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Diyabete karşı ayağa kalkmak

Ayak sorunlarından sakınmak



Everything for the well-being of the feet.

Ayaklar şekerlendiğinde

En az altı milyon Alman, halk hastalığı diyabetten etkileniyor. Diyabetin eşlik eden yaygın işaretleri arasında, kuru cilt ve aşırı deri kalınlaşması var. Bunlar, diyabetik ayak sendromu gibi ağır ayak komplikasyonlarından kısmen sorumlu. En kötü durumda, bu komplikasyonlar ve yaralar organ kesilmesine yol açabiliyor. Ancak, doğru bakımla, bugerçekleşmek zorunda değil.

Diyabet kendini yükselen kan şekeri düzeyleriyle gösteren metabolik bir bozukluk. Diyabetin iki türü var. Hastaların yaklaşık yüzde 95'i Tip 2 diyabete sahip. Diğer diyabetikler, insülin gerektiren Tip 1'e sahip. "Şeker hastalığı"nın -diyabet yaygın olarak böyle adlandırılıyor- belirtileri her zaman belirgin değil, bu yüzden fark edilmesi çoğunlukla zaman alıyor. Hastalık ne kadar erken fark edilirse, hastalara yardım etmek o kadar kolaylaşıyor. Bu durum, diyabete eşlik eden hastalıklar için de geçerli.

Ayak sorunlarından...

Diyabetik ayak sendromu diyabetin neden olduğu en yaygın bozukluklardan biri. Bazen de diyabetik ayak adı veriliyor. Bütün diyabetiklerin bu konuda iyi bilgilenmesi gerekiyor. Diyabetin neden olduğu bu bozukluk, ağırlıkla ayaklardaki deriyi etkiliyor. Kan dolaşımı normaldeki kadar iyi olmuyor. Deri sınırları bozukluklar gösteriyor. Sonuç olarak deri daha az yağ ve nem oluşturuyor. Ancak özellikle yağ, cildin koruyucu bariyerinin önemli bir bileşeni. Deri yağlarının eksikliği, deride depolanan nemin daha kolay buharlaşması anlamına geliyor. Deri hızla su kaybediyor ve kaşınmaya başlıyor. İleri derecede pullaşma ve çatlaklar oluşuyor. Aynı zamanda, cildin savunmasını daha da zedeleyerek mantar ve bakteri girişine izin veriyor.

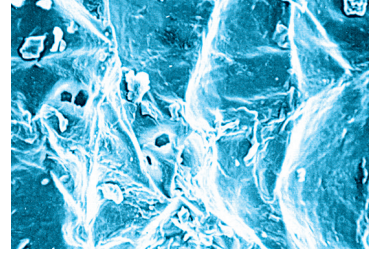
şeker

... sorunlu ayaklara

Bu yangılar (inflamasyon) sırasında, özellikle ayak tabanlarında, kemiklere sıçrayabilecek ülserler oluşabiliyor. Böylesi yaralar kalus berelerinin altında da kolayca oluşabiliyor. Deri sinirlerinin işlevi zedelenirse, kişinin yürüyüşü değişebiliyor. Bu durumda, ayak tabanının belli bölgeleri daha ağır zorlanabiliyor. Deri bu zorlanmaya doğal bir koruma mekanizmasıyla yanıt veriyor: Etkilenen bölgelerdeki kalus tabakası kalınlaşıyor. Ancak müdahale edilmezse, bere alta yer alan dokular üzerindeki basınç etkisini, bir yara oluşana dek yoğunlaştırıyor. En kötü durumda, bu tür yaralar veya ülserler organ kesimine neden olabiliyor. Ayak bileği üzerinden organ kesimi riski, diyabette 20 kat daha fazla. Diyabetli kişilerdeki bu yüksek organ kesimi sayısı yılda yaklaşık 12.000'e varıyor. Sinirlerdeki bozukluk yüzünden çoğu diyabetik kişinin hiç acı hissetmemesi, hatta ayak sorunlarının e yaraların hiç farkına varmaması özellikle bir sorun. Bu durum, erken müdahale edilmesini imkansızlaştırıyor .

Ayaklarınıza dikkat edin

Koruyucu önlemler diyabetli herkes ve acı duyarlılığı hasar görmüş veyakan dolaşımı bozukluğu olan bütün hastalar için önemli. Ayaklarda cilt kuruluğundan ve aşırı deri kalınlaşmasından sürekli olarak sakınmak, sorunları erkenden fark edip müdahale etmek ve ayaklardaki basıncı yeterli derecede gidermek önemli. Diyabetiklerin bunun için nitelikli bir yardım almaları ve ayaklarını bir ayak bakım uzmanına veya ayak sağlığı uzmanına muayene ettirmeleri gerekiyor. Ayak mantarına, ayaklardaki veya parmak aralarındaki yangıya ve bir yaranın ilk belirtilerine, diyabet konusunda uzman bir klinikte veya bir hastanenin ayakta tedavi ayak bölümünde, dermatolog gibi bir uzman tarafından derhal müdahale edilmelidir.



Kuru ciltteki en küçük hasarlar bile patojenler ve mantarlar için giriş noktası işlevi görebilir.



Bu nedenle, diyabetikler ayaklarında cilt kurulduğundan ve aşırı deri kalınlaşmasından sürekli olarak sakınmalıdır.



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Ayaklarına dikkat edin

Diyabet 1 numaralı halk hastalığı haline geliyor. Giderek daha fazla sayıda insan yüksek kan şekeri rahatsızlığı çekiyor. Hastalık ayakları da yaygın olarak etkiliyor. Ancak yine de kişiler yetersiz ayak bakımı görüyor. Bu durum 3.459 diyabetikle yapılan bir araştırmada ortaya konuyor.

Almanya devletindeki yaklaşık altı milyon kişi diyabet olduğunu belirtiyor. Ancak, gerçek rakamların çok daha yüksek olduğuna dair sayısız gösterge var. Aşırı deri kalınlaşması, ayak ve ayak parmağı bozunumları, cilt kuruması, yürüyüşteki değişikliklerin yanı sıra ayak ve tırnak mantarı gibi ayak sorunları, diyabetin neden olduğu en yaygın komplikasyonlar arasında. Federal Tabipler Odası'na ve Sağlık Sigortası Destekli Federal Tabipler Derneği'ne göre, düzenli ayak bakımı bu durumun önüne geçebilir.

Ancak birçok diyabetli kişi ayak sağlıkları için bir şey yapmaları gerektiğinin bile farkında değil. Bu durum, GEHWOL Diyabet Raporu'

nun bugünkü sonuçlarıyla da ortaya konuyor. Bu soruşturma için, araştırma kurumu INSIGHT Healt 369 doktorun muayenehanesinden 3.459 diyabetli kişiyle, IDS GmbH ile birlikte görüştü. Hastaların üçte ikisi (yüzde 63) ayaklarına dikkat etmesi gerektiğinin hiç farkında değil. Yüzde 40'ı ayak bakımını sadece ara sıra veya nadiren gerçekleştiriyor. Yüzde 64'ü diyabetli kişilere uygun ayakkabı giymeye dikkat etmiyor. Ve üç diyabetli kişiden biri bir ayak bakım uzmanını yalnızca ayaklarında halihazırda bir sorun oluşmuşken görüyor.

Bilgi güven oluşturuyor

Doğru ayak bakımı söz konusu olduğunda, diyabetli kişiler doktorların, diyabet



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Emel olarak, düzgün bir diabetes mellitus tedavisinin düzenli ayak muayenelerini de içermesi gerekir.

Bunun için ba lantı kurulacak ilk ki i profesyonel bir tıbbi ayak bakım merkezi veya bir ayak sa lı ı uzmanıdır. Sa lam bir tıbbi bilgiye sahiptirler ve tedaviyi yürüten doktorla veya tıp kurumunun ayak bölümüyle yakın olarak birlikte çalış ırlar. Ayak uzmanı, aile hekimi, diyabetolog, ortopedist veya iç hastalıkları uzmanıyla birlikte tedavi fikirleri geli tirebilen biridir. Bu i birli i hasta için en uygun bakımın temelini olu turur. Bu yüzden, 2002'den beri ayak sa lı ı bakımı diyabetik bakımdaki düzenli hizmetlerin bir parçasıdır. Böylece doktorlar diyabetik ayak için de belirli reçeteler yazabiliyor.

Erken teşhis ve tedavi

Foot care providers and podologists can provide competent advice to their patients and recognise even the smallest changes at an early time. In this way, foot problems can usually be corrected at an early time, or at least greatly reduced. Foot inspections or treatments should take place at least every four to six weeks. If it is not possible to visit the foot care practice, many foot care professionals visit patients at home upon request. During these routine check-ups, foot specialists check whether there are e.g. fungal disorders, ingrown toenails, pressure spots, weals, corns or other changes of the feet and toenails. Finally, they are treated with suitable care.



Andreas Schmidt

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Every person travels nearly 160,000 km on foot in their life. This distance is four times as long as the middle circumference of the earth. Foot problems are therefore not unusual. They affect everyone.

For instance, if there are ingrown nails, the professional makes a nail brace and applies it to correct nail growth. He or she removes warts or painful corns with the greatest of care, using modern foot care equipment which guarantees high hygiene standards. Foot care pros can also reduce pressure load on the foot with pressure relief articles made from polymer gel or with a special orthotic (custom made pressure relief article). This measure is suitable for preventing further warts or corns. A pressure measurement or gait analysis can also be done for this purpose to check whether strain is being wrongly applied to the feet. This is often responsible for warts or corns recurring after a short time. In this case or if it is shown that the patient wears unsuitable shoes, podologists can also initiate care with an orthopaedic shoe.

Competent advice and care tips

Luckily most foot problems pass more or less quickly with early detection and appropriate treatment – in other words, with professional care. Trust a specialist here. But also trust yourself. If you don't take care of your feet, the work of a foot care pro will not be successful in the long run. Your foot care pro can provide you with information on how to look after the well-being of your feet, as well as the right care and exercises.

So that the shoe won't squeeze you

Wrongly fitting shoes often cause foot injuries. Therefore orthopaedic shoe technology is very important in both prevention and therapy for diabetics. With consistent pressure relief, it contributes to avoiding tissue damage. Mobility without risk is the objective.

For this purpose, the orthopaedic shoemaker first determines the stress zones. This is done with a computer guided, electronic pressure measurement on the soles of the feet while walking (dynamic pedography). During this procedure, the patient wears flexible measuring insoles or steps on a measuring plate with many integrated sensors which record the pressure load on the feet.

Gait analysis can be used to find out whether body statics are altered. Each step is directed by a complex interplay of bones, joints, muscles, ligaments, tendons and nerves which is distributed along the body axis via the hips, knees, feet and toes. Each change along this axis – such as an angled hip or stiffened joints (e.g. in arthritis) may disturb the natural progression of movement while walking. The foot arch suffers from this. Pressure weals form, and the foot and toes lose their natural shape.

Reducing strain

Orthopaedic shoemakers use various measures to correct these disorders and ensure sufficient, comfortable pressure relief. Care includes:

- Individual insoles (diabetes-adapted foot beds): Several soft layers evenly distribute pressure under the foot sole, reducing pressure in especially strained areas.
- Orthopaedic shoe adjustments: The shoe technologist adapts the desired confection shoe individually so that there are no pressure and friction spots. For this purpose, he may make changes to the walking sole, heel, front and/or back caps and the tab.
- Made-to-measure orthopaedic shoes: Custom shoes can be made for pronounced foot deformities or if there is a high risk of wounds due to a nerve or circulatory disorder. They have a raised heel cap, spacious interior, soft upper leather with no hard front cap and a seamless inner lining. The sole is rigid or flexible as needed.





Foto: Africa Studio - fotolia

High heels are taboo due to the severe foot strain which they apply. Special orthopaedic shoes are better suited. They ensure individually adapted pressure relief.

- **Confectioned therapy shoes:** These shoes are used if a foot wound or infection is already present. This generally affects the frontal feet. The relief shoe therefore has a raised and lengthened heel. This means that the frontal foot does not make ground contact during the rolling motions, relieving the wound area.

If you do not require special orthopaedic shoes, you should still pay attention to the right quality and fit precision for diabetics when buying confectioned footwear (also see the box).



Dr. med. Renate Wolansky

Orthopaedist, sports medicine specialist, medical foot care provider, Naumburg

Tips for choosing the right shoes

Make sure that the shoe is sufficiently wide and long and has a wide entry. There should be enough room for insoles. Heels should have a maximum height of 4 cm for women and 3 cm for men. A stiff sole is good to allow later adjustments. The material should consist of actively breathing leather and have no sharp-edged eyelets. Test new shoes: walking in them for 10–15 minutes is enough. Then check your feet for pressure spots. Never walk without shoes, not even at home, and best of all, wear cotton socks.

Look for foreign particles before and after every use, and change your shoes in the course of the day (take out the insoles to air them out). Don't use chemical cleaners. Worn inner liners, soles or heels which are worn off at an angle and traces of secretions are signs that the shoe does not fit correctly. Therefore, regularly have your shoes inspected by a doctor or orthopaedic shoemaker.



How to make foot care into a simple ritual

Everyone can contribute a lot to making sure that diabetes will not cause further complications. Since the most common problems occur on the feet, they require your special attention.

Regular visits with a foot specialist are mandatory. You also have to engage in regular, intensive home foot care. Errors during foot care, e.g. using shears and sharp planes or clippers, often result in dangerous foot injuries.

Turn foot care into a daily ritual. Measures recommended by diabetes experts quickly become routine. They help you to avoid dry skin, excess callus, foot fungus, inflammation and similar risks. It is best to obtain advice from your foot care specialist. Special trainings with a diabetes consultant are also helpful for learning to take diabetes into account every day.

What you should note

- You should examine your feet and soles with a mirror at least once daily to check for redness, pressure spots, blisters, cracks, foreign bodies and injuries. Also do this after long walks, or after breaking in new shoes.
- File your nails off straight once a week with a sandpaper or diamond file. The nails should end parallel to the tip of the toe. Extremely rounded nail corners encourage nail bed inflammation and painful ingrown toenail edges. Absolutely avoid sharp instruments such as clippers, nippers, shears or pointed files. They are always associated with a risk of injury
- Sharp tools are also completely taboo when removing excess callus. Especially avoid callus planes, metal rasps, knives or shaver blades. Sandpaper callus files, natural pumice stone or a fine callus sponge are much more suitable. If you prefer a callus cream, pay attention to choosing foot care products with no skin-irritating salicylic acids.
- Foot baths are allowed when the skin is intact, however not longer than 3 - 5 minutes and with a maximum water temperature of 35 °C to avoid scalding. You should always measure the temperature of your footbath with a bath thermometer. Clean your feet with your hands or a soft washcloth – never with a hand brush or massage gloves. After the bath, dry the skin with a soft towel, and the spaces between the toes with a cotton swab.
- Dry skin should be treated once and very dry skin twice per day with a foot care product which has a sufficiently high content of fats and moisturising substances (urea).
- Use socks with no seams on the inside, preferably made from cotton. Synthetic socks are unsuitable, since they barely allow body sweat to evaporate.
- Disinfection and a sterile bandage are mandatory for small injuries. You should immediately see a doctor if you have larger injuries, signs of inflammation, fever or chills.
- You can encourage your foot circulation with mild home foot exercises and also strengthen the foot muscles in this way. The old principle also applies to diabetes: Exercise brings mobility.



Shorten your nails with a sandpaper or diamond file. File your nails off straight to avoid ingrown toenails.



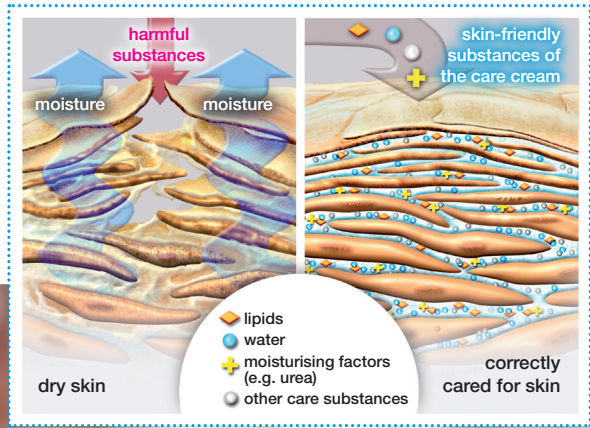
Dr. med. Renate Wolansky

Orthopaedist, sports medicine specialist, medical foot care provider, Naumburg

Obtain advice for product purchases

Dry, brittle skin which tends to develop callus is a frequent accompanying symptom of diabetes. The cracked skin barrier allows moisture to escape. Pathogenic agents can also enter easily. Care must aim to preserve the protective functions of the skin.

If the skin lacks fats and moisturising substances, it dehydrates. Suitable care products equalise such deficiencies.



When the skin is dry, the uppermost skin layer – also called the callus layer – lacks moisture and fatty substances (lipids). The skin feels rough, is scaly, lacks shine and elasticity, and tends to form more callus. Itchiness is another symptom, and a major problem for diabetics. Itchy skin leads to scratching. This can injure the skin, allowing it to become infected with pathogens. This may cause deep foot wounds – namely, diabetic foot syndrome.

How does dry skin form?

The outermost skin layer forms a kind of protective barrier. It keeps pathogens out, but also ensures that the amount of skin moisture which is evaporated out does not exceed the required amount to regulate body temperature. The barrier consists of various skin fats, dead skin cells (callus cells) and moisturising substances which store water in the callus cells. Due to its composition of various fats (lipids) and bound moisture, this outer protective layer is also called the hydrolipid barrier. The barrier function fails when there are too few fats and moisture. More moisture evaporates in this case, dehydrating the skin (also see the graphic).

What should care focus on?

Consequently, the goal of caring for dry foot skin must be to increase skin moisture. The Association of Dermopharmacy recommends care products which equalise dry skin's lack of moisture and fats, improving its barrier function. Suitable products should be easily absorbed from the user's perspective, but must absolutely have a sufficiently high fat content and may need to contain additional moisturising substances. Suitable products intensify the barrier effect, leading to better water inclusion into the upper callus layer. Furthermore, products used by diabetics should not contain allergy-triggering scents and preservatives.

Choices, choices...

Advertising often tells us that certain active substances are good for skin moisture. Of course there are such substances. However this should not distract us from the fact that a substance alone is never responsible for its efficacy – it's the entire recipe. The recipe should be composed according to pharmaceutical and dermatological perspectives so that its individual ingredients are of high quality and optimally complement each other's effects. The recipe should at least fulfill statutory requirements, but should ideally also be oriented to scientific recommendations and guidelines. At the same time, this means that the efficacy of the products should be proven by suitable scientific processes insofar as possible. This means better security for users. Choosing the right products by these criteria requires a certain amount of expert knowledge which e.g. the dermatologist, consulting pharmacy personnel and well trained foot care pros and podologists possess.



Dr. Joachim Kresken, Viersen
CEO of the GD Gesellschaft für
Dermopharmazie e.V.

It's the **recipe** which matters

Foot care products have to do a lot. Removing excess callus, providing protection against callus and foot fungi and returning lost moisture to dry skin are important care goals.



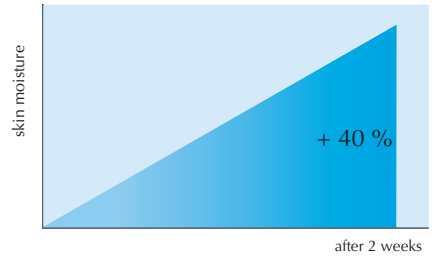
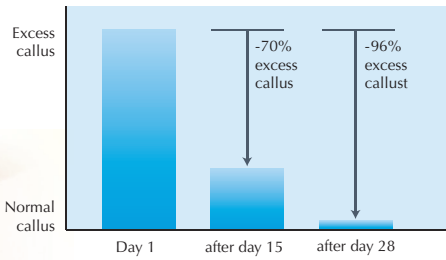
Foto: Prashant ZI | Fotolia

A well-nourished, resistant skin barrier is the best protection against dry skin and foot fungi.



GEHWOL products are available exclusively at foot care and podology practices, cosmetics institutes and pharmacies. There are good reasons for this. Each foot care cream is developed strictly according to dermatological and pharmaceutical criteria. That is, the ingredients are selected so that their effects complement each other

as well as possible. However this leads to complex recipes which require explanation. Well trained expert personnel can assess whether a product is suited to your needs. Pharmacies, foot care and podology practices as well as cosmetics institutes have this expertise. This is why GEHWOL is only sold there.



Source: proDERM Institute for Applied Dermatology Research

Available exclusively from pharmacies and foot specialists: GEHWOL med Callus Cream reduces callus. GEHWOL med Lipidro Cream supports the skin barrier, and lastingly prevents dry skin and new callus.

Reducing callus

For instance, GEHWOL med Callus Cream removes excess callus. Its skin-tolerant recipe ensures intensive moisture care. Among other things, it contains urea. This natural substance which was discovered in 1773 and repeatedly proven in cosmetics is one of the most important skin moisturising factors. In high concentrations, urea softens callus and loosens the compound of the callus cells. They are able to scale off normally again. Allantoin – a substance which occurs in horse chestnuts among other things – and silk extract also have skin smoothing properties. The combination of these ingredients reduces excess callus after a few days. After about 28 days, the foot skin has returned to a normally smooth, supple appearance.

Preventing callus

However, permanently avoiding callus means long-term foot care. GEHWOL med Lipidro Cream is suitable for this purpose. It supports the barrier function of the skin. An elastic skin barrier is better able to resist strains. Since the barrier is formed from a special mixture of lipid and moisture components between the callus cells, Lipidro Cream provides the skin



Dr. Martin Lührmann

Head of Gehwol Research
Eduard Gerlach GmbH, Lübbecke

with these specific components: The cream contains skin-friendly, rapidly absorbed fats of sea buckthorn and avocado oil and other moisturising substances. Urea is absolutely necessary. While reducing callus, it also binds moisture in and between the callus cells. Another protagonist from nature which is a master in storing nature: sea algae. They contain numerous minerals and moisturising substances. In the Lipidro Cream, a sea algae extract which is processed especially for cosmetic purposes supports the performance of urea. Together, these ingredients ensure that the barrier stays intact, limiting water loss. With good care, the skin cannot become cracked and dehydrated.

Do the foot check!

Shoes

- Is the upper part of the shoe deformed?
- Is the heel worn down on one side?
- Are the heels higher than two fingers?
- Do your toes touch the inside of the shoe?
- Do your heels touch the heel cap?
- Do you feel constrictions, eyelets or seams?
- Is the insole incomplete or wrinkled?
- Do you feel that the foot bed is too hard?

In these cases, the shoe is not suitable.

Socks

- Does the sock have inside seams?
- Is the sock made from synthetic fibres?
- Does the sock have elastic knit into the cuff?
- Do you feel or notice wetness from sweat?

In these cases, the sock is not suitable.

Naked feet

- Do you feel pressure spots or blisters?
- Do you see redness or swelling?
- Does the foot tend to develop weals?
- Do you have corns?
- Does the skin have cracks?

See a foot care pro. Have your shoes checked by an orthopaedic shoemaker.

How the skin feels

- Does your foot skin feel dry?
- Is the skin scaly and sensitive?
- Does your skin itch on your shins?
- Do you have a feeling that your skin is burning?
- Are there areas where the skin is callused?
- Does the skin have cracks?

Spoil your feet with a foot cream which provides fats and moisture. Gently remove callus.

Between the toes

- Do you see injuries?
- Is the skin wetting?
- Are there white coatings on the skin?
- Do you notice severe itchiness?

Foot fungus is suspected. See a doctor.

Nails

- Are the nails thickened or brittle?
- Do the nails have a white or yellowish discolouration?
- Are there structural changes of the nail plate?
- Is the lateral nail edge inflamed?

See a medical foot care pro or podologist if you have ingrown nails, and a doctor if you have nail plate changes.

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Everything for the well-being of the feet.