



## CONCLUSION

This study demonstrated prompt management upon admission according to guidelines but also showed delays in insulin initiation and endocrine referrals in response to persistent hyperglycemia, inconsistent timing of monitoring in relation to meals, and poor discharge practices among non-endocrinologists—areas which need improvement.

## PP-D-37

### PREDICTING AMPUTATION RISK AMONG PATIENTS WITH TYPE 2 DIABETES MELLITUS WITH DIABETIC FOOT ULCER USING PEDIS SCORES IN A TERTIARY HOSPITAL: A PROSPECTIVE STUDY

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#### OBJECTIVES

The study aims to determine the demographic profile (age and gender) of patients who have diabetic foot ulcer (DFU), the presence of comorbidities such as obesity, hypertension, cardiovascular disease, liver disease and renal failure, and the correlation of PEDIS scoring in predicting amputation.

#### METHODOLOGY

This was a prospective cohort study which included 50 patients who were admitted or seen at the outpatient department of CRMC from January to October 2021. The demographic data (age, gender and location) and comorbidities were obtained. Each patient had individual PEDIS scoring sheets. To assess for perfusion (P), an ankle brachial index (ABI) was done to determine if there was peripheral arterial disease (PAD) with or without critical limb ischemia. To describe the extent (E) of the wound, we graded them from 0 to +3 for skin intact, <1 cm<sup>2</sup>, 1–3 cm<sup>2</sup>, and >3 cm<sup>2</sup>, respectively. Depth (D) was evaluated by physical examination and foot x-rays. Infection (I) was assessed based on the presence of inflammation and secretions. Lastly, sensation (S) was evaluated using a 128-Hz tuning fork on the affected limb. Outcomes were documented, namely amputation, debridement and wound care.

#### RESULTS

There were no significance differences among subjects in terms of gender. However, age differences among patients were significant with a p value of 0.003 and was predictive of amputation among 41-60 age group with p value of 0.003. Hypertension was found to be a significant co-morbidity, with p value at 0.043. PEDIS scores among the participants were also significant with p value of <0.001 with 54% amputation rate for patients with PEDIS score >7.

## CONCLUSION

Our findings indicate that patients with DFU aged 41 to 60 years, diagnosed with hypertension and PEDIS score >7 are likely to require amputation.

## PP-D-38

### REAL-WORLD SURVEY ON INSULIN INJECTION TECHNIQUES AMONG PEOPLE WITH DIABETES IN SEMI-URBAN AND VILLAGE POPULATION IN KERALA

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#### OBJECTIVE

The success of insulin therapy in diabetes depends on proper storage and correct injection technique. The objective of this study is to assess the current insulin injection technique among patients with diabetes mellitus in semi-urban and village population in Kerala.

#### METHODOLOGY

This observational study was conducted from June to December 2021 in Tirur and Pathanamthitta, Kerala. A total of 140 participants aged 25 to 60 years, using insulin pen or vial for at least 3 months were recruited. A survey questionnaire on key insulin injection practices was administered.

#### RESULTS

The abdomen was the most common (57.14%) site of insulin injection. Injection site rotation was followed by 92.85%. The practice of handwashing and cleaning of the injection site was practiced by 110 (78.57%) & 105 (75%), respectively. A total of 135 (96.42%) subjects were using the needle more than once. Majority (85.71%) were storing insulins at proper temperature. Pain and swelling at the injection site were reported by 52.14 % and 7.14%, respectively. The majority of patients (96.42%) threw the needle and syringes directly into the garbage and public drainage system.

#### CONCLUSION

Our study identified a significant gap between insulin administration guidelines and current insulin injection practice. Hence, diabetes education and counselling about proper insulin injection techniques should be provided to people with diabetes and their caregivers.