

INTRODUCTION

A considerable percentage of people, approximately 19–34% of people living with diabetes, have diabetic foot ulcers (DFUs), a serious consequence of diabetes mellitus.¹ The COVID-19 lockdown period has been associated with a heightened risk of preventable amputations, with a 54.1% increase in major amputations during the pandemic. This surge may be attributed to factors like irregular hospital visits, poor dietary habits, and non-adherence to care, highlighting the importance of addressing the psychological challenges as well linked to DFUs and amputations.²

A variety of emotional reactions, such as worry, sadness, and a sense of powerlessness, are part of the psychological elements of an individual with a diabetic foot. These reactions make it more difficult to manage the illness, which impacts a patient's long-term health outcomes, ability to manage their condition, and adherence to treatment plans appropriately. Achieving holistic care and enhancing the patient's general health requires addressing the mental health components of DFUs with suitable and relevant psychological interventions. This chapter explores the psychological and emotional effects of DFUs, emphasizing how these problems affect patient outcomes and care.

THE EMOTIONAL TOLL OF DIABETIC FOOT

For people, receiving a DFU diagnosis can be distressing. Fear of impairment or amputation, worry, and depression are the most frequently reported psychological impacts. Mental health significantly deteriorates when they experience physical symptoms like pain, ulceration, and infections.