



AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION

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Psychosocial Barriers to Care in Patients with Diabetic Foot Ulcers (G0805)

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Abstract

Background: Diabetic foot ulcers (DFUs) are a common complication of diabetes mellitus. Early presentation and adherence to care are important determinants of outcomes. Therefore, barriers to care may place patients at higher risk of amputation. Experts have suggested a role for psychosocial barriers in influencing diabetic foot outcomes. However, a literature review revealed no studies that used qualitative methodology to elicit the nature of psychosocial barriers for patients with DFUs. We hypothesize that patients with diabetic foot ulcers have identifiable sources of psychological, educational, social, disability-related, and financial barriers to care, and that these barriers affect presentation patterns and treatment adherence. We further hypothesize that primary care physicians may assist patients in mitigating these barriers.

Aims: Specific aims of this study are: 1.To describe psychosocial barriers to early presentation and treatment adherence in patients with diabetic foot ulcers, and 2.To explore the perceived roles that health providers, including primary care physicians, play in addressing these barriers to care.

Methods: This study will employ qualitative methodology to describe the role of psychosocial barriers in patients with DFUs. Our subjects will include adult diabetic patients treated for foot ulcers at an urban medical center. We will conduct in-depth interviews with approximately fifteen English- or Spanish-speaking adult patients with DFUs who are enrolled in primary care (family medicine or general internal medicine) at our center. We will additionally interview approximately ten patients admitted to the hospital through the emergency room, to obtain a diversity of patient experiences. Interviewers will explore themes of social, psychological, disability-related, financial, and educational factors that create barriers to early presentation and to treatment adherence. Interviewers will further elicit patient perceptions of the role of health care professionals or staff in addressing these barriers. Interviews will be recorded, transcribed, and analyzed using NVivo software and investigator consensus. Final sample size will be determined by data saturation.

Anticipated Impact: Our results will contribute to a biopsychosocial model of diabetic foot ulcers. This may lead to the development of comprehensive care strategies for patients with DFUs, including approaches that specifically address psychosocial barriers as part of the multidisciplinary treatment plan. The roles of family physicians in meeting the psychosocial needs of DFU patients will be explored.