

THE NETWORK: TOWARDS UNITY  
FOR HEALTH & FACULTAD DE MEDICINA,  
UNAM, PRESENT



THE NETWORK  
TOWARDS UNITY FOR HEALTH



Facultad de Medicina



# TUFH2020 MEXICO

VIRTUAL CONFERENCE

"PRIMARY HEALTH CARE: A PATH  
TOWARDS SOCIAL JUSTICE"

SYSTEMS AND COMMUNITY BASED  
RESPONSES TO COVID-19

SEPTEMBER 23-25, 2020

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## TUFH 2020 Abstracts

<b>Title</b>	Identification of cases at risk for foot lesions with the application of the DFSQ-UMA instrument as a proposal in the context of a national preventive program focused on diabetes mellitus population.
<b>Type</b>	Oral Presentation <i>Intersectoral Collaborations and the Social Determinants of Health</i>
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<b>Country</b>	México
<b>Abstract N°</b>	TUFH533
<b>Content</b>	<p>Background: Although a national preventive program in México ponders the identification of the "foot at risk" in diabetes mellitus patients by means of monofilament plantar application considering neuropathy as a major "intrinsic" factor for foot ulceration, the DFSQ-UMA instrument is a scrutiny questionnaire related to patient hygiene and foot care, meaning an autoevaluation of "extrinsic" factors for foot ulceration which under an "a priori" judgment may identify "cases at risk" for foot lesions. Methods: This project proposes the use of the DFSQ-UMA instrument as a practical tool based on "patient reported outcomes" (PRO) which as a general objective may be aligned to a national preventive program in México to identify "cases" at risk for foot lesions rather than "feet" at risk of ulceration. A particular objective of the project is to promote foot health awareness as a medical practice habit in training physicians during internship and social service general practice. Results: The DFSQ-UMA instrument which has been validated and is simple to use, may potentially help identify foot health habits in diabetes mellitus patients in which an educational intervention warrants an opportunity for public health promotion and prevention as well as a research chance regarding social and economic factors related to foot health habits. Conclusion: Management of risk for loss of lower extremity in patients with diabetes mellitus should be focused on a "culture" of lower extremity health involving feasible evaluation tools related to patients health habits and physician participation.</p>