

## Diabetic podopathy—no thanks!

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*To the Editor:* We read with interest the recent commentary from Jeffcoate on diabetic podopathy [1], but were disappointed by a rather negative tone that prevailed in the introduction. If it were true that no one liked feet, there would surely be no podiatrists or chiropodists! Whereas the foot may still be neglected in some areas, there is no doubt that interest in the foot has increased dramatically over the last quarter-century, as evidenced by an exponential increase in publications in this area as well as by

the large number of national and international meetings on this topic [2]. Moreover, there has been an increase across the world in dedicated multi-disciplinary diabetic foot clinics.

The suggestion that the foot is grossly neglected partly because the response to treatment is poor and that management tends to be delegated to nurses and podiatrists implies, we are sure unintentionally, that these professionals are in some way inferior. Both nurses and podiatrists are key to successes in diabetic foot care: indeed, a reduction in the number of amputations reported in the Netherlands was probably related to the increased availability of podiatrists in hospitals [3]. Similarly, a significant sustained reduction in the number of major amputations in the UK was reported recently following the introduction of a coordinated hospital-based foot team [4]. Additionally, podiatrists in the USA are classified as physicians and surgeons, and are key components of amputation prevention teams. There can, however, be no disagreement with the comment that diabetic foot disease should attract attention commensurate with the suffering it causes.

The term ‘diabetic podopathy’ appears in the title of the commentary: in our view, this is neither a term that should be used, nor one that will be adopted by the diabetes community. The need for an appropriate collective term to describe the spectrum of diabetic foot disease is not disputed: we feel that the word ‘podopathy’ is simply not appropriate. Microvascular complications of diabetes, such as retinopathy and nephropathy, refer to specific pathologies associated with the diabetic state that have well recognised clinical features and natural histories. What does podopathy refer to? As stated in the commentary, the field of diabetic foot disease is extremely complex, with overlapping influences of neuropathy, peripheral vascular

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disease and infection. Surely this statement argues against the adoption of the term podopathy? Similarly, as foot disease requires a team approach, it is difficult to say that the expert looking after this area should be a ‘podologist’ or ‘podopathist’—whereas the term ‘nephrologist’ is understood by all. Moreover, with so many pathologies contributing to foot lesions, would cases of a simple neuropathic foot ulcer or an ischaemic ulcer in smokers with proximal vascular disease and recently diagnosed with diabetes both be referred to with the generic term ‘diabetic podopathy’? We think not.

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