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In this study it was also found that previous amputation events were the second most influential factor related to worse scores in more domains. Patients with previous amputation showed significant differences in five of the six analysed domains: Leisure, dependence / daily life, negative emotions, "worried about ulcers/feet," and "bothered by ulcer care." Moreover, the domains leisure (OR 0.98, 95% CI 0.97-0.99) and worried about ulcers/feet (OR 0.98, 95% CI 0.96-0.99) were identified as significant independent domains in patients with the experience of a previous minor amputation [6]. Al Ayer et al., demonstrated a particular impact on emotional health measured by the Arabic version of the SF-36 survey in relation to prior amputations [7]. Similarly, Perrin et al., reported higher mean scores of bodily pains among patients with a history of amputation compared to those without such a history using the same questionnaire [9]. Finally, this study showed that patients with a higher le education had significantly higher scores in the domains of "wo about ulcers" and physical health. In the same way, Yekta et showed a relationship between low educational level and differen in the physical component of patients with DF pared to tho without DFU according to SF-36 [1]. Other studies relation between damage in social standing of educati o reported level [7]. In conclusion based on the results of this studnicia work on the emotional state of pati with (GDF) provides International Working Group on the Diabetic Food comprehensive guidelines the ighlight the in ıtal multidisciplinary team, m ne role of h support, and psychology in managing dipetic fool ers. It is recommended that healthcare providers al distress and provide en for psycho. nd support groups, to appropriate interversions, including counsels e emotional but den of their condition, help patients c e with the manage stres ere to t an ent clans, and make lifestyle changes necessary for ulce tion and m agement [12].

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Declara of interest

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