Although the rate of lower extremity amputations (LEAs) is declining, LEAs remain a significant problem in Nova Scotia...especially for people with diabetes.

**Diabetes and Lower Extremity Amputations in Nova Scotia** expands on the 2007 report. We are most pleased to see a 55% reduction in the rate of LEAs among people with diabetes between 1996/97-2012/13, exceeding the decrease observed among those without diabetes (50%). This outcome is extremely positive, especially in light of the growing number of adults with diabetes (from 5% to 11%). Again, building on the 2007 report, the Call to Action in our most recent report includes a number of recommendations and actions that span the health and wellness continuum from health promotion to prevention and disease management.

Although the rate of lower extremity amputations (LEAs) is declining, LEAs remain a significant problem in Nova Scotia...especially for people with diabetes.

**The LEA rate over time (1996/97-2012/13) reflects the number of people who had an LEA divided by the total population**

Between 1996/97 and 2012/13, the LEA rate decreased more among people with diabetes.

- **55%** among people with diabetes vs **50%** among people without diabetes

During the same period, the prevalence of diabetes doubled.

- From 5 out of 100 to 11 out of 100

Which means the same number of LEAs are being performed annually among people with diabetes.

281 LEAs per year in Nova Scotia

- **194** with diabetes vs **87** without diabetes

Annual number was stable over time for people with diabetes while it decreased over time for people without diabetes.

By 2012/13, 78% of LEAs were performed on people with diabetes.

There were more LEAs in Eastern Zone than expected based on the number of adults living there. This excess burden likely reflects...

- Ageing population
- Excess chronic disease
- Barriers to care

Eastern
- 19% of NS adults, but 28% of the LEAs

Central
- 41% of NS adults, but 29% of the LEAs

People with diabetes who had an LEA were in hospital 1-4 days longer than people without diabetes, regardless of the level of the LEA.

Data Source: Diabetes Care Program of Nova Scotia. Diabetes and Lower Extremity Amputations in Nova Scotia, November 2017 Click here to access the complete report and companion slide deck or go to http://diabetescare.nshealth.ca/reports-statistics/reports
**Recommendations**

**Educate Health Professionals**
- Make routine, documented, annual foot assessments and risk rating part of basic diabetes care
- Use standard foot assessment tools and supporting materials across settings and disciplines
- Convene a follow-up Diabetes Foot Care Roundtable

**Educate People With Diabetes**
- At diagnosis and routinely thereafter about potential foot problems and preventive practices
- Provide resources to guide how and when to access the healthcare system when the need arises
- Develop targeted materials and interventions for the most vulnerable, high-risk populations
- Partner with Diabetes Canada and consider the use of mass and social media to educate the general public

**Foot Care**
- Provide provincial healthcare coverage for routine foot care among people with moderate to high-risk feet

**Footwear**
- Develop guidelines for provincial needs-based healthcare coverage for appropriate footwear, orthotics, and off-loading devices for people with diabetes

**Treatment**
- Establish satellite clinics outside urban areas of practice from existing Vascular Leg Ulcer Clinics
- Develop criteria and approved mechanisms for direct referral to supportive foot care/vascular services
- Embed standard foot assessment tools and alerts within electronic medical records (EMRs)

**Psychosocial Determinants Of Health**
- Ensure primary care providers are aware of community resources
- Ensure foot care is provided using a holistic approach to prevention and treatment that considers the whole person and not just the foot pathology

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**For people with diabetes, the LEA rate was**
- **2x higher among males** than females

**For working age adults (20-59 years) with diabetes**, the LEA rate was
- **52x higher** than for people without diabetes

**At first LEA, people with type 1 diabetes were 13 years younger than people with type 2 diabetes.**

**Regardless of type, half of the people with diabetes died within 5-6 years of their first LEA.**