

Putting Your Best Foot Forward

By Mary Damiano

Feet are one of the most important yet maligned parts of the body. They are our little chauffeurs, getting us where we want to go. They're twin fashion statements, getting squeezed into trendy shoes no matter how high the heel or how narrow the toe. And they are our little scapegoats, because even as we try to do something good for the rest of the body, like walk or run, our feet still bear the brunt of abuse.

While we should all give our feet better than they get, people with diabetes should be particularly concerned about foot care. According to the American Diabetes Association, one fifth of all people with diabetes who enter the hospital do so for foot problems. Diabetes creates havoc on the circulation system, clearing the way for a variety of foot problems that can lead to more serious complications for the rest of the body.

Here's how it works: Increased blood sugar levels cause decreased circulation. Poor circulation means that the blood doesn't move sufficiently to the feet. Without proper circulation, the feet become more vulnerable to infection and injury.

Another potential problem for diabetics is diabetic neuropathy, or nerve damage. When nerve damage occurs, the ability of the feet to register pain, hot or cold is diminished, and therefore at greater risk of injury. Because of this decreased sensitivity, damage to the feet may go unnoticed until infection has actually occurred.

People with diabetes have a higher risk for calluses, which, if untreated, can turn into ulcers. A pumice stone can be used daily on calloused areas to gently soften the skin. Lotion may be used for extra moisturizing, but do not use moisture between the toes. Infections thrive in moist, dark areas such as between the toes, so that area should be kept as dry as possible.

If the skin on the feet becomes very cracked and dry, it is an indication that the nerves that control sweating have been damaged. Because cracked, peeling skin is an invitation for infection, dry feet thoroughly after bathing.

Diabetic ulcers are sores on the surface of the skin, which do not heal. Ulcers are more common for people over 40, and for people with diabetes related kidney damage or eye changes. Your doctor should treat any breakdown of the skin immediately. Common places for ulcers to develop are the ball of the foot and below the big toe. Ulcers can also develop on the side of the foot, often due to bad fitting shoes. Ulcers that go untreated can develop infection and lead to amputations.

Here are some foot care tips for diabetics:

Keep blood sugar under control. High blood sugar makes it difficult to fight infection.

Don't smoke. Smoking can assist in poor circulation and therefore cause problems. According to the ADA, most diabetics who have limb amputations are smokers.

Thoroughly inspect feet daily for sores, calluses, dryness, or redness. If necessary, have someone help examine the feet or use a mirror.

Don't wear anything that constricts circulation, such as tight hose or garters..
Clean feet daily. Lotion is okay on cracked skin, but never use between the toes.
Do not soak feet or use heating pads. Because of decreased sensitivity, diabetics can burn themselves without realizing it. The safest way to make the feet warm is by wearing extra socks.

Always protect the feet. Diabetics should not walk barefoot.

Always check with the doctor before using over-the-counter remedies on calluses or warts. The chemicals in such products may be too severe for diabetics.

Be careful when choosing footwear. Make sure shoes fit properly. Socks should be soft and comfortable, not tight. Diabetics should not wear socks with seams or rough spots. The doctor may be consulted about footwear for the diabetic's special needs.

Diabetics should have their feet checked by their doctor at least once a year.