

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Scope for update (starting 2022)

### Diabetic foot problems: prevention and management (update)

NICE is updating the guideline on diabetic foot problems: prevention and management (NG19). The guideline was originally published in 2015 and last updated October 2019. It was developed as set out in the [original scope for NG19](#). This document sets out the area(s) of the guideline that will be reviewed in 2022.

#### Rationale for the update

There is new evidence from a Health Technology Appraisal that considered risk assessments for foot ulcerations in diabetes which indicates that recommendations on assessing the risk of developing diabetic foot problems may need to be updated. Full details are set out in the set out in the [surveillance review decision](#).

The update will be developed using the methods and processes in [developing NICE guidelines: the manual](#).

#### 1 Who the scope update covers

The scope update covers people with type 1 or type 2 diabetes.

- No specific subgroups of people have been identified as needing specific consideration.

#### Equality considerations

The [equality impact assessment](#) for the original guideline lists equality issues identified, how they have been addressed and explains why any populations were excluded from the scope. Socioeconomic factors were previously identified as an issue. No additions were made to this equality impact assessment that are specific to this update.

## **2 Activities, services or aspects of care covered by the update**

We will look at evidence in the areas below when developing this update. We will consider making new recommendations or updating existing recommendations in these areas only.

- 1 Assessing the risk of developing a diabetic foot problem
  - Frequency of assessment
  - Assessing the risk of developing a diabetic foot problem
  - Managing the risk of developing a diabetic foot problem

For all other sections of the guideline, there will be no evidence review and we will retain the existing recommendations.

## **3 Draft review questions**

We have identified the following draft questions:

- 1 Assessing the risk of developing a diabetic foot problem
  - 1.1 In people with diabetes which risk assessment models/tools better predicts the development of diabetic foot problems?
  - 1.2 How often should people with diabetes who are at low risk, moderate risk or high risk of developing a diabetic foot problem or needing an amputation be reviewed?

## **4 Economic aspects**

We will take economic aspects into account when making recommendations. The health technology report that triggered this update provides details of an economic model relating to these review questions. This economic analysis and any other relevant economic reviews can be used to inform the committee's decision making

and no further economic modelling is needed. We will review the economic evidence

, using an NHS and personal social services (PSS) perspective, as appropriate.

## 5 Draft PICO table for the review questions

In people with diabetes which risk stratification models/tools better predicts the development of diabetic foot problems?

Population	People with type 1 or type 2 diabetes
Intervention	Risk assessment models/tools/systems for risk of foot problems in people with diabetes.
Comparison	Other assessment system
Outcome	<ul style="list-style-type: none"> <li>• Clinical endpoints: <ul style="list-style-type: none"> <li>- foot ulcer incidence</li> <li>- soft tissue infections</li> <li>- osteomyelitis</li> <li>- gangrene incidence</li> <li>- amputation (major and minor)</li> <li>- Charcot arthropathy</li> <li>- critical limb ischaemia</li> <li>- mortality</li> </ul> </li> <li>• Rates of A&amp;E/hospital admission</li> <li>• Quality of life</li> <li>• Resources use and costs</li> </ul> <p>For each outcome, metric measures will be reported where available, for example:</p> <ul style="list-style-type: none"> <li>• Odds ratios//hazard ratios</li> <li>• Model fit statistics (for example <math>R^2</math>, Brier score)</li> </ul>

	<ul style="list-style-type: none"> <li>• Discrimination (for example C statistic, area under ROC curve).</li> <li>• Calibration (for example calibration slope)</li> </ul>
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How often should people with diabetes who are at low risk, moderate risk or high risk of developing a diabetic foot problem or needing an amputation be reviewed?

Population	People with type 1 or type 2 diabetes
Intervention	Review schedules of varying frequency
Comparison	Other review frequency schedules
Outcome	<ul style="list-style-type: none"> <li>• Foot ulcer incidence</li> <li>• Soft tissue infections</li> <li>• Osteomyelitis</li> <li>• Gangrene incidence</li> <li>• Amputation incidence (major and minor)</li> <li>• Charcot arthropathy</li> <li>• Critical limb ischaemia</li> <li>• Mortality</li> <li>• Rates of A&amp;E/hospital admission</li> <li>• Quality of life</li> <li>• Resource use and costs</li> </ul>

## 6 NICE quality standard that may be updated by this guideline

- Diabetes in adults (2011) NICE quality standard QS6

## 7 Further information

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the [Welsh Government](#), [Scottish Government](#) and [Northern Ireland Executive](#).

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