Dear Editor,

Foot problems are seen by many as an inevitable part of ageing. In older people, disabling foot lesions cause pain and discomfort leading to a decreased ambulatory status, immobilization and thus dependence.

In Hong Kong, podiatry is a relatively new profession and services are not fully developed. It is important to establish the foot care needs of older people in order to predict the level of podiatry required in the future.

We carried out a survey at Tuen Mun Hospital, to find the prevalence of foot problems and pattern of foot conditions in an ambulatory elderly group, from the 23rd of November 1996 to the 19th of April 1997. We hope that this data can be used to predict the level of Podiatry care required for our locality in the future.

We recruited the subjects from an elderly hostel which was under the service of our Community Geriatric Assessment Team. Each subject had details of epidemiological data including age, sex and medical history recorded. The ambulatory status for each individual was classified as unaided walker, walker with aids or walker requiring supervision. In addition, two basic questions were asked of each subject. The presence of foot pain and whether assistance was required in basic foot care including nail cutting were asked. After completion of the questionnaire, all subjects were assessed and examined by the same podiatrist throughout.

The clients foot wear was assessed for a suitability of style which was appropriate for the foot shape, and whether or not it fitted the foot correctly. Foot hygiene was subjectively determined by the examiner, on a scale of good, average or poor. At the former end of the scale, the feet were clean; nails were cut correctly and there was no interdigital debris. On the latter end, the feet were neglected, visibly dirty, interdigital debris present or nail cutting required. The skin condition of both feet was observed and recorded as normal, anhydrotic or hyperhydrotic. The feet were inspected for any deformities. Pathological calluses were recorded if present, according to their location on the foot. Nail dystrophies such as onychogryphosis, onychomycosis and onychocryptosis were noted. Wounds, if present, were assessed and graded according to the Sessing Wound Scale.

All of the ambulatory subjects from the hostel were selected for the study, there were 52 recruited. Four subjects defaulted their assessment appointment; hence, only 48 participants were included in the survey. Forty two were female (87.5%), and 6 were male (12.5%). Their ambulatory status was 31 unaided walkers (64.5%), 16 used aids to walk (33.3%) , while one subject required supervision. The age range was 67 to 95 years, with a mean age of 80 years.

There were 36 subjects (75%) found with foot problems, the number of problems found in subjects ranged from one to five. The foot examination revealed that there was 19 (39.5 %) subjects with pathological callus and corn, this was the commonest foot problem. Of those 37% had ill fitting footwear. Sixteen (33.2%) patients had nail dystrophies. Onychogryphosis and onychomycosis accounted for 68% and 18% of nail dystrophies respectively. Nine subjects (18%) had poor foot hygiene. Only 32 subjects (66.8%) wore footwear with correct fitting and suitable style. For the foot deformity, Hallux abducto valgus was the most common, it was found in 20% of all the clients assessed, of which 58% had associated corn and callus. Twenty five percent of the total group assessed needed further podiatry assessment and treatment. Thirteen of the subjects (27%) complained of foot pain on the examining day. Foot pain was determined subjectively and there was no pain scale related to actual foot problems present. There was no correlation made between foot problems and the ambulatory status of the

Fig.1 Range of foot problems found in 48 patients
patients. Fig.1 shows the range of foot problems found in this group.

Discussion

Current studies confirm a high incidence of foot problems in older people. In this study, a high percentage of subjects (75%) had foot problems, of which 31% of them had foot pain in presentation.

The high prevalence of corns and callus cannot be solely attributed to ill-fitting footwear as deformity alone was responsible in some of the subjects. Previous studies have found that many elderly patients were unable to attend to their own foot care, especially nail cutting. However, all our studied subjects claimed to be independent in their foot care before the study. There may be many reasons for this. As a general observation older Asian people are more agile than their Western counterparts and thus would be more able to cut their toenails. The agility of different racial groups could be further investigated. In addition the subjects were living in a hostel where they managed their own personal hygiene including their foot care, and there were no podiatry services available to them, which rendered them to care for their feet themselves. After the study, the high prevalence of foot problems found among the subjects indicated that they were incapable of carrying out their own foot care. The range of foot problems found was widespread and twenty five percent of the subjects needed to be referred to the Podiatrist for further treatment, these problems included dystrophic nail conditions and plantar keratosis requiring manual reduction and palliative orthoses manufacture. Through education by a Podiatrist to carers and personal care workers in techniques of basic foot care, foot hygiene, nail care, skin care and footwear, many of the problems found could be prevented. The fact that many of the patients had a foot problem highlights the need for this intervention.

This study was done on the residents of a government subvented hostel. Although all the subjects were independent in their activities of daily living, and they had already received better care than those living in the community, a high prevalence of foot problems was still detected in this group. It is a fair guess that there would be a higher proportion of elderly living in the community with foot problems. A further study using a different elderly client group, such as those living at home or private aged homes could be conducted to clarify this postulation.

During geriatric assessment the patients feet should be examined and appropriate referrals should be made to the podiatrist. Podiatry intervention for patients with foot problems can help to keep those with pain, symptom free.

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