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TITLE Illness Perception Profiles and Their Associations with Predictors Among Primary Care Patients with Diabetic Foot Ulcers: A Latent Profile Analysis

AUTHORS Julia Zhu Xiaoli, Lee Eng Sing, Frederick Chan H.F., Phoebe Lim X.H., Chen Yee Chui, Prof Konstadina Griva

EMAIL Julia_zhu@nhgp.com.sg   **INSTITUTION** National Healthcare Group Polyclinics Singapo

ABSTRACT (maximum 450 words. Please use the following or similar headings: Background/Methods/Results/Conclusions)

Background
Illness perceptions influence self-care and health outcomes in individuals with diabetic foot ulcers (DFUs), yet little is known about how these beliefs cluster or relate to key patient characteristics in primary care. This study aimed to identify distinct illness belief profiles and examine their associations with clinical, sociodemographic, behavioural, confidence-related, psychological, and quality-of-life (QoL) variables.

Methods
A convenience sample of 186 primary care patients with diabetic foot ulcers (DFUs) was recruited from eight polyclinics between April and September 2022. Participants completed the Brief Illness Perception Questionnaire (BIPQ), WOUND-QoL, Diabetic Foot Self-Care Behaviour Scale, Foot Care Confidence Scale, and Diabetes Distress Scale. Latent Profile Analysis was conducted on BIPQ responses to identify distinct illness belief profiles. One-way ANOVA and Chi-square tests were used to examine differences in clinical, behavioural, and psychosocial variables across the identified profiles.

Results
Three illness belief profiles were identified: (1) "Moderately threatening and uncontrollable" (17.7%), labelled Resigners; (2) "Highly threatening but controllable" (47.8%), labelled Fighters; and (3) "Not threatening and controllable" (34.4%), labelled Engagers. Resigners reported the most negative illness perceptions, lowest self-care engagement, and were more likely to be over 70 and functionally dependent. Fighters reported the poorest HRQoL and highest diabetes-related distress. Engagers demonstrated the most adaptive beliefs, strongest self-care behaviours, highest confidence, best HRQoL, and lowest distress.

Conclusions
Findings highlight the pivotal role of illness perceptions in psychological adjustment and self-care. Tailored interventions addressing maladaptive beliefs and distress—particularly for Resigners and Fighters—may enhance engagement and outcomes. Embedding psychological support into routine primary care could strengthen person-centred DFU management.