

Recommended Reading

Letter to the Editor re: Herraiz-Adillo, Á et al. The accuracy of toe brachial index and ankle brachial index in the diagnosis of lower limb peripheral arterial disease: A systematic review and meta-analysis

Read it: [https://www.atherosclerosis-journal.com/article/S0021-9150\(22\)00067-3/fulltext](https://www.atherosclerosis-journal.com/article/S0021-9150(22)00067-3/fulltext)

My colleagues and I were concerned about the results published in the article “The accuracy of toe brachial index and ankle brachial index in the diagnosis of lower limb peripheral arterial disease: A systematic review and meta-analysis.” We know the importance of vascular assessment for the detection of PAD.

We have therefore written to the Editor to obtain certain details and to highlight certain very important elements during research on the ABPI, including the instrument used and the method of calculation as well as to take into account the populations studied in order to carry out analyses of subgroups, especially for patients with diabetes and PAD. At the same time, this exercise made it possible to raise methodological biases. The editor and authors of the article, and we, are satisfied with the clarifications provided.

Original article: Herraiz-Adillo, Á. Cavero-Redondo I, Álvarez-Bueno C. Pozuelo-Carrascosa, DP, Solera-Martínez M. The accuracy of toe brachial index and ankle brachial index in the diagnosis of lower limb peripheral arterial disease: A systematic review and meta-analysis. Atherosclerosis. 2020;Dec;315:81–92.

Letter to the Editor: Patry J, Bernatchez J, Beaumier M. Blanchette V. (2022). Improving the sensitivity of the ankle brachial index using an alternative calculation method in the diagnosis of lower limb peripheral arterial disease. Atherosclerosis. 2022. S0021-9150 (0022) 00067-00063.

Response to Letter to the Editor: Herraiz-Adillo, Á. Cavero-Redondo I, Álvarez-Bueno C. Pozuelo-Carrascosa, DP, Solera-Martínez M. (2022). Reply to: “Improving the sensitivity of the ankle brachial index using an alternative calculation method in the diagnosis of lower limb peripheral arterial disease.” Atherosclerosis. 2022. S0021-9150 (0022) 00066-00061.

Reviewer: Maryse Beaumier, RN, PhD

Health service organisation impact on lower extremity amputations in people with type 2 diabetes with foot ulcers: Systematic review and meta-analysis

Read it: <https://link.springer.com/article/10.1007/s00592-020-01662-x>

This study aims to evaluate the impact of organizational aspects of care on lower extremity amputation rates among people with type 2 diabetes affected by foot ulcers. Results indicate that specific organizational arrangements, including multidisciplinary teams and care pathways, can prevent up to half of amputations in people with diabetes and foot ulcers. Further research needs to identify specific roadblocks to translating evidence into action. These may be structures and processes at the health system level, e.g., availability of professionals with the right skillset, reimbursement mechanisms and clear organizational intervention implementation guidelines.

Meza-Torres B, Carinci F, Heiss C, Joy M, de Lusignan S. Health service organisation impact on lower extremity amputations in people with type 2 diabetes with foot ulcers: Systematic review and meta-analysis. Acta Diabetologica. 2021;58:735–47.

Reviewer: Tom Weisz, BA, DCh, IIWCC

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Patient data and photos courtesy of Robert J. Klein, DPM, FACFAS, CWS; Department of Surgery, University of South Carolina – School of Medicine, Greenville, South Carolina. As with any case study, the results and outcomes should not be interpreted as a guarantee or warranty of similar results. Individual results may vary depending on the patient's circumstances and condition.

Foot-in-wallet disease: Tripped up by “cost-saving” reductions?

Read it: <https://diabetesjournals.org/care/article/37/9/e196/29344/Foot-in-Wallet-Disease-Tripped-Up-by-Cost-Saving>

In the U.S., podiatric services are considered to be optional under Medicaid, with an underlying assumption that these services are elective and can be performed by other providers. In 2009, Arizona Medicaid cancelled podiatry coverage to save costs. Follow-up studies demonstrated that for each \$1

saved by the elimination of podiatrist reimbursement, the associated increase in hospitalization charges was \$48 (i.e., \$351,000 saved annually from podiatry vs. \$16.7 million incurred per year via increased hospitalizations).

NB: Similar results were found when a comparable loss of podiatric care occurred in the UK.

Skrepnek GH, Mills JL, Armstrong DG. Foot-in-wallet disease: Tripped up by “cost-saving” reductions? Diabetes Care. 2014;37:e196–e197.

Reviewer: Tom Weisz, BA, DCh, IIWCC



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