**Assessment of Foot Pain or Discomfort in Patient with Diabetes**

(Please undertake assessments 1 and 2)

**Assessment 1: The Edinburgh Claudication Questionnaire: CAD/PVD**

* A positive questionnaire diagnosis of claudication is made only if the “correct” answer is given to all questions. This means that each answer must match

|  |  |  |  |
| --- | --- | --- | --- |
| Questions | | Expected  Answer | Patient Answer |
| 1. Do you get pain or discomfort in your leg (s) when you walk?   =Yes =No =Unable to walk   * If you answered “yes” to question 1, please answer the following questions | | Yes |  |
| 1. Does the pain ever begin when you are standing or sitting still? | | No |  |
| 1. Do you get it when you walk uphill or in a hurry? | | Yes |  |
| 1. Do you get it when you walk at an ordinary pace or level? | | Yes |  |
| 1. What happens if you stand still?  * Usually continues for more than 10 minutes? * Usually disappears in 10 minutes or less? | | No  Yes |  |
| 1. Where do you get the pain or discomfort?   Mark the place(s) with an “X” on the diagram | | | |
|  | | | |
| Action | Refer to vascular team for assessment | | |

**Assessment 2: Assessment for Neuropathic Pain**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | Answer |
| 1. Does the patient complain of **ANY** of the following in their feet? | | * Pain caused by stimulus that does not usually cause pain |  |
| * Severe pain in response to a stimulus that usually causes some pain |  |
| * Unpleasant, abnormal sensation such as numbness, pins and needles or burning |  |
| * Abnormal sensation which is not unpleasant |  |
| **If the answer is “YES”, then the symptoms are likely to be due to peripheral neuropathy.**  Peripheral neuropathy due to diabetes usually involves both feet symmetrically. If the symptoms of neuropathy are unilateral, then causes other than diabetes must be considered. | | | |
| **Action** | If neuropathic pain is suspected refer to a clinician for treatment. Follow advised treatment guide on page 2 of this document. | | |

NB- neuropathy and claudication can co-exist

If the patient’s symptoms are not characteristic of either neuropathic pain or claudication pain, then refer to the GP for further investigation.

**Diabetic Peripheral Neuropathy (DPN)**

The most common type of diabetic peripheral neuropathy (DPN) is a bilaterally symmetrical (involving both lower limbs), sensory (involving sensations), distal (starts from the feet and ascends upwards) neuropathy.

**Pharmacological Management of pain\***

**1st line:** use any one of

* Amitriptyline 10 mg OD
* Duloxetine 60 mg OD
* Gabapentin 300mg TDS
* Pregabalin 50 mg TDS

**2nd line:** offer any one of the remaining three

**3rd line:** offer any one of the remaining two

\*Dose adjustment may be required for renal or hepatic dysfunction. Be aware of contraindications and side effects when prescribing each medication.

**Treatment considerations:**

* Assess severity of pain and impact on lifestyle
* Discuss risks and benefits of pharmacological treatment
* Take into account overlap of treatment, avoid deterioration in pain.
* Review early for dose titration and tolerability.
* Review regularly for pain control, impact on lifestyle, side effects and need for continued treatment.
* Taper dose when withdrawing or switching treatment.
* Improve glycaemic control

Consider Capsaicin cream for localised neuropathic pain in those who wish to avoid/ cannot tolerate oral treatment.

Consider Tramadol for acute rescue therapy ONLY

**Specialist Pain Team Referral for:**

* Severe pain
* Limitation of activities of daily living
* Deterioration in health

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