

MEETING ABSTRACTS

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## O01

### Intermittent claudication – how frequently is it misdiagnosed in the primary care sector?

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**Background:** The commonest symptom of peripheral arterial disease (PAD) is intermittent claudication (IC). This is associated with an increased risk of myocardial infarction, stroke and cardiovascular mortality. Often patients consult general practitioners (GPs) within primary healthcare sectors. These patients are often referred to the vascular surgeon for specialist assessment and possible revascularisation. Misdiagnosis of IC at the primary visit may lead to inappropriate referral and delayed treatment.

The aim of this study was to determine what proportion of patients referred for intermittent claudication by GPs in Malta for specialist vascular assessment actually have vascular disease.

**Methods:** A cross-sectional observational study was conducted, where all patients referred to a vascular clinic in a local hospital between July 2016 and May 2017, due to IC were invited to participate. Individuals who gave informed consent to participate were assessed for PAD by hemodynamic analysis including Doppler waveforms, ankle-brachial pressure index (ABPI), absolute toe pressures and toe-brachial pressure index (TBPI). A full medical history including medications taken to assess current risk factor control and associated participant demographics were noted.

**Results:** A total of 107 participants were recruited. Fifty-five participants (51.4%) had a confirmed diagnosis of PAD with abnormal Doppler waveforms, sub-optimal ABPI and /or absolute toe pressures and TBPIs. Forty-nine participants (45.8%) had been misdiagnosed, since they presented with triphasic waveforms and normal ankle and toe pressures, indicating no significant vascular impairment. Two participants had possible mixed aetiology of symptoms with marginally abnormal hemodynamics and also spinal stenosis. Ten participants (9.3%) were found to have a systolic blood pressure >160mmHg and were referred to the GP since they were not taking antihypertensive therapy. Eighteen (11.5%) participants were referred back to their GP for risk factor management such as antiplatelet and statins after diagnosis of PAD was confirmed.

**Discussion:** Results demonstrate that the diagnosis of PAD cannot be based solely on clinical symptoms of IC but requires further hemodynamic analysis prior to referral to the vascular surgeon. Differential diagnosis from other conditions which may mimic IC, such as spinal stenosis, is necessary to improve the efficacy of referrals. Inappropriate referrals lead to unnecessary clinical load on a relatively small department resulting in delayed routine new appointments with the vascular surgeon.

Doppler waveform analysis, ABPI and TBPIs are essential tests performed by podiatrists as part of the investigation of symptoms of IC. Use of such haemodynamic testing prior to referral to vascular

surgery ensures that patients are only referred where haemodynamic abnormalities are detected as well as identifies those patients with more severe disease, ensuring appropriate prioritisation of cases. Furthermore, immediate referral for appropriate risk factor control in patients with confirmed PAD can be implemented and can lead to a reduction in major cardiovascular events. Additionally, effective referral pathways can also be implemented in those patients who present with symptoms similar to IC due to alternative diagnosis. In patients with IC, haemodynamic analysis at primary care level is recommended in order to ensure appropriate and efficient patient referral and decrease the risk of morbidity.

## O02

### Ethical practice - the difference between knowing and doing

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**Background:** Moral complexities exist in every day health care practice creating conflicting responsibilities in providing care. Health care ethics (HCE) enable an applied practical linkage of theory and practice to create professional behaviour that focuses on service user benefit.

This presentation summarises a PhD thesis which was an exploration of how physiotherapists and podiatrists embodied health care ethics in their practice. The findings presented locates health care ethics pertinent to physiotherapy and podiatry in the context of contemporary practice in the UK.

**Methods:** how the study was performed and statistical tests used Interpretative Phenomenological Analysis (IPA) as a hermeneutical approach was utilised in order to explore how HCE informs physiotherapy and podiatry practice. Whilst always involving interpretation, this method has the ability to describe the human experience as it is lived. Using a framework embedded in hermeneutic IPA facilitated an inquiry that promotes the participant's own reflections of experiential practice (phenomenology) and then interpreting them (hermeneutical) in the relevant and wider context.

Purposively sampled individual interviews were carried out ( $n=21$ ) in an attempt to interpret the participants' lifeworld of embodied HCE. The preliminary findings were taken to one purposively sampled group interview for discussion which contributed to further interpretation.

**Results:** Five themes emerged from the data. The themes indicated that there is a desire by participants to extol ethical practice, but acknowledged various limitations in the reality of achieving this. The participant's host organisation has a cultural role in contributing to the individual's actions and behaviours. The individual's ethical compass can be blinded by the need for cognitive consonance and the utilitarian ethical approach adopted in health care organisations. The place of empathy has a key role in HCE for clinical reasoning and decision making which may prevent health care practitioners (HCPs) from passively following performance guidelines and checklists. If empathy and virtue ethics can be taught and utilised by HCPs