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# ASSESSMENT OF QUALITY OF LIFE IN DIABETIC AND HYPERTENSIVE INDIVIDUALS IN A FIELD PRACTICE AREA OF GOVERNMENT MEDICAL COLLEGE, MAHBUBNAGAR

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**ABSTRACT** **Introduction:** Quality of life is a subjective concept which maintains the health .Majority of people with chronic diseases especially Hypertension and Diabetes have poor quality of life due to their therapeutic regimen and lifestyle . **Objectives:** 1.To assess the Quality of life and sociodemographic profile among the study Population **Materials and Methods:** A cross-sectional study was conducted in a Sample of 303 by using WHOQOL-BREF Scale for assessing the quality of life containing four domains with 23 questions. . Data collected was Analysed using MS EXCEL. **Results:** The present study shows that, majority of the study participants were in the age group of 50 to 60 years (31.7%),and suffered from Hypertension (38%), Diabetes (28.4%) and Both Diabetes and Hypertension (33.4%). **Conclusions:** Majority of the study participants were having moderate quality of life and having good support from their family members.

**KEYWORDS :** Stress, Quality of life, health.

## INTRODUCTION

Quality of life is a subjective concept which maintains the health by Physical, Mental and Social Wellbeing characteristics[1]. Majority of people with chronic diseases especially Hypertension and Diabetes have poor quality of life due to their therapeutic regimen and lifestyle . Stress is a major contributor to the physiology of Hypertension and Diabetes which is closely linked to physical, psychological, environmental, and overall quality of life. Hypertension is unavoidable risk factor for heart diseases which have mostly negative impact on health that leads to morbidity and mortality[2]. Quality of life is a multidimensional concept of an individual's general well-being status in relation to the value , environment, cultural and social context in which they live. Since the life expectancy has been increased ,the importance also increased for better quality of life and good health[3]. As limited literature is available in this aspect this study aimed to assess the quality of life among Diabetic and hypertensive individuals. The Objectives of the study were to assess the Quality of life and sociodemographic profile among individuals.

## MATERIALS AND METHODOLOGY

A cross-sectional study was conducted for a period of 3 months at field practice area of Government Medical College, Mahbubnagar, Telangana. A Sample of 303 individuals were consented and interviewed to collect the information with an agreement to participate on the subject of socio demographics, physical, psychological, social, and environmental factors using structural questionnaire containing 23 questions.

### Selection Of Participants :-

- Sampling method was used to carry out by interviewing the subjects attending the Field practice area.

### Inclusion Criteria :-

- Patients who attended the OPD at the Field practice area from 30 to 80 years of age diagnosed with Hypertension, Diabetes Type 2 or both were requested and consented to participate in the study

### Exclusion Criteria :-

- Patients who were suffering with chronic diseases rather than Hypertension and Diabetes are eliminated. Patients aged below 16 years, pregnant women, or postpartum women along with pre diabetic conditions and emergency care patients were excluded.

### Data Collection

A structured questionnaire was developed to collect information about Socio demographics. WHOQOL-BREF Scale-based questionnaire was used to collect data related to Health and medication related characteristics, Clinical diagnosis, Checkups and Daily activities like exercise, Health literacy, Medication adherence[4]. The data of patient medication records, self-reports were taken. The data was collected by using prepared questionnaire, from each patient demographics details are gathered by conducting an interview of patient/ attendants. The data was analysed by using open epi , SPSS, and MS EXCEL Software

### Data Annalysis

WHOQOL-BREF Scale was utilitarian for assessing the quality of life containing four domains namely physical domain, Mental domain, social domain, and environmental domain with 23 questions.

## RESULTS

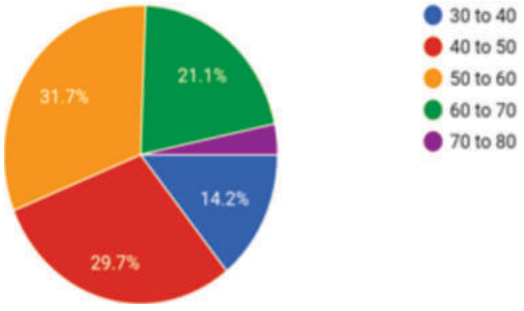


**Fig No 1: Distribution Of Age In Years.**

### Demographics And Health Related Characteristics Of The Study Patients

- The present study shows that, majority of the study participants were in the age group of 50 t0 60 years (31.7%) followed by 40 t0 50 years(29.7%).

**Table No 1: Demographic Details Of Participants With Their Gender, Marital Status.**

| | | | |
|---|---|---|---|
| Gender | Male | 147 | 48.5% |
| | Female | 154 | 50.08% |
| | Transgender | 2 | 0.7% |
| Marital status | Married | 230 | 75.9% |
| | Unmarried | 15 | 5% |
| | Separated | 7 | 2.3% |
| | Divorced | 2 | 0.7% |
| | Widowed | 49 | 16.2% |

- In the present study out of 303 participants majority were females followed by (50.8%) and 147 males (48.5%), and majority of the population were married (75.9%).

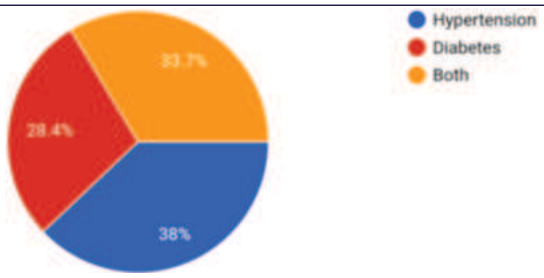


**Fig No: 2 Demographic Details Of Participants With Their Comorbidity And Medication.**

- Participants suffered with a disease of Hypertension (38%), Diabetes (28.4%) and Both Diabetes and Hypertension (33.4%).Out of 303 responses, 268 (88.4%) are using medication, 11 (3.6%) are not using medication and 24 (7.9%) are using medication irregularly.
- Participants visited hospital for checking (28.4%) monthly, (14.5%) every 6 months, (13.9%) every 3 months, (11.2%) once in a year.

**Table No.2 Quality Of Life Score Among The Study Participants**

| Score | Not at all 1 | Yes, somewhat 2 | Yes, moderately 3 | Yes, a lot 4 | Yes, Very much 5 |
|---|---|---|---|---|---|
| Satisfaction with sleep | 7 | 32 | 66 | 100 | 97 |
| Satisfaction with enjoyment in lie | 0 | 15 | 92 | 124 | 70 |
| Satisfaction with health | 0 | 24 | 109 | 115 | 55 |
| Satisfaction with ability to perform daily life activities | 3 | 22 | 107 | 103 | 66 |
| Satisfaction with the support from family | 6 | 17 | 67 | 88 | 121 |
| Overall quality of life Satisfaction | 3 | 23 | 77 | 131 | 69 |
| Mean QOL | 3 | 23 | 86 | 111 | 80 |

## DISCUSSION

The findings reveal that the quality of life (QoL) among diabetic and hypertensive individuals in the field practice area is significantly influenced by multiple factors, including age, duration of illness, socioeconomic status, adherence to treatment, and comorbid conditions. Older individuals, those with a longer duration of illness, and those with additional comorbidities tended to report lower QoL scores[5,6]. These trends are consistent with existing literature, which highlights the progressive nature of these chronic conditions and their cumulative impact on an individual's health and well-being.

### Physical Health and Daily Functioning

The study underscores the significant impact of diabetes and hypertension on physical health. Many participants reported difficulties in carrying out routine activities due to fatigue, pain, or mobility restrictions. This finding emphasizes the need for tailored interventions that address physical limitations and promote functional independence[7]. Regular monitoring and early intervention for complications such as neuropathy, retinopathy, and cardiovascular diseases can mitigate physical challenges and enhance QoL[8].

### Psychological and Emotional Well-being

Psychological health emerged as a critical domain affecting QoL. Participants often experienced stress, anxiety, and depression due to the chronic nature of their illnesses, frequent medical appointments, and dietary restrictions. This highlights the importance of incorporating mental health support into chronic disease management[9]. Providing counselling services, peer support groups, and stress management strategies can help individuals cope more effectively.

### Social and Economic Factors

The study highlights the role of social and economic factors in shaping QoL. Individuals from lower socioeconomic strata often faced challenges such as inadequate access to healthcare, inability to afford medications, and poor health literacy[10]. These barriers underscore the importance of strengthening public health initiatives, enhancing access to affordable medications, and conducting community-based awareness programs to improve disease management[11].

### Adherence to Treatment

Adherence to prescribed treatments, including medication, dietary modifications, and regular physical activity, was a significant determinant of QoL. Participants who adhered to their treatment regimens reported better health outcomes[12]. This finding emphasizes the need for continuous patient education and counselling to enhance adherence and promote self-management[13].

## CONCLUSION

In the present some participants were unaware of true causes of diabetes and hypertension. In fact, there is some lack of trust in physician, health providers or other health care professionals and acceptance of folk's beliefs. To avoid these health care professionals should monitor the patient on their health illness and strictly suggest the patients about their disease, drugs, and life style modifications courteously in order to maintain their better quality of life and make them sticky adhere to their medication. Regular screenings and health check ups should be done to increase the quality of life among the patients.

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