Lazzarini et al. Journal of Foot and Ankle Research 2013, 6(Suppl 1):O21 http://www.jfootankleres.com/content/6/S1/O21

ORAL PRESENTATION





Queensland's high risk foot database: tracking the length and width of Queensland's foot ulcers

Peter A Lazzarini^{1,2,3*}, Sharon R O'Rourke⁴, Anthony W Russell^{5,6}, Patrick H Derhy⁷, Maarten C Kamp^{8,9}, Michael C d'Emden^{8,9}, Ewan M Kinnear²

From Australasian Podiatry Council Conference 2013 Sydney, Australia. 2-5 June 2013

Background

Foot ulcers are a leading cause of avoidable hospital admissions and lower extremity amputations. However, large clinical studies describing foot ulcer presentations in the ambulatory setting are limited. The aim of this descriptive observational paper is to report the characteristics of ambulatory foot ulcer patients managed across 13 of 17 Queensland Health & Hospital Services.

Methods

Data on all foot ulcer patients registered with a Queensland High Risk Foot Form (QHRFF) was collected at their first consult in 2012. Data is automatically extracted from each QHRFF into a Queensland high risk foot database. Descriptive statistics display age, sex, ulcer types and comorbidities. Statewide clinical indicators of foot ulcer management are also reported.

Results

Overall, 2,034 people presented with a foot ulcer in 2012. Mean age was $63(\pm 14)$ years and 67.8% were male. Co-morbidities included 85% had diabetes, 49.7% hypertension, 39.2% dyslipidaemia, 25.6% cardiovascular disease, 13.7% kidney disease and 12.2% smoking. Foot ulcer types included 51.6% neuropathic, 17.8% neuro-ischaemic, 7.2% ischaemic, 6.6% post-surgical and 16.8% other; whilst 31% were infected. Clinical indicator results revealed 98% had their wound categorised, 51% received non-removable offloading, median ulcer healing time was 6-weeks and 37% had ulcer recurrence.

Conclusion

This paper details the largest foot ulcer database reported in Australia. People presenting with foot ulcers appear predominantly older, male with several co-morbidities. Encouragingly it appears most patients are receiving best practice care. These results may be a factor in the significant reduction of Queensland diabetes foot-related hospitalisations and amputations recently reported.

Author details

¹Allied Health Research Collaborative, Metro North Hospital & Health Service, Queensland Health, Brisbane, Queensland, 4032, Australia. ²Department of Podiatry, Metro North Hospital & Health Service, Queensland Health, Brisbane, Queensland, 4032, Australia. ³School of Clinical Sciences, Queensland University of Technology, Brisbane, Queensland, 4059, Australia. ⁴Cairns Diabetes Centre, Queensland Health, Cairns, Queensland, 4870, Australia. ⁵Department of Diabetes & Endocrinology, Princess Alexandra Hospital, Brisbane, Queensland, 4012, Australia. ⁶Diamantina Institute, The University of Queensland, Brisbane, Queensland, 4072, Australia. ⁷Centre for Healthcare Improvement, Queensland Health, Brisbane, Queensland, 4029, Australia. ⁸Department of Endocrinology and Diabetes, Royal Brisbane and Womens Hospital, Brisbane, Queensland, 4029, Australia. ⁹School of Medicine, The University of Queensland, Brisbane, Queensland, 4072, Australia.

Published: 31 May 2013

doi:10.1186/1757-1146-6-S1-O21

Cite this article as: Lazzarini *et al.*: Queensland's high risk foot database: tracking the length and width of Queensland's foot ulcers. *Journal of Foot and Ankle Research* 2013 6(Suppl 1):O21.

Full list of author information is available at the end of the article



© 2013 Lazzarini et al; licensee BioMed Central Ltd. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

¹Allied Health Research Collaborative, Metro North Hospital & Health Service, Queensland Health, Brisbane, Queensland, 4032, Australia