

GEHWOL

DIABETES REPORT 2025

Joint prevention and action



GEHWOL[®]
MOVING FORWARD.

CONTENTS

AT A GLANCE	3
INTRODUCTION	4
DOCTOR'S PERSPECTIVE	5
PODIATRIST'S PERSPECTIVE	8
PATIENT'S PERSPECTIVE	12
OUTLOOK	14
METHODOLOGY	15

PUBLISHER

EDUARD GERLACH GmbH
Bäckerstraße 4-8 // 32312 Lübbecke // Germany
Phone +49 5741 330-0 // Fax +49 5741 330-400
info@gehwol.de // www.gehwol.de

IMAGES

sebra/stock.adobe.com (P. 1), Kzenon/stock.adobe.com
(P. 4), Elnur/stock.adobe.com (P. 6), sebra/stock.adobe.
com (P. 9), Thitiporn/stock.adobe.com (P. 10),
Andrey Popov/stock.adobe.com (P. 12), GEHWOL (P. 13),
syntaxstocks/stock.adobe.com (P. 14)

WORKING TOGETHER FOR HEALTHY FEET WITH DIABETES

The latest Diabetes Report clearly shows that preventing diabetic foot syndrome (DFS) remains a key challenge – but at the same time, there are important opportunities to improve care through interdisciplinary collaboration and patient-oriented measures.

PREVENTION REQUIRES EDUCATION AND EMPOWERMENT

Awareness of risks and prevention among patients is primarily created by doctors, podiatrists and diabetes advisors. Patients themselves see targeted education by experts as crucial to their own actions. However, effective prevention requires concerted counselling, training and guidance – isolated measures by individual professional groups are not enough. Doctors, podiatrists and patients agree: interdisciplinary cooperation and coordinated messages are the basis for successful prevention.

STRUCTURAL BARRIERS WEIGH ON EXPERT CIRCLES

Both doctors and podiatrists see considerable bureaucratic obstacles and high workloads as barriers to prevention. Networks such as certified foot care networks strengthen cooperation, but participation often fails due to the additional effort involved. Relief – whether through economic incentives, greater freedom of action or less bureaucracy – is considered key to structurally anchoring prevention. A culture of trust, clear target agreements and understandable communication are also cited as key factors.

THE ROLE OF PODIATRY IS CENTRAL – BUT UNDERUTILISED

Podiatry services are regarded as a fundamental component of preventive care by doctors and podiatrists alike. 87% of doctors emphasise their benefits, and 92% even advocate for an expansion of medical competencies, e.g. in wound management, provided that the appropriate qualifications are in place. Nevertheless, only around 37% of patients currently receive podiatric care – and it is often only partially reimbursed by health insurance. If the costs were covered in full, 60% of patients would use the services more frequently. This shows clear potential for prevention: early access to podiatry with few obstacles could improve compliance and prevent ulcers.

PATIENTS: MOTIVATION THROUGH EFFECTIVENESS AND ROUTINES

The majority of patients recognise the risk of DFS, but implementation and routines could be improved – especially among older people. Motivational messages from doctors and podiatrists, as well as visible care successes ('new foot feeling'), have the strongest effect on establishing regular care rituals. Personal responsibility arises when experts provide comprehensible and consistent support.

CONCLUSION AND OPPORTUNITIES

The surveys show that prevention is most successful when experts work together, patients are given clear information and motivation, and structural conditions facilitate interdisciplinary cooperation. Key areas for action include expanding the range of services and reimbursements for podiatrists, reducing the burden on service providers, and consistently empowering patients. This will make DFS prevention more effective and improve care in the long term.

INTRODUCTION

ENSURING FOOT HEALTH, SPOTTING RISKS EARLY

Diabetes affects millions of people – and with it comes an increased risk of serious foot problems. Diabetic foot syndrome (DFS) is one of the most serious complications: it often starts inconspicuously, but can lead to chronic wounds and, in the worst case, amputations. However, the majority of these cases can be avoided if risks are identified early, monitored consistently and professionally managed. Prevention is therefore more than just a medical duty – it is about quality of life and participation.

With the GEHWOL Diabetes Report, we want to provide experts and those affected with an up-to-date, practical overview of the situation. The report shows where prevention is already effective, where barriers exist and how cooperation can be improved. Our goal is to highlight risks and provide concrete ideas for effective prevention – from medical diagnosis and podiatric support to patient self-care and motivation. The data is solid and broad: in 2025, we conducted three surveys with our statistics partner Statista+. The survey questioned registered doctors in the fields of general

medicine, internal medicine, endocrinology and diabetology, podiatrists from various care structures, and people with diabetes. This triple perspective provides an overall picture that reflects both the reality of care and the patient experience. With the help of previous surveys, reliable trends are also becoming apparent.

The result is a report that translates data into recommendations for action. It shows that prevention has been adopted in many places, but its potential is not being fully exploited. Doctors are aware of the risks, podiatrists are working on the front line, patients are informed – but there are gaps at the interfaces, and motivation is often lost. Closing these gaps can significantly reduce DFS risks. With this white paper, we want to not only inform, but also inspire: to build closer cooperation among experts, create clear prevention structures, and provide services with few obstacles in order to truly reach patients. Because foot health is teamwork – and it is crucial for the mobility, independence and quality of life of people with diabetes.



THE DOCTOR'S PERSPECTIVE: DEEPENING DIAGNOSIS, STRENGTHENING COMMUNICATION, ESTABLISHING PREVENTIVE CARE

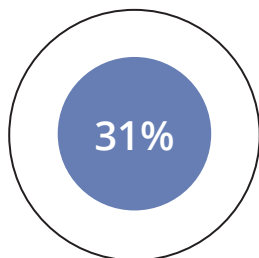
From a medical viewpoint, diabetic foot syndrome presents a dual picture: the risks are known, prevention strategies are in place – and yet care outcomes fall short of what is possible. According to survey respondents, about one-third of their patients are in the risk group. Neuropathies, vascular damage and incorrect weight distribution on the feet are common and increase the risk of poorly healing wounds. Many practices already operate in networks to better protect at-risk patients, but it is not always possible to use these structures across the board. Early detection has made progress over the years, as a meta-analysis from 2021 shows: in regions with established foot care networks, the number of serious complications and amputations is noticeably lower.* However, these positive effects are very limited to specific locations because networks often only exist in certain areas and the high organisational effort involved could be a hurdle.

When it comes to preventive care, there is a gap between expectations and practice. The majority of patients attend regular check-ups, but around one in three do not attend as often as their individual risk status would require. Although taking a medical history and checking the pulse are

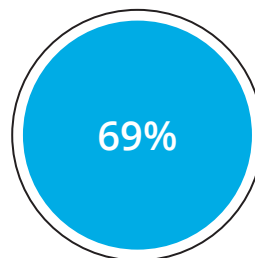
standard practice almost everywhere, further diagnostics are often only initiated when clear findings are available. There are differences between the various specializations: diabetologists often take a more differentiated approach, while general practitioners are quicker to refer patients to specialists. This ensures rapid referral in critical cases, but can result in care gaps if the thresholds for in-depth examinations are too high.

In principle, doctors recommend a wide range of preventive measures – from regular self-checks and daily foot hygiene to podiatric treatment of pre-ulcerative changes. However, measures that are considered time-consuming or impractical – such as daily foot temperature checks – are only reluctantly adopted. Doctors cite not only technology and training as key to sustainable prevention, but above all communication: trust, clear language and jointly defined goals are crucial to ensuring that recommendations are actually implemented. Communication is a key factor, especially for older patients and those who have been ill for many years: they are often experienced in therapy, but not always motivated to implement additional preventive measures. Here, medical consultation and motivation act as a catalyst.

THE DOCTOR'S PERSPECTIVE – RISK ASSESSMENT



How many patients are at risk of diabetic foot syndrome



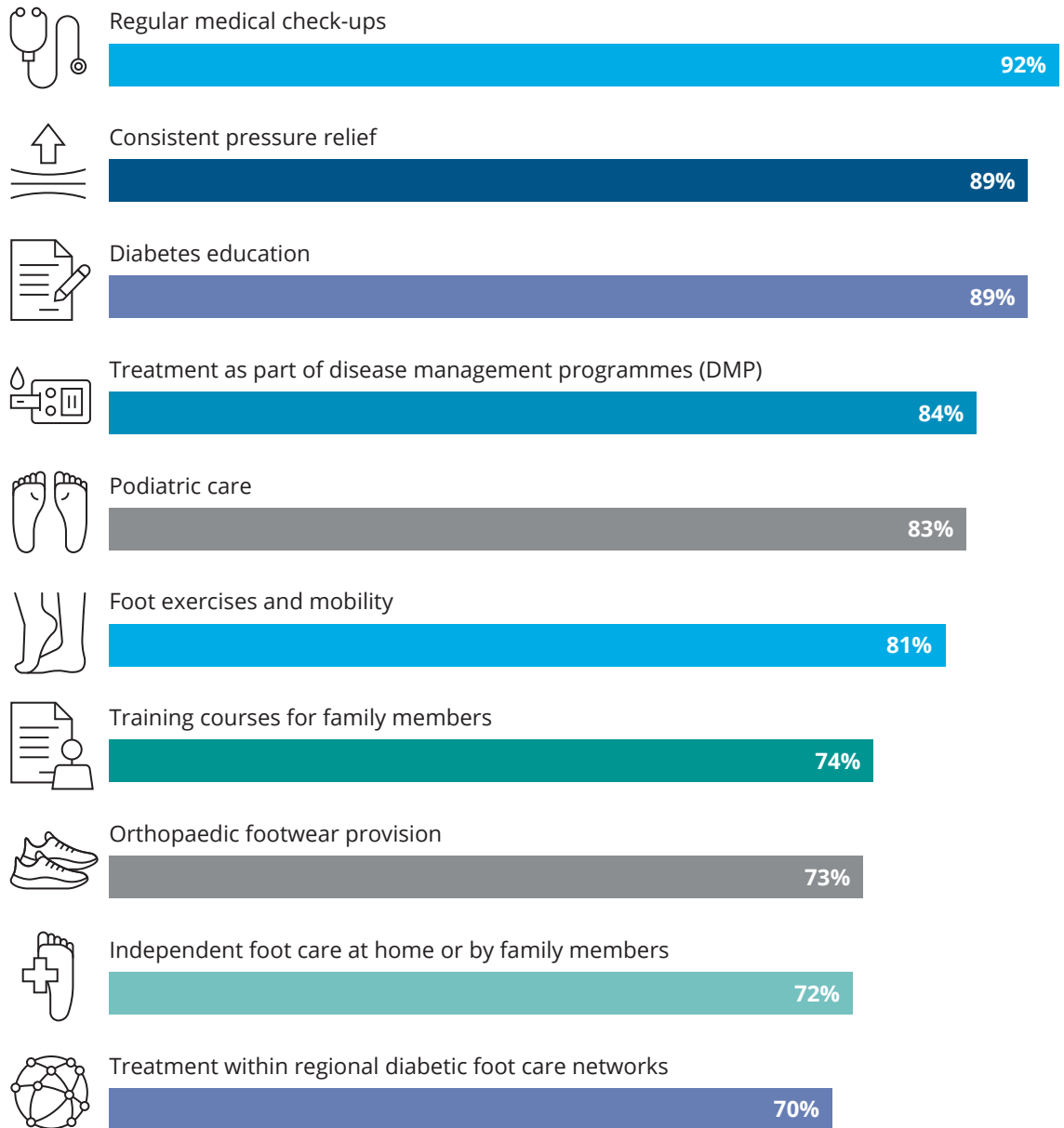
How many patients attend medical check-ups in accordance with their risk profile

n = 120 doctors for n = 52,351 diabetes patients

* Source: Meza-Torres B, Carinci F, Heiss C, et al.: Acta Diabetol 2021; 58 (6): 735–47.

WAYS TO PREVENT DIABETIC FOOT SYNDROME

Measures that help prevent diabetic foot syndrome

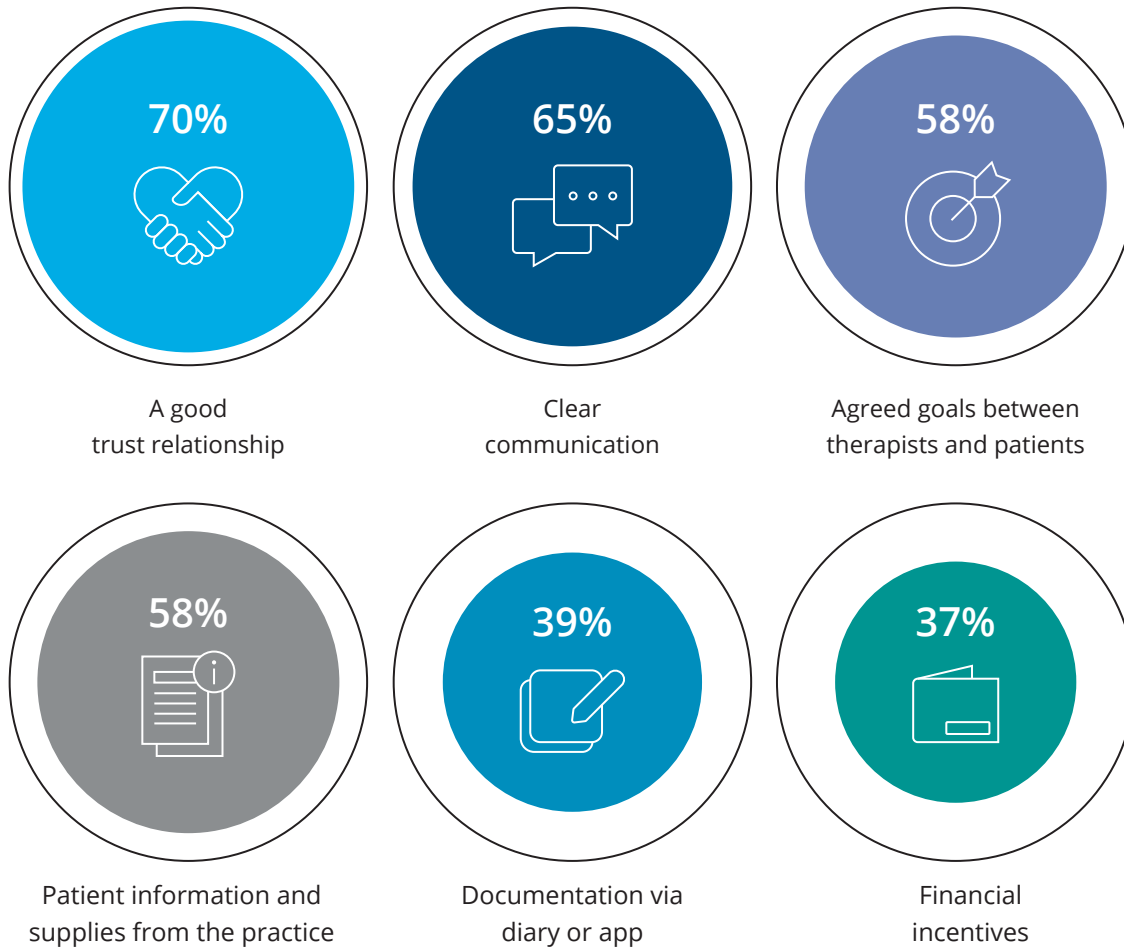


n = 120 doctors, multiple answers possible; percentage = agree somewhat / agree completely



TRUST AND CLEAR COMMUNICATION PROMOTE FOOT CARE

What would help diabetics in taking better care of their feet – a doctor's perspective



n = 120 doctors, multiple answers possible

Cooperation with other specialist groups is viewed as predominantly positive, especially with diabetes advisors. Here, patients benefit from structured education, and doctors see the exchange as a real added value. Podiatrists are also considered important partners; their reports help in adjusting treatment plans. However, the care gap is obvious: only a small proportion of high-risk patients actually receive podiatric care. Many doctors advocate giving podiatrists greater responsibilities, for example in wound care, in order to relieve pressure on processes and close gaps. Where doctors' offices are integrated into certified foot care networks, coordination is much better and more efficient – an indication that structures are crucial to making prevention truly achievable.

Another bottleneck lies in the practical implementation of medical recommendations. Many doctors report that organisational burdens and remuneration structures make prevention difficult in everyday practice. Disease management programmes (DMPs) and certified foot networks are effective where they are established, but definitely do not reach all patients. Without administrative relief and targeted economic incentives, prevention often remains an additional expense that is not adequately rewarded. It is clear that when processes are simplified and interdisciplinary communication is facilitated, the willingness to actively utilize preventive measures also increases.

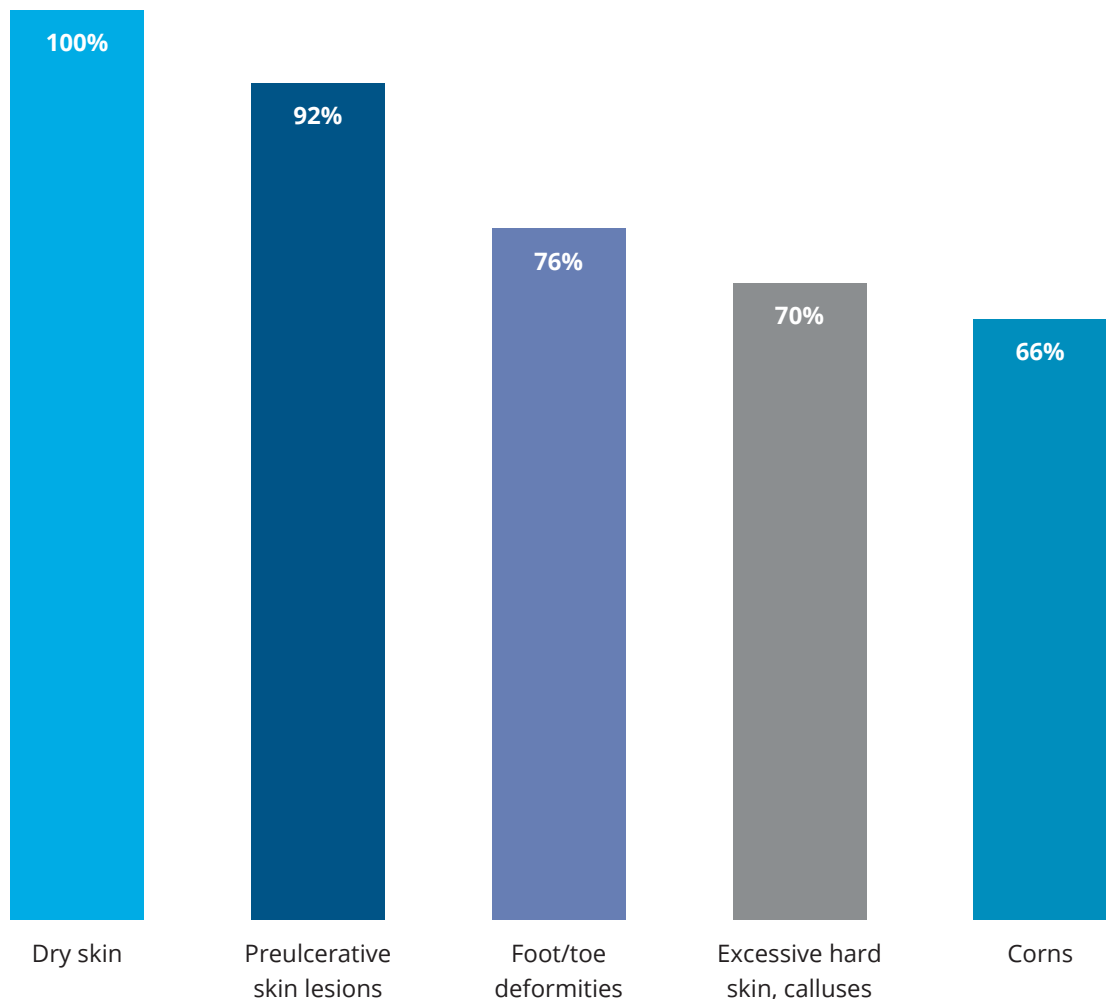
THE PODIATRIST'S PERSPECTIVE: UTILISING PATIENT LOYALTY – CLOSING GAPS IN CARE

Podiatrists are at the forefront when it comes to the early detection of dangerous developments in the feet. Their work is close to the patient, visible and concrete: every day, they see where high-risk patients stand, and feel the immediate consequences of inadequate care. Skin changes, calluses, pressure points, deformities – there is often a whole bundle of problems that, if left untreated, quickly become critical. This is precisely why podiatry is considered a key discipline for DFS prevention. Their perspective is indispensable

because they observe the condition of the foot over long periods of time and often notice changes earlier than others. Many podiatrists report that they identify the first indications of incipient ulcers before patients or doctors notice them. Many doctors therefore consider the treatment reports from their podiatry partners helpful and necessary for their own decisions.

THE PODIATRIST'S PERSPECTIVE

How frequently specific risk diagnoses occur in patients – Top 5



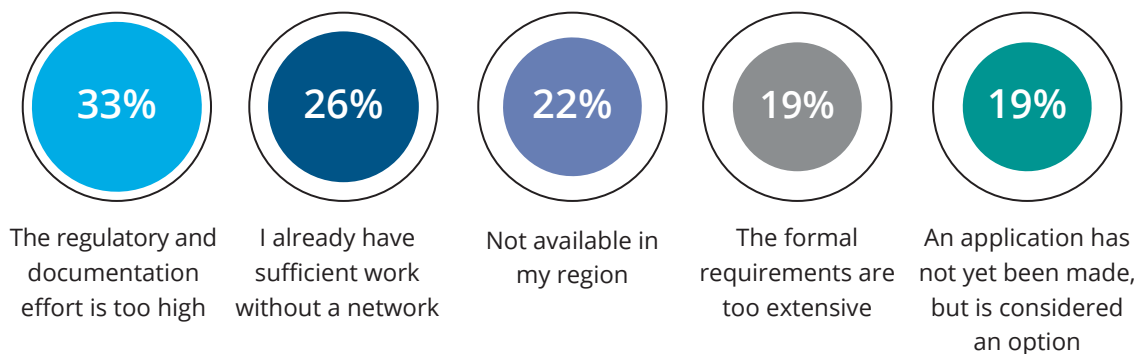
n = 30 podiatrists, mean values; evaluation matrix

But everyday work is demanding. Most practices operate at full capacity, and many are booked up well in advance. Podiatrists often hesitate to move to certified networks, which theoretically promise better interdisciplinary care – not out of disinterest, but due to a lack of resources. Additional regulations, coordination tasks and documentation requirements are hardly affordable for small teams. These structural hurdles explain why 90 percent of foot care specialists do not currently work in a network of foot care specialists. At the same time, more than a third of them would be open to this in principle if the effort and framework conditions were suitable. There is also a lack of successors: in many places, training capacities are insufficient to meet the growing demand for qualified foot care specialists. This threatens to create a shortage of a key preventive resource.

In their practical work, podiatrists consistently focus on prevention. Almost all of them individually inform their patients about risks, instruct them on home care, and check shoes, socks and potential pressure points. This practical knowledge is a treasure trove: podiatrists recognise patterns before they become visible in everyday medical practice. They act as both an early warning system and a motivator. The patient relationship is particularly important here. Trust and understandable language are cornerstones for motivating patients to take care of themselves independently and regularly. When communication is successful, compliance noticeably improves. Podiatrists are often the crucial point of contact, especially for patients who are difficult to motivate: here, prevention is not abstract, but takes place in the everyday lives of those affected.

PODIATRISTS RARELY BELONG TO A FOOT NETWORK

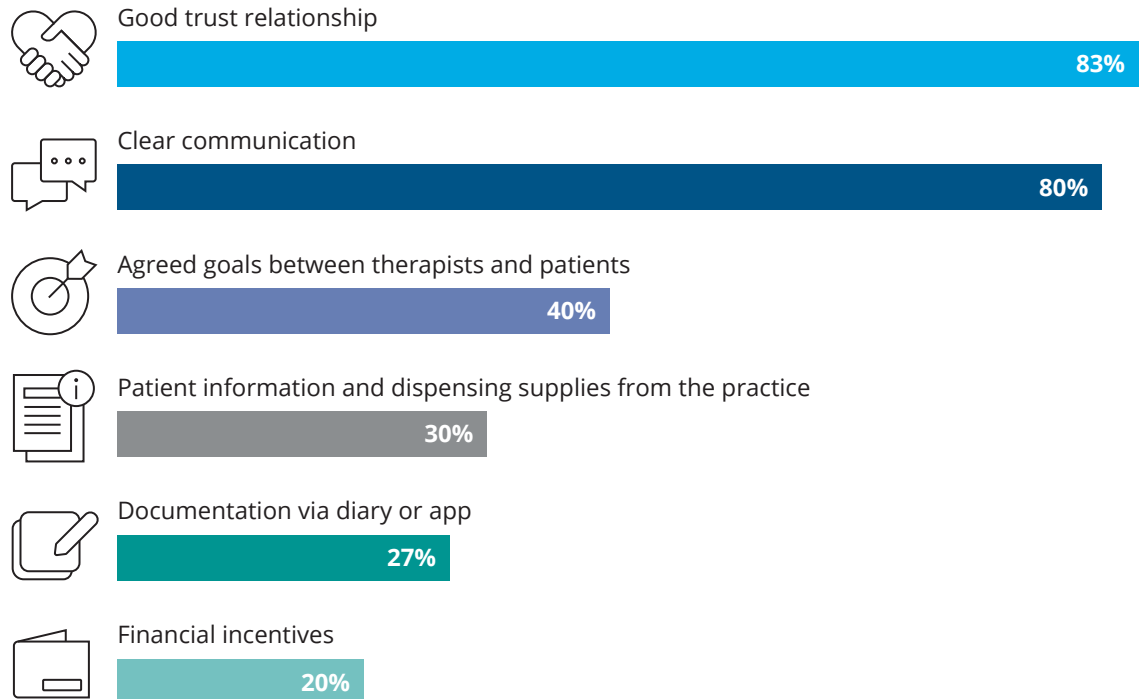
Reasons why podiatrists do not belong to a foot network



n = 27 podiatrists who do not belong to a foot network, multiple answers possible



WHAT WOULD HELP DIABETICS IN IMPLEMENTING MORE CONSISTENT FOOT CARE



n = 30 podiatrists, multiple answers possible

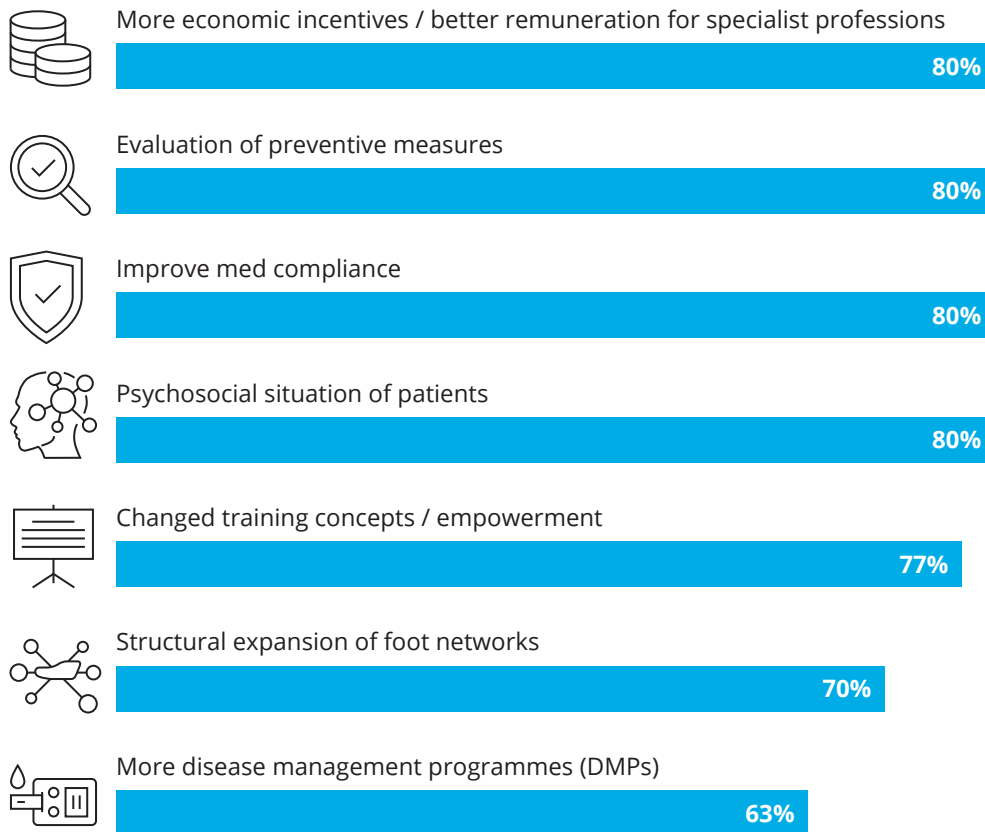
At the same time, podiatrists see considerable scope for improvement. They are calling for a more flexible approach to prescriptions, greater freedom of action in follow-up services, and appropriate remuneration for their preventive work. Ongoing training is also an issue: both technical training – e.g. in wound management – and communication training to make patient consultations even more motivating. The message is clear: podiatrists are prepared to take on even more responsibility if they receive the necessary support and resources. This would be a decisive step towards preventing complications in time.

Podiatrists also emphasise their role as long-term medical care providers. Many patients remain with the same practice for years or even decades; this continuity builds trust and firmly establishes prevention. This is where podiatry can make a decisive contribution: patients who regularly visit a podiatry practice show better self-care, recognise changes earlier and seek help in good time. However, this bond is fragile when economic pressure increases or practices have to turn patients away due to overload.



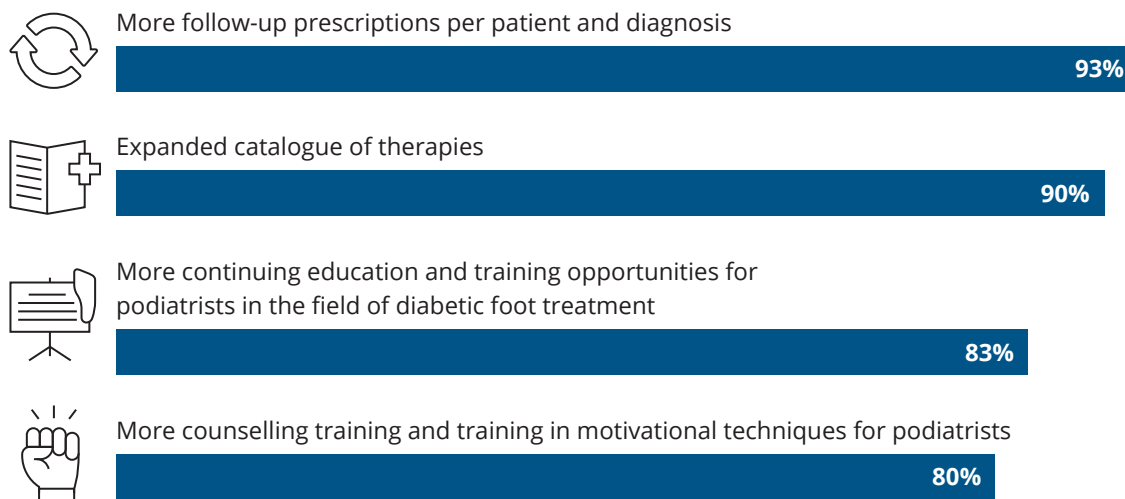
WHERE PODIATRISTS SEE A NEED FOR ACTION

General



n = 30 podiatrists, multiple answers possible

In areas of the podiatry profession



n = 30 podiatrists, multiple answers possible

PATIENT'S PERSPECTIVE: DEEPENING UNDERSTANDING, REDUCING BARRIERS, MAKING SUCCESSSES TANGIBLE

From the patient's perspective, the situation appears hopeful at first glance: the vast majority are aware of the dangers of diabetic foot syndrome, and many patients take prevention seriously. However, beneath the surface, the situation remains fragile. Although almost everyone is familiar with the term DFS, only some truly understand the background of ulcers and how they develop. Older people in particular often misjudge their risk and miss recommended preventive care appointments. Paradoxically, checks are least frequently performed in patients whose risk is highest. There are many reasons for this: some feel they are not sufficiently informed, others ignore possible complications or want to downplay their condition in everyday life. A lack of visible success can also be demotivating.

Preventive action is similarly ambivalent. Two-thirds say that they implement measures such as visiting a podiatrist, seeking diabetes advice and practising self-care. However, the older the patients are, the more their preventive enthusiasm wanes. Many see no immediate benefit or no

longer feel affected. This highlights how crucial external incentives are: medical recommendations are the strongest factor in initiating prevention. But financial barriers also have an impact. Although podiatric services are often (partially) reimbursed, patients on a tighter budget in particular are reluctant to pay out of pocket. Full cost coverage could significantly increase utilisation and strengthen prevention. There is also a generational difference in how people search for information: younger diabetics use social media and digital channels, while older people rely on doctors and diabetes advisors. These differences require a tailored approach.

A look at foot care routines is particularly revealing. Most people consider foot care to be important, and those who do take care of their feet usually do so regularly. Many integrate simple actions into their daily routine: cutting their nails, inspecting their feet and applying cream. However, this self-care is often limited to basic measures and does not replace professional check-ups. Among older people, the consistency





of care routines decreases; one in five tends to care for their feet sporadically, increasing the risk of skin lesions. This is where podiatrists come in as motivators: patients who receive regular treatment report structured self-care and a greater sense of security at significantly higher rates.

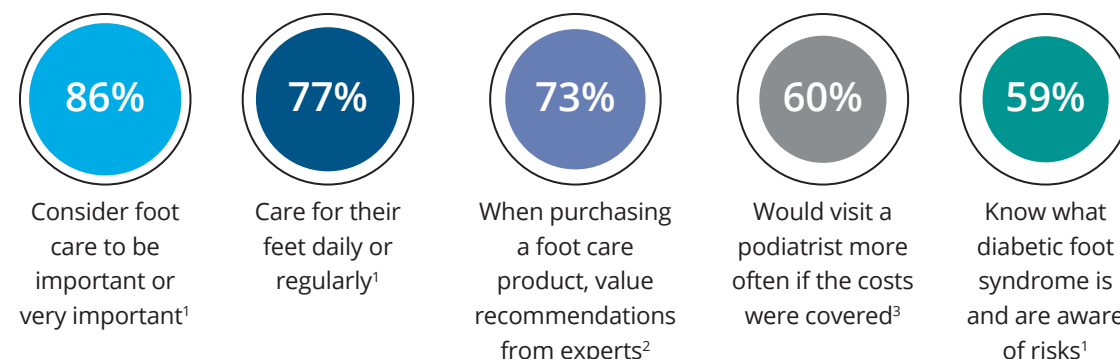
Expectations placed on care products are another key point. Many diabetics want products that are easy to use and work quickly. Ease of application is the top priority – creams and lotions should be quickly absorbed and not unnecessarily interrupt the daily routine. At the same time, patients expect high effectiveness: visible improvement in dryness, calluses, cracks or inflammation increases their willingness to use care products. Three out of four patients consider recommendations from specialists to be decisive when making a purchase; the certainty that products are medically tested and of high quality is similarly important. These expectations show

great potential for targeted patient education: Those who understand why certain ingredients or product categories are important are more willing to use them consistently.

Despite this positive attitude, motivation remains the key issue. Prevention rarely shows short-term success; many people want to see immediate success. That is why professionals are needed to make successes visible, explain progress, and set realistic expectations. When patients learn that regular care helps significantly – for example, that they have fewer pressure points, their skin feels better, or there is less pain – they take on more personal responsibility. This is especially true for high-risk patients who otherwise run the risk of neglecting preventive measures out of resignation or uncertainty. Jointly defining care goals can help; a care record or diary is also helpful to record goals and successes.

PATIENTS WANT PROFESSIONAL GUIDANCE WHEN IT COMES TO FOOT CARE

Statements on the care behaviour of people with diabetes



¹ n = 500 people with diabetes; ² n = 500 people with diabetes, multiple answers possible; ³ n = 121 self-paying diabetes patients; percentage = agree somewhat / agree completely

OUTLOOK

SHARED PERSPECTIVE AND OUTLOOK: INTERDISCIPLINARY ACTION – ENSURING LONG-TERM FOOT HEALTH

All three perspectives paint a consistent picture: prevention is firmly established in people's minds, but its potential is not being fully utilised. Networks and structured care models are effective where they are implemented, but the required effort and financing slow down their widespread adoption. Patients need easily accessible services, clear communication and visible benefits. Above all, they need close and trustworthy support from specialists. Doctors and podiatrists are willing to take on more responsibility in this

area – provided that structures support them rather than hinder them. For the future, this means that prevention must become easier and more attractive – for patients and practitioners alike. Full reimbursement of costs, digital networking (e.g. through electronic patient records), fewer regulatory requirements and flexible qualification models for podiatrists could close the gaps. This would pave the way for truly integrated preventive care that makes amputations avoidable and ensures long-term quality of life.



ENSURING FOOT HEALTH WITH EARLY RISK DETECTION

Eduard Gerlach GmbH has been publishing the GEHWOL Diabetes Report since 2009. Its aim is to provide a well-founded assessment of disease management and awareness with regard to diabetic foot complications. The report aims to create transparency by presenting the views of relevant stakeholders, thus providing a practical view of the care situation. It highlights developments, identifies gaps and pinpoints opportunities for better prevention. Since 2023, the report has been produced in close cooperation with Statista+ Research, which has broadened

and professionalised its methodological basis. In the current survey wave, podiatrists were also included in the analysis for the first time. This has consistently broadened the perspective – doctors, podiatrists and patients are now equally considered. The report thus remains true to its claim of being not just a snapshot, but a catalyst for prevention, education and interdisciplinary cooperation. It highlights where structures need to be adapted, routines strengthened and patients supported in order to effectively prevent diabetic foot syndrome.

STUDY PROFILE



SURVEY METHOD

Doctors and patients via online survey via access panels, podiatrists via computer-assisted telephone interviews – conducted by Statista Research



SURVEY PERIOD

June & July 2025

NUMBER OF CASES



DOCTORS SURVEY: N = 120

including 75 general practitioners/internists, 45 diabetologists/endocrinologists with an average of 961 patients treated personally per quarter (47% with diabetes)



PODIATRIST SURVEY: N = 30

practising podiatrists with an average of 217.5 patients personally treated per quarter (37% with diabetes)



PATIENT SURVEY: N = 500

People with diabetes aged 16 years and over – broken down by gender: 196 women, 304 men, by age: 16–34 years (59), 35–54 years (165), 55–64 years (111), 65+ years (165)

GEHWOL MED®

SYSTEMATIC PREVENTIVE FOOT CARE



For dry and
very dry skin -
ideal for
diabetics



Dry is not harmless.

Dry skin on the feet can become cracked – this is a risk for people with diabetes.

GEHWOL MED® LIPIIDRO CREAM® is clinically proven* to protect against calluses, improve moisture levels and strengthen the skin barrier.

*Braun N et al. Akt Dermatol 2018

GEHWOL
MED®