

CONTEMPORARY ASPECTS OF DIABETIC FOOT SYNDROME PHARMACOTHERAPY

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Diabetic foot syndrome is a late-stage complication of diabetes mellitus characterized by prolonged healing, high probability of amputation of one or both extremities and, thus, handicapped status and substantial economic losses. Having regard to the large expenses caused by diabetic foot syndrome the priority line in treatment of foot ulcerous lesions is organ-preserving strategy.

The purpose of study was review of national and international recommendations for contemporary methods of diabetic foot syndrome pharmacotherapy.

The materials of study were: recommendation of International Working Group on Diabetic Foot (IWGDF), showing the principles of lower extremities chronic ulcerous lesions treatment of the persons suffering from diabetic foot syndrome, national standards of treatment of persons suffering from diabetes mellitus and “Algorithm of Specialized Medical Aid to Persons Suffering from Diabetes Mellitus in Russian Federation” including recommendations of International Diabetic Federation (IDF 2005), American Diabetic Association (ADA 2011) as well as the data based on the results of completed international studies (ADVANCE, ACCORD, VADT, UKPDS, etc.)

Results of study: On the data of analyzed sources, irrespective of the degree of diabetic foot syndrome patient extremity ulcerous lesion the following components of conservative treatment may be marked out: unloading of affected extremity, compensation of carbohydrate metabolism, antimicrobial therapy of secondary infection and application of up-to-date means for local wound treatment (choice of dressing, application of the most efficient surgical aid and adjuvant treatment methods). In selection of ulcerous lesion local treatment means some peculiarities of wound healing process in diabetes mellitus patients must be considered (lower epithelization rate, propensity to infection process generalization and some other factors). The selection of dressing must correspond to the stage of wound healing process, support the humid condition in wound, control the level of effluent and prevent maceration lips of the wound (1st proof level). In case a traumatic defect is not reduced by 40% within 4 weeks of treatment therapeutic practice must be changed. Adjuvant treatment methods (donor skin transplantation, vacuum therapy, local growth factor treatment) may be applied only when traditional therapy turns to be ineffective (1st proof level).

Conclusion: Contemporary lines of diabetic foot syndrome, pharmacotherapy were analyzed on the materials of national and international recommendations.