**Society news**

**CANADIAN ASSOCIATION OF WOUND CARE (CAWC)**

**Innovations at reducing the diabetic foot burden in Canada**

Diabetes affects more than 3 million Canadians. Over the next 10 years, more than 3.5 million Canadians will be living with diabetes. For the Aboriginal population, the statistics are an even bigger concern, at three to five times higher than those of the general population.

Diabetes is the fastest-growing medical condition in Canada. About 345,000 Canadians or 15% of those with diabetes will develop a foot ulcer. Every year, thousands of Canadians with diabetes lose limbs to amputation because of diabetes foot ulcers.

Foot ulcers and other such diabetes complications are taking a growing, needless toll in loss of limbs and lives. Diabetes foot ulcers have a considerable amount of negative impact on patients’ psychological, social and physical well-being. Not only are they susceptible to chronic wounds, infections and delayed healing, some will also face the depressing consequences of losing their limbs through amputation. It is arguable that 85% of these cases are preventable.

Complications of diabetes cost the Canadian health care system millions of dollars each year. With each new case of diabetes, the impact on the health care system includes increases in emergency visits, complication rates, ulcerations, infections, amputations, dependence upon the help of others as well as an inability to work. Treatment of diabetic foot problems accounts for an estimated 15% of the total health care resources dedicated to diabetes in high-income countries and as much as 40% in low- and middle-income countries (IWGDF).

Leading the charge in wound treatment and prevention, across Canada, is the Canadian Association of Wound Care. Over the 18 years of the association’s existence it has delivered several diabetic foot ulcer-focused initiatives. The most recent of which were the ‘Diabetes Health Feet & You’ programme and PEP Talk programme, which is a peer-led educational programme on the prevention of foot ulcer. Recent externally focused partnerships with the Public Health Agency of Canada and the Canadian Diabetes Association have seen CAWC become a focus organisation for diabetic foot ulcers.

These factors present an opportunity for CAWC for a leadership profile and to take the lead on a branded, focused approach to prevention and management of diabetic foot complications.

CAWC will lead a multipartner initiative called Diabetic Foot Canada with several government bodies such as the Public Health Agency of Canada, Canadian Diabetes Association, Canadian Home Care Association, Canadian Federation of Podiatric Medicine, Registered Association of Ontario and Ontario Hospital Association focused solely on diabetic foot disease, with a strong tie into the important aetiological issues of diabetes.

**Diabetic Foot Canada** is designed to be the national ‘go to’ programme that provides online information and education for clinicians and patients to support effective self-monitoring, early detection, treatment and prevention of costly and potentially life-threatening diabetes foot wounds among Canadians with diabetes.

**Diabetic Foot Canada** will be comprised of the following components:

1. Online-only *Diabetic Foot Canada* journal.
3. A series of workshops and master classes focused on diabetic foot disease.
4. Peer-led educational programme on prevention and management of foot ulcers.

As the initiative grows and partnerships are confirmed, other elements of research and policy will be integrated.

The key success of this initiative will lie in multiple partners to ensure a multidisciplinary perspective and a strong patient voice. The initiative will involve and will use the latest technology and evidence. National teams of interprofessional experts will provide education, disseminate best evidence, educational tools and raise awareness of the importance of preventing diabetic foot complications and amputations. This division will support Canadians in their struggle to save both limbs and lives as well as free up scarce health care resources.

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