## Management of Diabetic Foot Ulcers

I read with interest your editorial on "Management of Diabetic Foot Ulcers: some bitter facts and harsh realities".[1] I agree with your observations that peripheral vascular disease as cause of foot ulcers is much less common in Pakistan than is generally seen in the West.

I made a similar observation in one of my articles "Clinical diabetes mellitus in Pakistan" in 1981.[2] The frequency of other cardiovascular diseases as well as micro vascular disease has seen a greatly upward trend over the last three decades. However, the peripheral vascular disease is still relatively less than seen in the West.

The syndrome of diabetes and its changing trends offer much focus for research which I am sure is receiving the attention from those interested in the field. For those interested I may suggest a monograph "Epidemiology of vascular complications of diabetes mellitus" by Kelly West. I was in touch with him but he unfortunately died in 1983 while doing research in China.

### REFERENCES

1. Jawaid SA, Jawaid M. Management of diabetic foot ulcers: some bitter facts and harsh realities. Pak J Med Sci 2006; 22:97-100.
2. Haider Z, Obaidullah S. Clinical diabetes mellitus in Pakistan. J Trop Med Hygiene 1981; 84.

Dr. Zulfiqar Haider FRCP
329-S, Phase-11,
Defense Housing Society,
Lahore Cantt. Pakistan.

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I read with interest your editorial on Management of diabetic foot ulcers. You are doing a wonderful job in raising awareness for the serious problems of the diabetic foot disease.

Karel Bakker
Chairperson
International Working Group on Diabetic Foot
E mail: karel.bakker@hetnet.nl

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Congratulations on writing a very educative editorial "Management of diabetic foot ulcers" in the April-June 2006 issue of Pakistan Journal of Medical Sciences.[1]

As regards the study mentioned by Prof. Faisal Masud on treatment of foot ulcers with soaking of ulcerated feet in a solution of tincture of iodine used in one liter of 75% ethyl alcohol and comparing it with ofloxacin, I would like to make the following observations. Antibacterial ofloxacin is not an appropriate antibiotic to treat diabetic foot ulcers as ofloxacin is not very effective against gram positive organisms like staphylococcus aureus, streptococcus as well as anaerobes. The main organisms involved in the causation of infections in the diabetic foot. I have looked into many guidelines issued by various authorities and have not found ofloxacin recommended for the treatment of diabetic foot infections. The antibiotic recommended for the treatment of diabetic foot infections are co-amoxicilox, third generation cephalosporins and metronidazole. Furthermore the recovery period of 2.8 weeks with this solution shows that the patient did not suffer from severe infections which are commonly seen in our environment.

You have given some very useful suggestions for tackling the problem of diabetic foot ulcers. The main emphasis should be on prevention, early diagnosis and treatment. This requires proper education of doctors, nurses and paramedics.

Primary health care system needs to be organized on sound foundations so that patients are treated effectively and lesser number of patients is referred to secondary and tertiary care facilities. Diabetes mellitus is spreading like an epidemic in Pakistan. It has been found out that diabetes mellitus, ischemic heart disease and hypertension are more common amongst people born with low birth weights. Female child needs better nutrition and antenatal care facilities during pregnancy.

Childhood obesity needs to be prevented by proper diet and physical exercises etc. Diagnosis at the stage of glucose-intolerance i.e. metabolic syndrome and its management will be preventive.

### Glimepiride study on Type-2 diabetic subjects

I have the following comments on the article "Glimepiride study on type-2 diabetic patients.[2] In the introduction it is stated that insulin is usually added when the patient's glycaemic control becomes unsatisfactory on 4mg of Glimepiride in daily practice.

According to my knowledge if the glycaemic control is unsatisfactory on treatment with the full dose of sulphonylurea i.e. 8mg of Glimepiride (equivalent doses of other sulphonylurea) then other oral hypoglycemic drugs like metformin/glitozones/acarbose are added before insulin is considered for the treatment of type-2 diabetes mellitus patients.

Usually obese type-2 diabetics are placed on metformin therapy right from the beginning and other oral sulphonylurea are added later on. In this article glimepiride's trade name has also been published which amounts to drug promotional activity which should be avoided. Most of the diabetic patients and institutes in Pakistan need to use cost-effective medications. Glimepiride is the most expensive sulphonylurea. Academic institutions should refrain from encouraging the promotion of expensive drugs.

### REFERENCES


1. Jawaid SA, Jawaid M. Management of diabetic foot ulcers: some bitter facts and harsh realities. Pak J Med Sci 2006;22:97-100.
2. Hydrie MZI, Gul A, Rubina H, Ahmadani Y, Basit A. Glimepiride study on Type-2 diabetic patients. Pak J Med Sci 2006;22(2):132-5.



Lt. Gen. (Retd) Mahmud Ahmad Akhtar
43-Race Course Road,
Rawalpindi. Pakistan.


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### Prioritizing patients for coronary angiography using simplified treadmill score in high risk Asian subjects in Saudi Arabia

Reference my above manuscript published in the journal in April-June 2006 issue. I wish to point out that inadvertently in the first table, third column on page 123 in score for diabetes in women "Yes = 50" is missing. Kindly make the necessary correction in the next issue.


Dr. Syed Iftikhar Ali FCPS
E mail: iftik61@hotmail.com


*Note: The necessary correction has been carried out in the online edition of the journal. (www.pjms.com.pk) - Managing Editor*

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### Characteristics of Reviewers and quality of reviews

First of all I would like to express my admiration for this manuscript "Characteristics or Reviewers and Quality of Reviews: A retrospective study of reviewers at Pakistan Journal of Medical Sciences".[1] I really got a lot of information which is very useful for me and my colleagues in my department. I would appreciate if you have any additional reading for such papers and also if you have books that deal with critical evaluation of papers like PhD thesis etc.

### REFERENCES


1. Jawaid SA, Jawaid M, Jafary MH. Characteristics of reviewers and quality of reviews: A retrospective study of reviewers at Pakistan Journal of Medical Sciences. Pak J Med Sci 2006; 22(2):101-6.



Dr. Younis Abdelwahab Shaikh
E mail: y_skaik@hotmail.com