



USE OF DERMATONICS ONCE

Case studies

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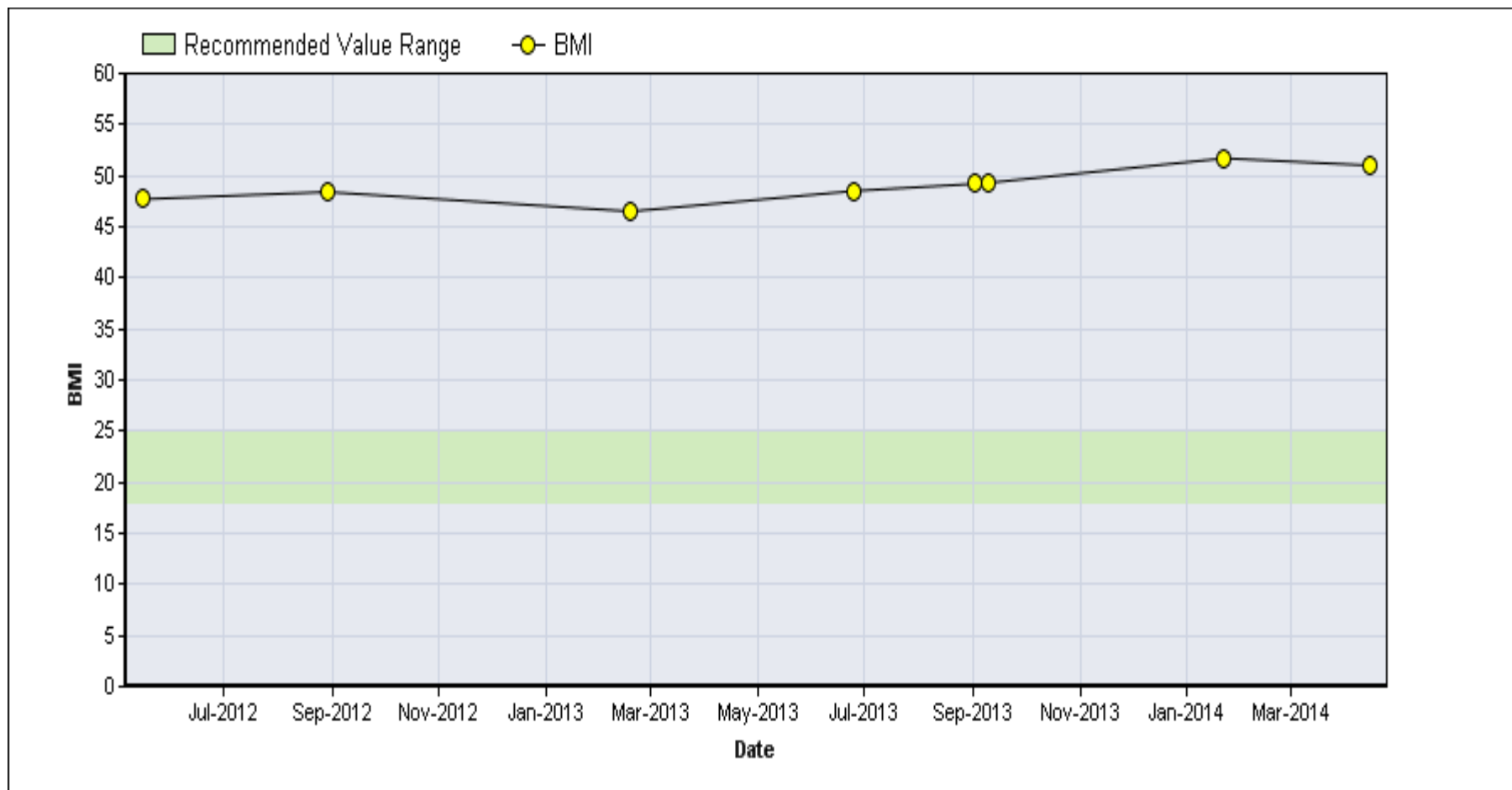
NHS Highland

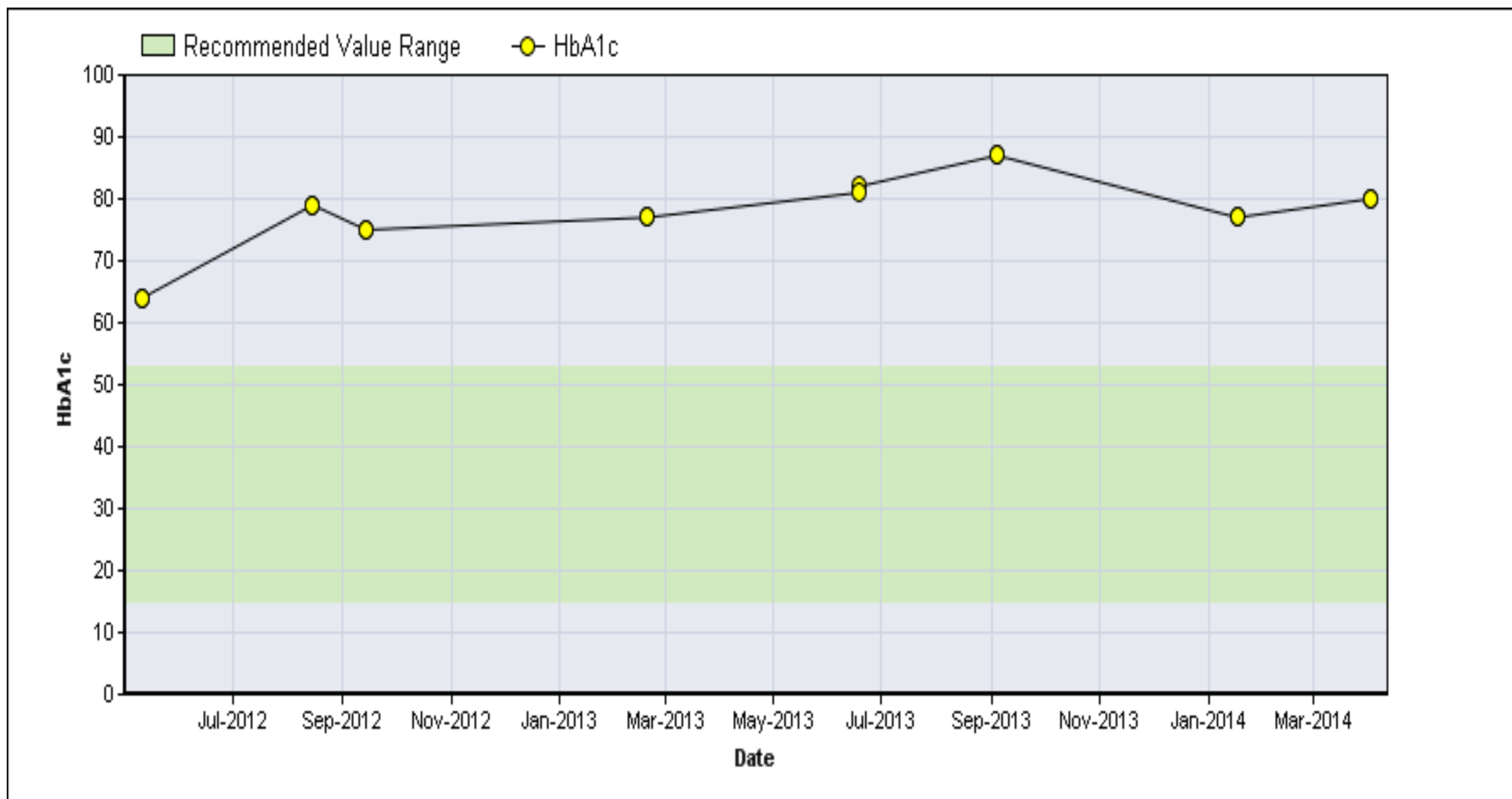
Diabetes Foot Conference, Glasgow 2014

Case 1



- Male
- 62 years old
- Married
- Taxi driver
- Non smoker
- T2 diabetes (2000)
- Hx of Gout
- Atrial Fibrillation
- Allopurinol 300mg(1 daily)
- Aspirin 75mg (1 daily)
- Atorvastatin 10mg (1 daily)
- Doxazosin MR 8mg (1 daily)
- Gliclazide 80mg (1 twice daily)
- Indapamide 2.5mg (1 daily)
- Metformin 500mg (2 three x daily)
- Quinapril 20mg (1 daily)
- Sitagliptin 100mg (1 daily)





Case 1 – Podiatric History

- 2012 – bilateral first mycotic total nail avulsion
- Hx of fungal skin infection
- Hx of anhidrosis and fissuring
- GP prescribed Diprobase & steroid cream
- Low risk ulcer status – palpable pulse
- Monofilament 9/10
- Skin Status Grade 4
- March 2014 Dermatronics Once prescribed

Case 1



17/03/2014 – Pre - application



17/03/2014 – Post - application



Case 1_1



24/03/2014



31/03/2014



Case 1_2



10/04/2014



Case 1_3



06/05/2014



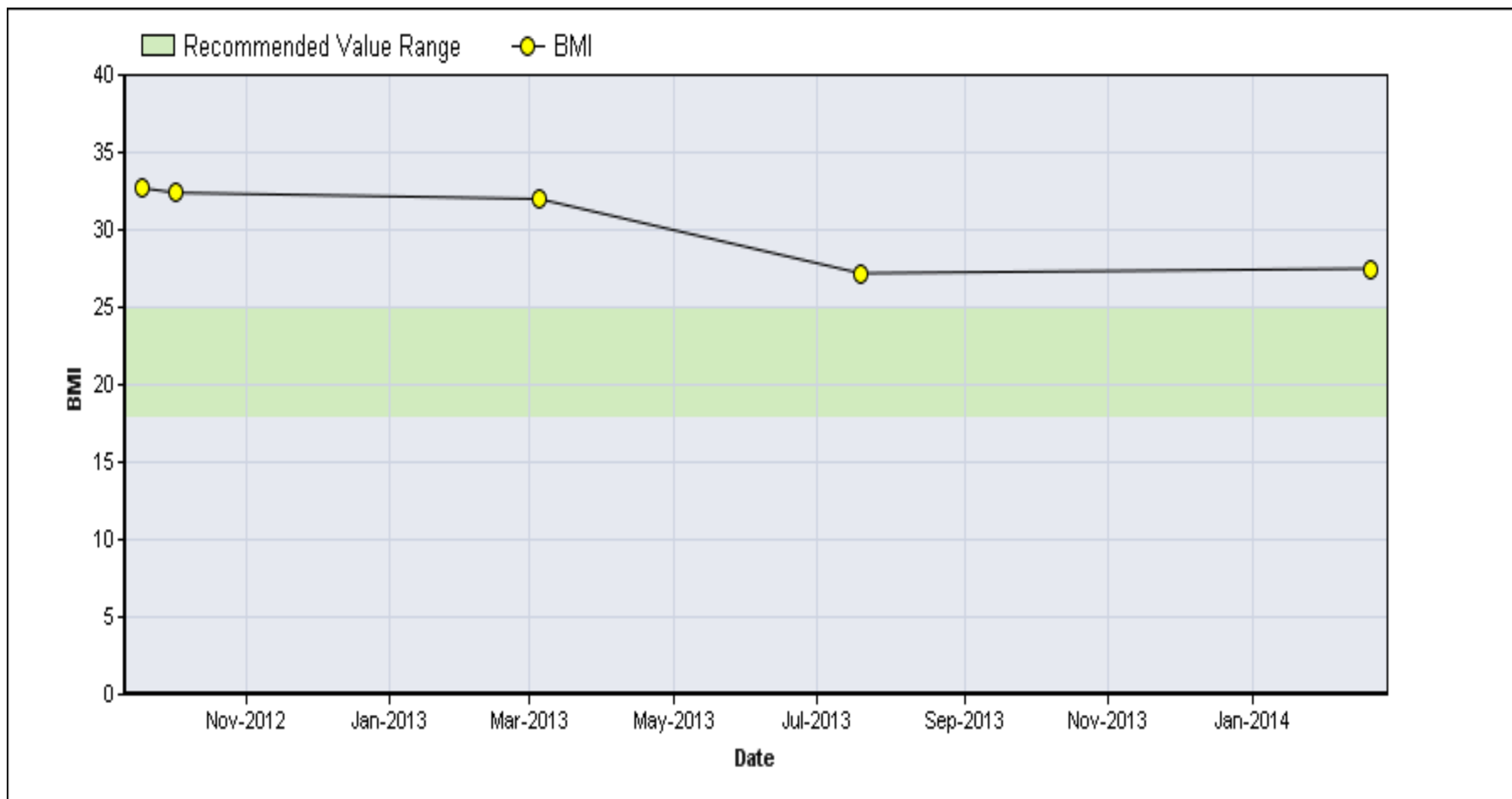
Case 1 – patient feedback

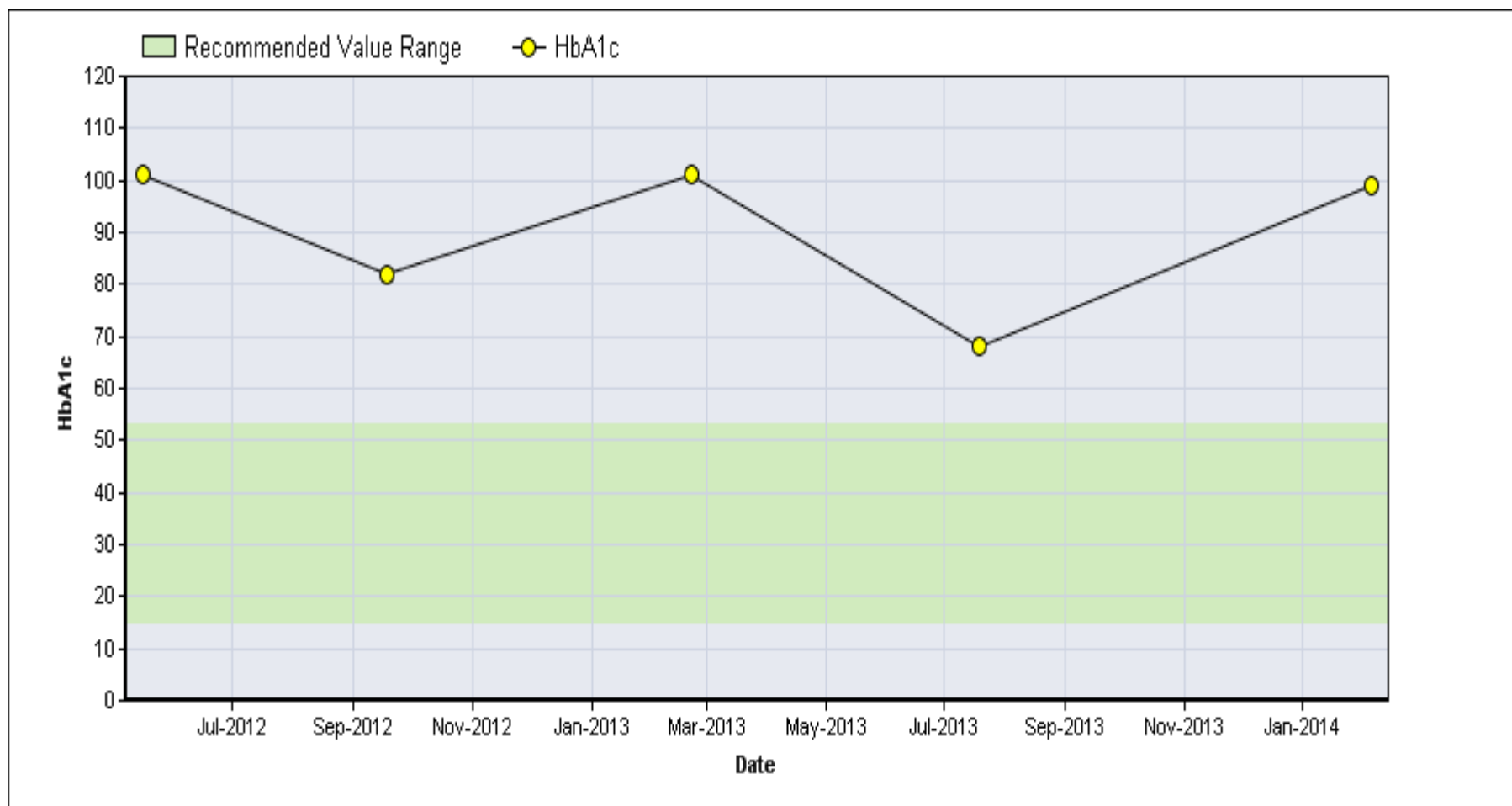
- ‘my wife says what a huge difference’
- ‘my feet feel so different’
- ‘much more comfortable to walk’
- ‘why haven’ t I had this before?’
- ‘lasts ages’

Case 2



- Female
- 52
- Married
- Housewife
- Non smoker
- Family Hx of diabetes
- T1 diabetes (1996)
- Bilateral carpal tunnel (2008)
- Depression & anxiety (2008-)
- Undiagnosed chest complaint (2013-)
- Lantus
- Novorapid
- Hypromellose 0.3% eye drops
- Lacri-lube eye ointment





Case 2 – Podiatric History

- Hx of i/d foot ulceration (1999)
- Pulses palpable
- Monofilaments ?/10
- Skin status grade 2/3
- Under MD care
- March 2014 Dermatronics Once prescribed

Case 2

17/03/2014



26/03/2014



31/03/2014



07/04/2014

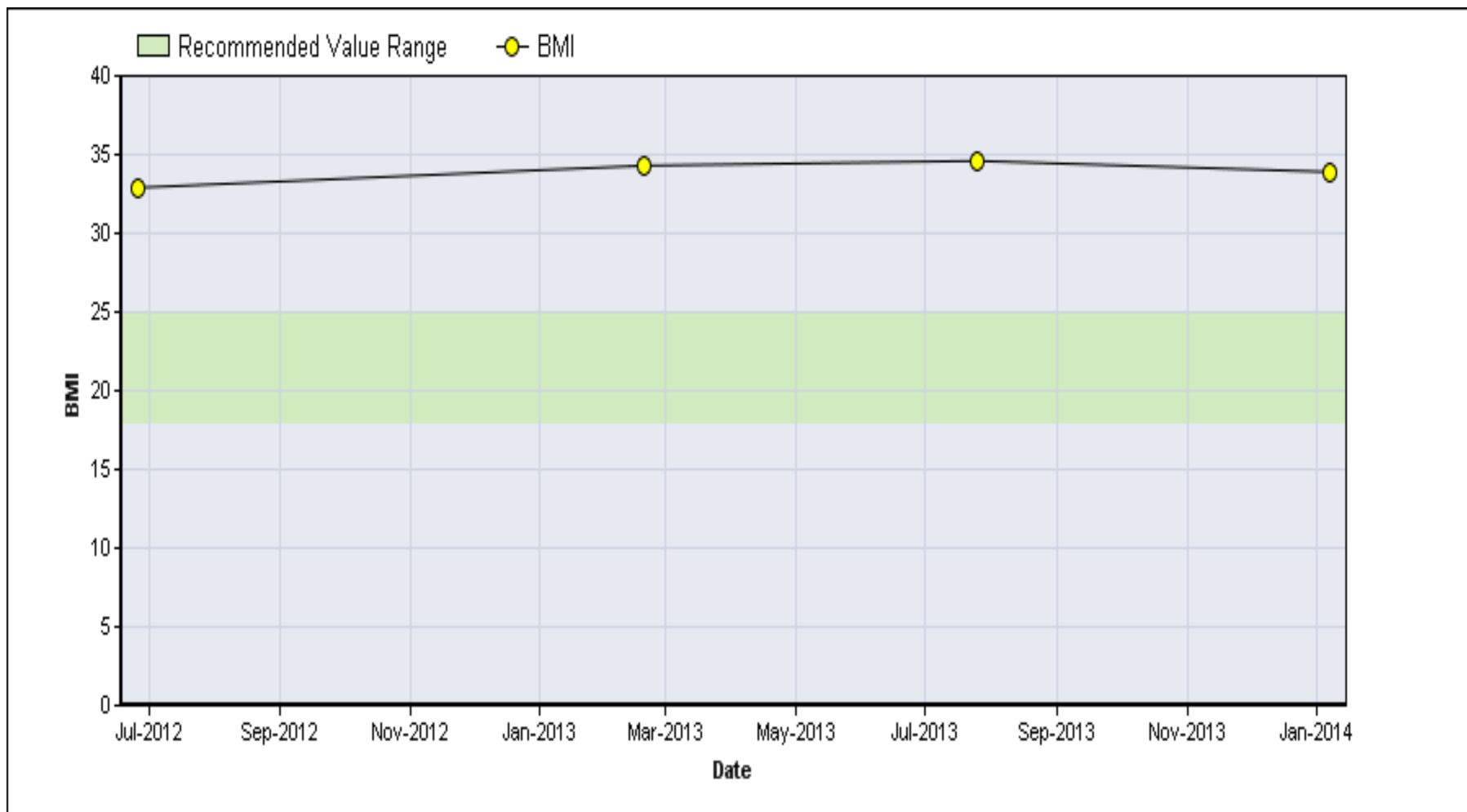


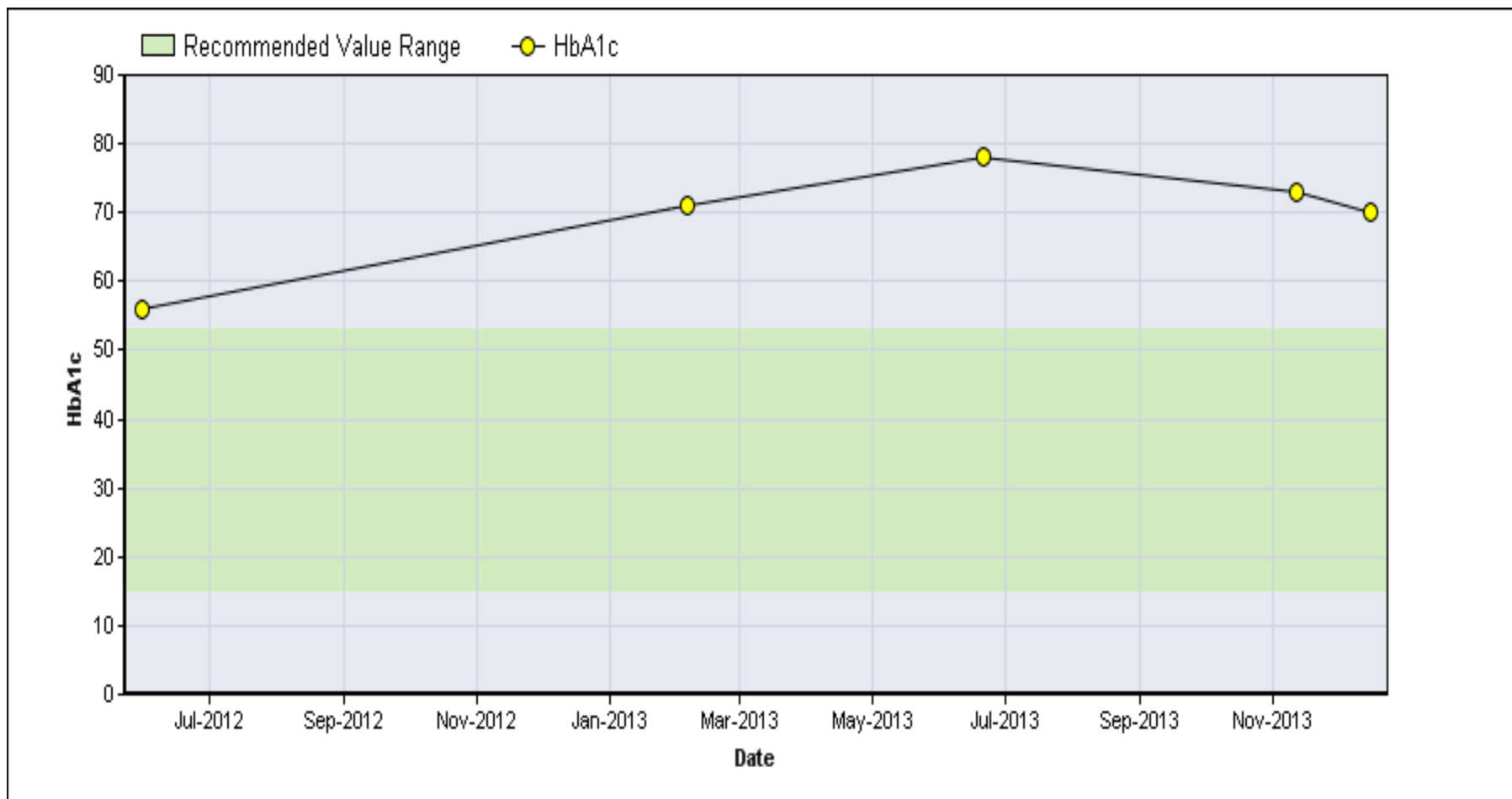
Case 2 – patient feedback

- ‘far better than anything I have used before’
- ‘it works so I use it’
- ‘don’ t need to use a lot, lasts ages’

Case 3

- Female
- 59 years old
- Married
- Retired taxi driver (significant lottery win)
- Current smoker
- Reactive depression (1996)
- Hypothyroidism (1998)
- T2 diabetes (1999)
- IHD (2000)
- TIA (2006)
- Stroke (2008)
- Allergies: erythromycin; penicillin; atorvastatin(joint pain)
- Amitriptyline 25mg (1@night)
- Clopidogrel 75mg (1 daily)
- Furosemide 40mg (1 in a.m.)
- Furosemide 20mg (1 @ lunchtime)
- Gabapentin 300mg (3+2+3)
- Glucophage SR 500mg (2 twice daily)
- Humalog insulin
- Levothyroxine 100mcg (1 daily)
- Rosuvastatin 10mg (1 daily)
- Ranitidine 150mg (1 twice daily)
- Sitagliptin 100mg (1 daily)





Case 3 – Podiatric History

- Involuted first nails – avulsion & phenolisation (1999)
- Painful VP t/t (2006)
- Acupuncture for DPPN (2008)
- Pulses palpable
- Monofilaments 0/10
- High risk ulcer status (Callus + LOPS)
- Skin status grade 3
- Under MD care
- April 2014 Dermatronics Once prescribed

Case 3



07/04/2014

14/4/2014



21/04/2014



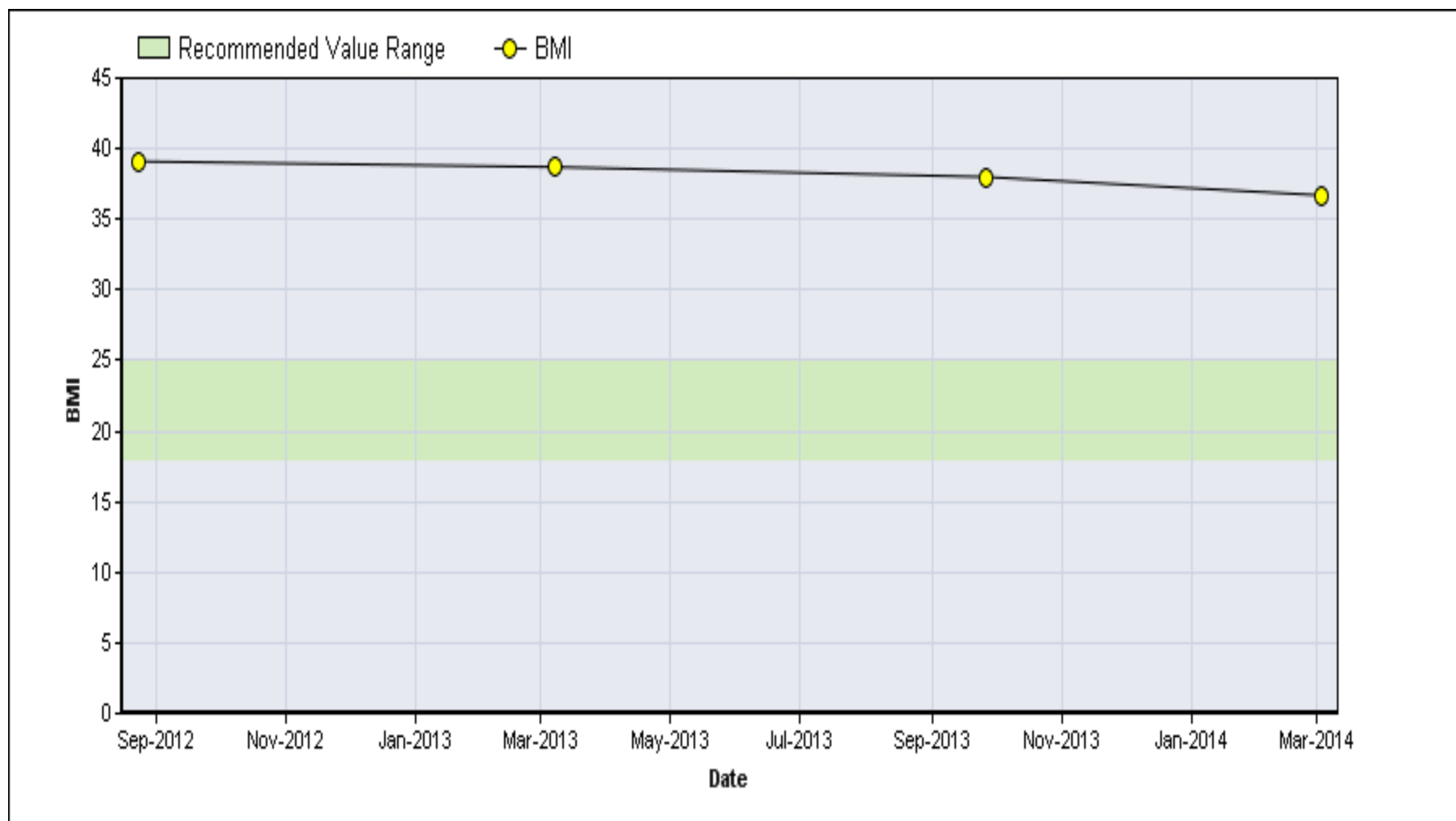
Case 3 – patient feedback

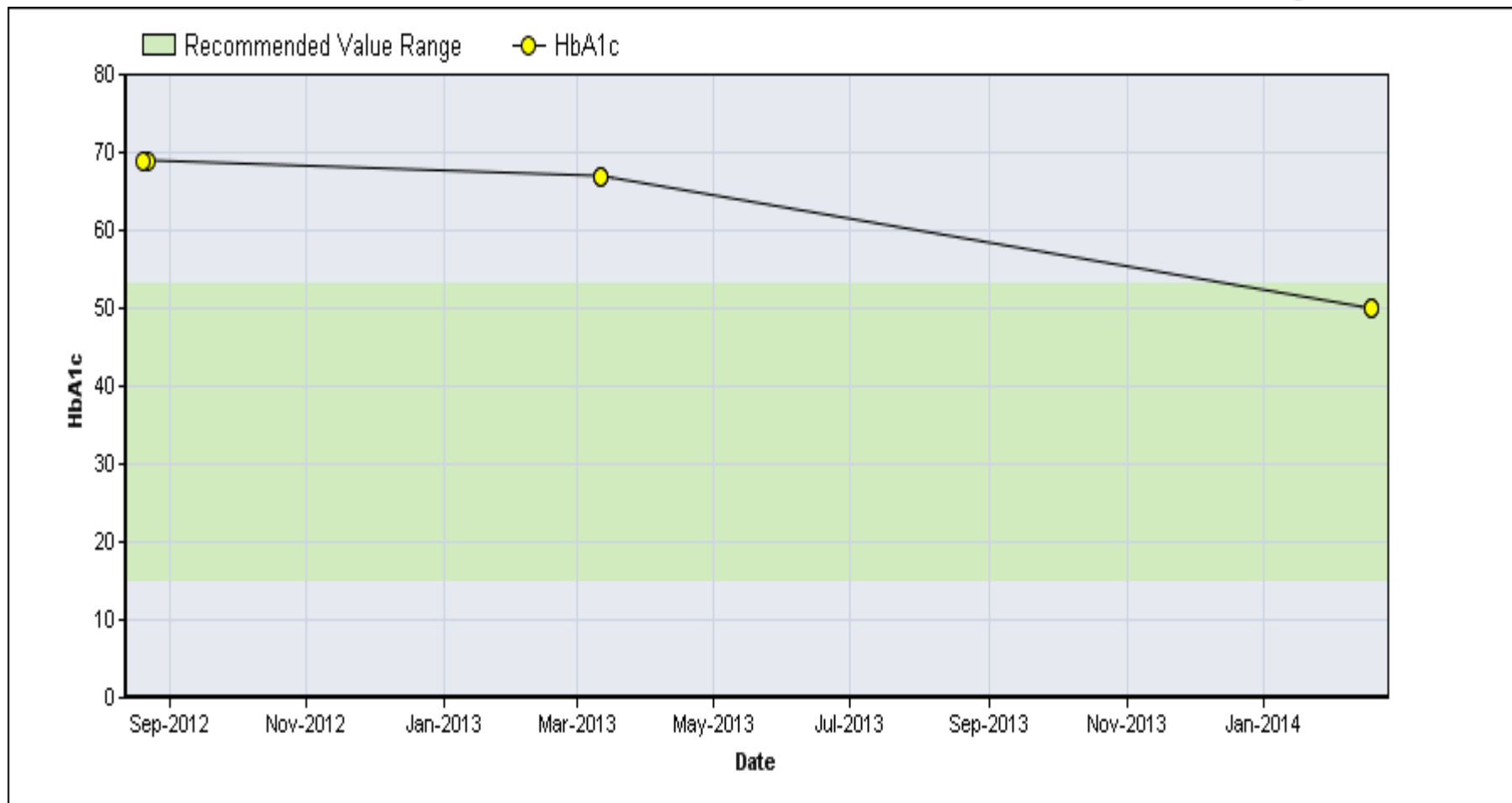
- ‘this stuff is really good, it goes on every day religiously’
- ‘my hands feel good as well as my feet’
- ‘I’ m so glad you can prescribe this’

Case 4



- Female
- 69 years old
- Widowed – lives alone
- Current smoker
- Hyperthyroidism (2001)
- T2 Diabetes (2003)
- Panic attacks
- Atrial Fibrillation (2013)
- Burns to both feet in childhood
- Allergies – gliclazide, simvastatin, niquitin cq.
- Alimemazine 10mg (1@ night)
- Atorvastatin 80mg (1 daily)
- Bisoprolol 2.5mg (1 daily)
- Candesartan 4mg (1 daily)
- Carbimazole 20mg (1 daily)
- Co-codamol 30mg/500mg (1 or 2 four x daily)
- Furosemide 40mg (2 each a.m.)
- Lantus insulin
- Metformin 500mg (3 daily)
- Omeprazole 20mg (1 daily)
- Warfarin 1mg (as directed)





Case 4 – Podiatric History

- Persistent non attender
- Presented April 2014 with L plantar heel ulcer - referred from A&E following ‘lacerated heel’ – self treatment
- Pedal pulses palpable
- Monofilaments 0/10
- Scarring both feet from child hood burns – skin status grade 4
- Under podiatry care
- April 2014 Dermatronics Once prescribed

Case 4

02/05/2014



07/05/2014



Formularies



- NHS Highland Joint Formulary 2013-15

Note: Aqueous cream has been removed from the Highland Formulary as an emollient because it commonly irritates the skin. It was not designed to be left on the skin and should only be used as a soap substitute if at all. Newer, less irritant emollients such as Diprobase[®] cream and Epaderm[®] ointment should be recommended to patients; for further information refer to guidance on the 'Use of emollients' on [p240](#).

DERMATONICS[®] ONCE HEEL BALM cream (urea 25%)

For use in patients with diabetes as part of an individually-tailored foot management plan in conjunction with podiatry care.

Useful for scaly conditions

LIQUID AND WHITE SOFT PARAFFIN OINTMENT 50/50 ^{OTC} [[unlicensed](#)]

YELLOW SOFT PARAFFIN ^{OTC}

OLIVE OIL ^{OTC}

With very scaly or crusted conditions (eg plaque psoriasis), application of lukewarm olive oil to scaly areas, after bathing and drying, and before applying emollients or other topical treatments, can gently remove scale or crusts and be very soothing.

Emollient bath additives

FIRST CHOICE: OILATUM[®]