

Take Control of Your Nerves

Protect Your Feet

Ask your doctor about
Diabetic Peripheral Neuropathy
or to learn more,
visit: **www.dpncheck.com**



Diabetic Peripheral Neuropathy (DPN) is a serious complication of diabetes.

DPN is primarily caused by chronically high blood glucose (“sugar”) levels damaging the nerves in the body, mostly in your legs and feet. It affects more than half of all people with diabetes. DPN reduces the ability to sense, which if severe may make people unaware of injuries to their feet. It may also lead to pain and poor balance.

Unless DPN is carefully monitored, it can get worse. The resulting loss in feeling may make it difficult for you to notice foot injuries and treat them properly. What starts as a minor skin irritation (like stepping on a pebble) can become infected, develop into an ulcer, and eventually even lead to an amputation.

Diabetes also affects your circulation and how well you heal, so small injuries that you don't feel can quickly develop into big problems.

Without careful assessment, accurate monitoring and timely intervention, DPN worsens over time, potentially without any symptoms.

The keys to controlling DPN and its potentially harmful effects are early detection, an accurate evaluation of your nerves, better management of your diabetes, taking care of your feet and seeing specialists such as podiatrists and neurologists when necessary.

The American Diabetes Association recommends lowering your blood glucose levels as measured by A1C to reduce the risk for nerve damage.

Knowing the Facts: Blood Circulation vs. DPN.

People are often unaware of the underlying cause for more serious complications such as foot ulcers and limb amputations. Although most people know that amputation is more common in people with diabetes, many people believe that it is caused by poor blood supply to the feet. In reality, both poor blood supply and DPN are risk factors for serious foot complications.

1. True/False:

If I feel loss of sensation in my feet, it's definitely caused by poor circulation.

2. True/False:

If I'm experiencing symptoms such as loss of sensation or burning, I should walk around barefoot to increase blood flow to my feet.

3. True/False:

I have good circulation and therefore, I'm not at risk for foot ulcers or amputation.

4. True/False:

If I am at risk for foot ulcers as determined by my doctor, I should participate in a foot care plan.

Answer Key:

1. False.

Loss of sensation is a very common symptom of DPN. You should not self diagnose that this condition is a result of poor circulation. Consult your doctor.

2. False.

Many people think that preventive foot care that is focused on stimulating blood circulation, which may include things such as walking barefoot, will be beneficial. This type of behavior could actually increase your risk of injuring your feet.

3. False.

People often feel that if they have good circulation, they are not at risk for foot ulcers or amputation. Nerve damage caused by diabetes often has no symptoms at all, yet you can still be at risk for foot injuries.

4. True.

If you are at risk of foot ulcers, you should engage in self foot care, which is essential to foot ulcer prevention and management. Moreover, all people with diabetes should carefully monitor their feet.

What can happen if DPN goes untreated?

Pain:

Pain may be experienced in your legs and feet. However, some people will experience no symptoms at all, especially in early stages.

Falls:

People with DPN, especially the elderly, are at a higher risk of falling. This occurs because as DPN progresses you can lose sensation in your feet and strength, leading to falls that in some cases may result in serious injuries.

Foot Ulcers & Amputation:

Ulcers occur most often on the ball of the foot or on the bottom of the big toe. Remember, even though some ulcers do not hurt, every ulcer should be seen by your health care provider right away. Neglecting ulcers can result in infections that may spread to the bone which may require an amputation.

The American Diabetes Association recommends a comprehensive foot examination at least once a year for people with diabetes.



Complete this DPN Symptom Checklist:

Check all that apply. If you check one or more, please talk to your doctor about DPN.

- Pain or burning in your feet
- Numbness or tingling in your feet
- Feels like pins and needles in your feet
- Increased sensitivity to touch in your feet
(for example, it hurts when bed covers touch them)
- Trouble feeling hot or cold in your feet
- Trouble feeling your feet when you walk
- Discomfort or pain at night in your feet

Although many people with DPN have symptoms, as many as half may not experience any symptoms at all.

What you and your doctor can do.

If you feel any of the symptoms above, tell your doctor. He or she may examine your feet and legs for signs of DPN.

Nerve Conduction Studies.

Your doctor may perform an advanced form of testing called nerve conduction. This is a non-invasive test that measures the speed and strength of electrical activity in a nerve. The test gathers information about the structure and function of the nerves. In the case of diabetes, a sural nerve conduction test can help identify how much your diabetes has affected your nerves.

Nerve conduction testing is the most objective way to assess DPN. It provides numbers - much like your blood glucose readings or blood pressure, which can be recorded and compared to future tests so that trends can be detected.

**Put your best foot forward:
A NC-stat® | DPNCheck™ nerve conduction test
can give you a firm foundation for your overall
diabetes care.**

NC-stat® | DPNCheck™ is an accurate, non-invasive, and affordable in-office sural nerve conduction test. The sural nerve is located in the lower leg and ankle region. It is one of the first places in the body that will show signs that your nerves have been impacted by diabetes.

A NC-stat® | DPNCheck™ test does not involve needles, takes less than one minute, and provides a numerical readout of the ability of the sural nerve to conduct nerve impulses.

Because DPN may show no signs or symptoms until the nerves have been substantially damaged, NC-stat® | DPNCheck™ allows for the early detection and intervention that is so critical in the effort to avoid foot ulcers that could lead to amputation.

A record of sural nerve conduction results allows you and your doctor to monitor the progression of your DPN. A NC-stat® | DPNCheck™ test provides the information needed to not only better manage your diabetes, but also to help preserve your nerves and thereby protect your feet from the serious complications of the disease.

What to expect when you get a NC-stat® | DPNCheck™ nerve conduction test:

A health care professional administers the test. The testing area (lower calf and next to the ankle) is cleaned. The hand-held device is fitted with a disposable biosensor and placed against the skin. It delivers 10-20 mild pulses, which are not painful, to the area near the ankle bone. Your doctor will analyze the readings and explain the results.



Control of DPN by the numbers.

A NC-stat® | DPNCheck™ test takes less than a minute. The sural nerve is tested to measure nerve signals in your leg.

The test delivers quantitative results that your doctor can monitor year to year to identify changes in your nerve health.

**Ask your doctor about
NC-stat® | DPNCheck™ today.**