BACKGROUND AND AIMS: Chronic Diabetic foot ulcers (CDFU) are associated with increased morbidity, mortality especially in developing countries. This cohort study assess the efficacy (CDFU) management at primary care & identify predictive criteria of failure. METHODS: We conducted a 5-year retrospective cohort study with prospective long-term follow-up of all patients with (CDFU) who presented to Um-gwalinah Health Centre, Doha, Qatar. Average follow-up was 1 year. Failure of healing of (CDFU) was the main outcome measure. Independent predictor variables were selected by logistic regression analysis. RESULTS: A total of 126 patients with diabetes were managed for various foot lesions as follows. Five patients (4%) of 126 underwent immediate amputation. Primary care led approach was successful for 91 (92.86%) of 98 neuropathic ulcers, 3 (30%) of 10 neuro-ischemic ulcer, 2 (66%) of 3 Charcot foot ulceration, 4 (100%) of 4 patients with second degree burns & 6 (100%) of 6 traumatic foot ulceration or P<.001, chi2 for trend). Independent factors predictive of failure to heal were presence of osteomyelitis (odds ratio [OR]=1.6, 95% confidence interval [CI], 1.0-1.3), increased Hemoglobin A1C level (OR=1.002; 95% CI, 1.2-1.3), severe peripheral vascular disease (OR=1.0, 95% CI, 1.0-1.03), prior hospitalization for (CDFU) (OR=1.4; 95% CI, 1.2-1.6) & gangrenous lesion (OR=1.7; 95% CI, 1.3-2.1). No side effects were reported and there was a high level of satisfaction (patients and staff). CONCLUSIONS: Primary care based management of (CDFU) is efficacious, safe and acceptable. These findings may lead to a substantial reduction in the cost of (CDFU) in the third world. Future comparative studies utilizing
randomized controlled trials must be conducted in order to accurately assess the efficacy of primary care in managing (CDFU).