prevention care, and suggest a positive impact of the use of plantar orthoses/therapeutic footwear in the short- and medium-term.

No study assessed the impact of different frequencies and of the duration of chiropodist-podiatrist consultations for grade 1 patients.

Frequency, content and duration of prevention consultations

Seven documents identified in the literature were selected for the description of the content, frequency and duration of chiropodist-podiatrist prevention consultations for diabetic subjects with grade 1 foot lesions:

- two Health Technology Assessment reports;
- five Best Practice guidelines (three international and two US guidelines).

A substantial majority of the identified documents recommend one chiropodist-podiatrist consultation at least every six months (with two indicating every three to six months), with the exception of NICE (every six months).

The seven documents differentiate five aspects in diabetic foot care, and some provide details of their content:

- foot examination and grading of the podiatric risk;
- chiropody-podiatry care;
- patient education;
- footwear assessment;
- fitting of suitable footwear, if required.

None of the publications identified described the duration of consultations for preventing foot lesions according to the diabetic subjects' ulceration risk grade.

► Stakeholder position

According to the professionals, one of the major benefits of podiatric prevention consultations consists of reducing podiatric complications, including amputation.

These consultations would help improve subjects' quality of life and help reduce healthcare expenditure: patient autonomy preserved, reduction in the number and duration of hospital admissions and medical consultations. In organisational terms, providing diabetic subjects with foot prevention consultations from grade 1 should enhance communication and cooperation between healthcare professionals, thereby improving patients' referral processes.

Regarding consultation content, professionals stated that subjects' vascular status needs to be assessed during the foot examination step and that some time should be allocated, particularly during the first consultation to:

- collect the subject's insurance/social security details;
- collect the subject's details and previous medical and surgical history;

• assess the subject's foot care knowledge and that of his/her entourage;
• schedule subsequent prevention consultations;
• draft the detailed report intended for the Primary Care Physician or diabetes specialist.

According to the healthcare professionals consulted, for diabetic foot presenting with a grade 1 risk, at least one chiropodist-podiatrist prevention consultation every six months, including an annual review consultation, is recommended. It should, nonetheless, be possible to adapt the number of consultations for "frail", elderly or disabled subjects for example.

The time required to complete a podiatric prevention consultation for subjects presenting with a grade 1 risk is estimated as at least 30 to 45 min and should be adapted according to the subject's condition and the care to be provided.

As regards the conditions under which prevention consultations are carried out, professionals report that such consultations are mostly carried out in private practice or within the framework of networks. They note that practice requirements for chiropodists-podiatrists, including the composition of the technical platform required to conduct consultations, are defined by the French National Order of Chiropodists-Podiatrists.

Conclusion

In the light of these findings, HAS is of the view that chiropody-podiatry prevention consultations for grade 1 patients have a positive impact on preventive care on a clinical and organisational level, and recommends their coverage by public funding.

Method

The assessment method used in this report is based on the critical appraisal of the literature and on the justified opinion of healthcare professionals and patients' associations, as stakeholders. A literature search was conducted from January 2013 to June 2018, followed by literature monitoring until November 2018. Stakeholders were consulted in October 2018. Feedback was received in November 2018.

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