

Five Great Reasons to Accurately Diagnose and Track DPN

All those involved in the care of diabetic patients understand the value of amputation prevention. In addition to this obvious reason to diagnose DPN, here are a few you may not have considered. In the spirit of evidenced-based medicine, supporting links are provided to relevant peer-reviewed articles.

1. ADA Guidelines cite neurological screening in the feet of diabetic patients as a cornerstone of amputation prevention(see pages s46-49)

2. All testing modalities are not created equal.

*[Accuracy and durability of Semmes-Weinstein monofilaments: what is the useful service life?](#)

*[Screening patients at risk for diabetic foot ulceration: a comparison between measurement of vibration perception threshold and 10-g monofilament test.](#)

*[Accuracy of monofilament testing to diagnose peripheral neuropathy: a systematic review.](#)

*[Reliability of the Semmes Weinstein Monofilaments to measure coetaneous sensibility in the feet of healthy subjects.](#)

3. Pediatric diabetic patients with DPN are going undiagnosed.

*[Difficulties in screening for peripheral neuropathies in children with diabetes](#)

*[Peripheral neuropathy in children with type 1 diabetes.](#)

*[Prevalence of Diabetes Complications in Adolescents With Type 2 Compared With Type 1 Diabetes](#)

4. You can identify patients at increased risk for falling.

*[Diabetic Peripheral Neuropathy Compromises Balance During Daily Activities.](#)

*[Vibration perception threshold in relation to postural control and fall risk assessment in elderly.](#)

...[and if you're very clever reduce their risk of falling.](#)

5. You may save the healthcare system money.

*[Diabetic peripheral neuropathy: resource utilization and burden of illness.](#)

*[Burden of diabetic foot ulcers for medicare and private insurers.](#)