Guidelines on the classification of foot ulcers in people with diabetes (IWGDF 2023 update).

Guideline ID: 1699 Published: 2024 Mar

International Working Group on the Diabetic Foot (IWGDF)

Monteiro-Soares M, Hamilton EJ, Russell DA, et al. Guidelines on the classification of foot ulcers in people with diabetes (IWGDF 2023 update). Diabetes Metab Res Rev. 2024 Mar;40(3):e3648. PubMed

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Overview

Guideline Objective

To update the 2019 IWGDF guidelines on addressing the use of systems to classify foot ulcers in people with diabetes in routine clinical practice

Patient Population

Persons with diabetes and a foot ulcer

Recommendations

Recommendation Statements

For Communication Among Healthcare Professionals

Clinical Question: In a person with diabetes and a foot ulcer, which classification system(s) is/are the best for communication among healthcare professionals and to optimise the process of referral?

Recommendation 1. In a person with diabetes and a foot ulcer, use the Site, Ischemia, Neuropathy, Bacterial Infection, and Depth (SINBAD) system for communication about the characteristics of an ulcer between healthcare professionals, and clearly stating the presence or absence of each of the composing variables. (**GRADE recommendation: Strong; Certainty of evidence: Low**)

Recommendation 2. In a person with diabetes and a foot ulcer, when resources exist in addition to an appropriate level of expertise and it is considered feasible, consider using the Wound/Ischaemia/foot Infection (WIfI) system for communication about the characteristics of an ulcer between healthcare professionals, but with characterisation of each of the composing variables. (**GRADE recommendation: Conditional; Certainty of evidence: Low**)

For Predicting the Outcome of an Ulcer in a Specific Individual

Clinical Question: In a person with diabetes and a foot ulcer, which classification system(s) is/are the best to assess the prognosis of an individual person with diabetes and a foot ulcer?

Recommendation 3. Do not use any of the currently available classification/scoring systems to offer an individual outcome prognosis for a person with diabetes and a foot ulcer. (**GRADE recommendation: Strong; Certainty of evidence: Low**)

For Classifying a Person with an Infected Ulcer

Clinical Question: In a person with diabetes and an infected foot ulcer, which classification system(s) is/are the best to predict clinical and health resources outcomes?

Recommendation 4. To classify a person with diabetes and an infected foot ulcer, use the IDSA/IWGDF system (2015 version). (**GRADE recommendation: Strong; Certainty of**

evidence: Low)

Recommendation 5. To classify a person with diabetes and an infected foot ulcer, when resources exist in addition to an appropriate level of expertise and it is considered feasible, consider using the WIfI system. (**GRADE recommendation: Conditional; Certainty of evidence: Low**)

For Classifying a Person with an Ulcer and Peripheral Artery Disease (PAD)

Clinical Question: In a person with diabetes, peripheral artery disease, and a foot ulcer, which classification system(s) is/are the best to predict clinical and health resources outcomes?

Recommendation 6. In a person with diabetes, PAD, and a foot ulcer, consider using the WIfI system as a means to stratify healing likelihood and amputation risk. (**GRADE recommendation: Conditional; Certainty of evidence: Low**)

For the Audit of Outcome(s) of Populations

Clinical Question: In a population of people with diabetes and foot ulcers and in which the purpose is to use for audit, which classification system(s) is/are the best to predict clinical and health resources outcomes?

Recommendation 7. Use the SINBAD system for any regional/national/international audits to allow comparisons between institutions on the outcomes of people with diabetes and foot ulcers. (**GRADE recommendation: Strong; Certainty of evidence: Low**)

Evidence Rating Scheme

Using Grading of Recommendations Assessment, Development, and Evaluation (GRADE), the assessors rated the certainty of the evidence for each formulated evidence statement as "high," "moderate," "low," or "very low." These are defined as:

- **High**: We are very confident that the true effect lies close to that of the estimate of the effect

- **Moderate**: We are moderately confident in the effect estimate: The true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different
- **Low**: Our confidence in the effect estimate is limited: The true effect may be substantially different from the estimate of the effect
- **Very low**: We have very little confidence in the effect estimate: The true effect is likely to be substantially different from the estimate of the effect

Recommendation Rating Scheme

A voting procedure was used for each recommendation to grade the direction of the recommendation as 'for' or 'against' the particular intervention, and the strength of each recommendation as '**strong**' or '**conditional**.'

Related Content

Supporting Documents

- Supplement.
- The Original Guideline and Methodology documents are also available in Chinese.
- Classification of Foot Ulcers in People with Diabetes: A Systematic Review; 2024 Mar.
    - Appendix.
- Standards for the Development and Methodology of the 2023 IWGDF Guidelines; 2024 Mar.
- Definitions and Criteria for Diabetes-related Foot Disease; 2024 Mar.

Implementation Tools

- Slide Presentation.

- Video: IWGDF 2023 Classification Guidelines; 2023 Dec 13.
- Practical Guidelines on the Prevention and Management of Diabetes-related Foot Disease (IWGDF 2023 Update); 2024 Mar.

Patient Education

No patient education materials available.

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TRUST Scorecard

Composition of Guideline Development Group (GDG)

Multidisciplinary GDG Members	**Yes**
Methodologist Involvement	**Yes**
Incorporation of Patient and Public Perspective	

Systematic Review of Evidence

Literature Search	
Study Selection	
Evidence Synthesis	

Foundations for Recommendations

Strength of Evidence Grade	
Description of Benefits and Harms of Recommendations	
Summary of Evidence Supporting Recommendations	
Strength of Recommendations Rating	
Clear Articulation of Recommendations	

Funding Source

Yes

Disclosure and Management of Financial Conflicts of Interests



External Review



Updating



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