

Screening, diagnosis and management of diabetic sensorimotor polyneuropathy in clinical practice: International expert consensus recommendations

INTERVIEW WITH PROFESSOR SOLOMON TESFAYE

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- The management of painful diabetic neuropathy is extremely challenging for clinicians, partly because the individual drugs that are available have limited efficacy.
- In the consensus report, different treatment approaches are considered, and tips are given on how to optimize these by looking for side effects and by gradually titrating the doses of these drugs.
- It's very important that patients who attend the diabetic clinic have their shoes and socks removed for clinical examination of their feet at least on an annual basis.

What are the main challenges related to the treatment of diabetic neuropathy?

The management of painful diabetic neuropathy is extremely challenging for clinicians, partly because the individual drugs that we have, have limited efficacy. Each individual drug can only help patients up to 40% of our population, and the majority are not helped by single drugs. And also, we have limited data available on combination treatment.

What would you like to tell the audience and highlight specifically from the consensus report?

I think this consensus report is very useful for practicing physicians. It tells you how to diagnose painful and painless DSPN (diabetic sensorimotor polyneuropathy) effectively and how to manage it. Also, it allows a stepwise approach to the treatment of painful DSPN, if necessary, with the use of combination treatments. Different treatment approaches are considered, and tips are given on how to optimize these by looking for side effects and by gradually titrating the doses of these drugs.

What is your appeal to colleagues?

I think it's very important that patients who attend the diabetic clinic have their shoes and socks removed for clinical examination of their feet at least on an annual basis. The great Paul Brand, who did so much for the management of the neuropathic foot, remarked that "removing shoes and socks to examine the foot is the most important step". According to professor Lindsey from Belfast, "for one mistake made not knowing, ten mistakes are made for not looking." Many patients are seen in clinic, and we focus on glucose control, etcetera, and do not examine the feet. It's very important to annually check for symptoms and signs of neuropathy. We need to adhere to standardised procedures and approaches for screening and diagnosis of DSPN and painful DSPN.

FOR ADDITIONAL INFORMATION, PLEASE SEE THE COMPLETE ARTICLE:

Ziegler D, Tesfaye S, Spallone V, Gurieva I, Al Kaabi J, Mankovsky B, Martinka E, Radulian G, Nguyen TK, Stirban AO, Tankova T, Varkonyi T, Freeman R, Kempler P, Boulton AJM. Screening, diagnosis and management of diabetic sensorimotor polyneuropathy in clinical practice: International expert consensus recommendations. *Diabetes Res Clin Pract*. 2021 Sep 18:109063. doi: 10.1016/j.diabetes.2021.109063. Epub ahead of print.

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