

QUALITY OF LIFE IN DIABETIC PATIENTS ATTENDING OUT PATIENT DEPARTMENT OF A TERTIARY CARE HOSPITAL

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ABSTRACT

Background: Diabetes Mellitus, a chronic metabolic disorder is of public health importance, affecting quality of life of the patients. **Objective:** To assess the quality of life in diabetic patients, attending outdoor patients department of a tertiary care hospital. **Methodology:** This cross sectional study was conducted in diabetic outdoor of Bahawal Victoria Hospital, Bahawalpur from 1st September to 31st December 2017. A sample of 100 diabetic patients, aged 20-80 years was taken. WHO QOL-BREF questionnaire was used for self assessment of the patients in all four domains which ranged from physical to social and environment. Data was analyzed by using SPSS version 17. **Results:** In this study, age range of respondents was 20-80 years and having duration of illness between 1-10 years. In this study 38% respondents rated their QOL as good while 29% were having poor quality of life, whereas upto 55% diabetics were satisfied with different aspects of their health. **Conclusion:** This study concluded that diabetic people in Bahawalpur have moderate quality of life, may be due to social and economic constraints.

Key words: Diabetes Mellitus, QOL, Satisfaction.

INTRODUCTION

Diabetes Mellitus is an emerging epidemic of the world which affects more than 120 million people worldwide and its burden is further increasing especially in developing country.^{1,2} Its epidemic status is strongly is mainly due to lifestyle and economic change.³ Quality of life (QOL) in the medical setting is” a board concept which range from physical and psychological and limitations, which describe in individual's ability to function and to derive satisfaction from doing so.⁴ Quality of life is also refers to emotional, social and physical well being of a man and women and their ability to function in the ordinary tasks of living.^{5,6} Although, there is no “gold standard” as far as definition of quality of life is concerned. The problem of defining QOL is resolved by operationalizing it as a score on a questionnaire. Diabetes is a disease having negative impact on the perception of well-being.^{7,8} QOL is a concern for people with diabetes and their health care providers. Diabetes leads to low self-care, leading to poor glycemic control and even greater risks for complications.^{9,10} Health related beliefs plays a major role along with social support, and personality type which have a potent effect on QOL.¹⁰⁻¹⁴ This study assessed quality of life among diabetic patients attending out patient department of a tertiary care hospital.

METHODOLOGY

This was a cross sectional study to assess the quality of life of diabetic patients in Bahawalpur city. It was conducted in diabetic outdoor of

Bahawal Victoria Hospital, Bahawalpur from 1st September to 31st December 2017. A sample size of 100 diabetic patients was taken by convenient sampling. Diabetic patients (both IDDM and NIDDM) of all ages and both sexes were included in the study. People who refused to respond were excluded from study. After taking informed consent, a preformed and pretested questionnaire based on WHOQOL-BREF self assessment was filled. WHOQOL-BREF is a 26-item version of the WHOQOL-100 assessment.

This self assessment was completed together with demographic and health status questions. All questions were translated in local language (Saraiki, Punjabi) and the responses were entered by the researcher herself on the questionnaire. Patients responded to all items on a 5 point Likert scale. A score of 1 indicated very poor. A score of 5 represented very good. Data was analyzed by using SPSS version 17. Tables and figures were made and WHOQOL-BREF score was calculated. Ethical approval was sought from ethical committee of hospital.

RESULTS

This study was carried out on 100 diabetics in diabetic outdoor of Bahawal Victoria Hospital, Bahawalpur and showed that 62% respondents were male and 38% were females. Age of study subjects was between 20-80 years, mostly people 64% were in 40-60 years age group, with duration of illness between 1-10 years among 58% of patients. (Table-I) In this study, 86% people were having type 2 diabetes (NIDDM).

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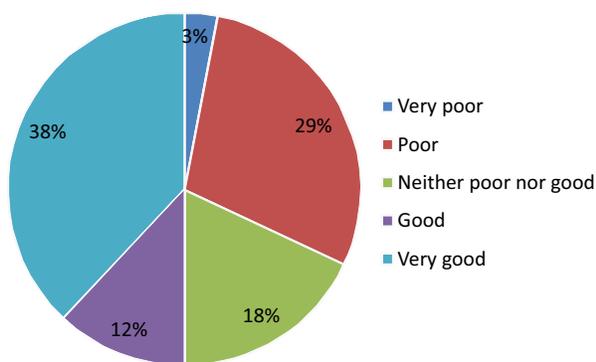
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Figure I: Quality of life among study subjects**Table I: Age Distribution and Duration of Illness (N=100)**

Age (Years)	Frequency	Percentage
20-40	12	12%
40-60	64	64%
60-80	24	24%
Time Since Onset		
	Frequency	Percentage
Below 1 year	28	28%
6 to 5 year	40	40%
5 to 10 years	18	18%
Above 10 years	14	14%

Table II: Satisfaction of diabetics with sleep, daily activities and work capacity

Status	Frequency	%age
Very Dissatisfied	9	9%
Dissatisfied	33	33%
Neither satisfied nor dissatisfied	12	12%
Satisfied	35	35%
Very Satisfied	11	11%
Satisfaction with ability to perform daily activities		
Status	Frequency	%age
Very Dissatisfied	7	7%
Dissatisfied	19	19%
Neither satisfied nor dissatisfied	25	25%
Satisfied	42	42%
Very Satisfied	7	7%
Satisfaction with capacity of work		
Status	Frequency	%age
Very Dissatisfied	9	9%
Dissatisfied	25	25%
Neither satisfied nor dissatisfied	28	28%
Satisfied	31	31%
Very Satisfied	7	7%
Satisfaction with Himself/Herself		
Status	Frequency	%age
Very Dissatisfied	2	2%
Dissatisfied	12	12%
Neither satisfied nor dissatisfied	14	14%
Satisfied	55	55%
Very Satisfied	17	17%

Regarding assessment of QOL in accordance with WHOQOL-BREF questionnaire, 38% people rated their QOL as good, 29% were having poor and 3% had very poor quality of life. (Figure-I) Table-II shows that 35% diabetics were satisfied with their sleep, 31% diabetics were satisfied with their capacity to work. 55% of diabetics were satisfied with themselves, 14% neither satisfied nor dissatisfied and 2% very dissatisfied.

DISCUSSION

Our study showed that 62% among diabetics were male which was in contrast to another study conducted in UAE where there are more females.¹³

Mostly diabetics in our study were in age 40-60 years and having type 2 diabetes which was similar to a previous study.¹³ Our study showed that diabetics in Bahawalpur city showed moderate QOL (HRQOL) as illustrated by 38% which was in contrast to another study conducted in UAE where diabetics had better HRQOL 62-65%.¹³ in a study¹⁵ people where good QOL (70-76%), in Gaza (32-52%)¹¹ and Iranian people (56-64%).¹¹ In our study, 24% had poor level of satisfaction which was in contrast to another study conducted in where 11% had poor satisfaction.¹⁶ Diabetics in Bahawalpur had highest score on psychological domain where as in Iran high score on physical domain and in Gaza, high score on social relationship domain was found.

Diabetics in Bahawalpur city had 37% score on social domain which were different from other countries 45%. Diabetics in Bahawalpur showed that 30% of them enjoyed good life which was in contrast to a study where 37% patients enjoyed good environment.¹⁴ From the above differences in percentage of HRQOL and its domains among people with diabetes, it is evident that QOL is a subjective concept and is perceived differently in different cultures. There are some characteristics of Bahawalpur cultures that may explain the low to moderate QOL.

The first character is the low income of residents of Bahawalpur as compared to other countries of the world. Most citizens in this city have low standard of living with inadequate resources, financial assets, health facility and health education. The second character is insecure and unsafe social environment that accompanies political instability with in the region. It is possible that these characteristics buffer or increase the perceived burden of diabetes on QOL especially in physical and environmental domain. Limitations in this study are the relatively small

sample size and failure to consult patients medical records to confirm complications and comorbidities rather than subjects self-report which may result in bias and so, may have affect the findings of this study. The strength of this study included that this centre provides care for different socio-economic classes of diabetic patients.

CONCLUSION

This study concluded that about half of the patients having Diabetes Mellitus have poor quality of life (QOL) due to which their health is emaciated in the long corridor of time.

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