



A STUDY ON ASSESSMENT OF HEALTH RELATED QUALITY OF LIFE IN DIABETIC PATIENTS

Pharmaceutical

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KEYWORDS

INTRODUCTION:

Diabetes mellitus is a chronic disorder that has been recognised by the Indian government as a major public health problem with far reaching consequences. Every diabetic patient's life is unique. Many cannot effectively control their disease but all patients are unanimous in their opinion that diabetes has had a huge impact on their lives. They feel psychologically overwhelmed by the numerous rules that the disease requires them to follow. An added burden for them is the micro- and macro-vascular complications associated with both short-term and long-term diabetes management. Assessing the quality of life (QoL) of patients is very difficult, due to the fact that each individual has their own subjective view on their physical, emotional and social well-being. This subjective opinion includes a cognitive element satisfaction; as well as emotional component happiness. A declining QoL and depression can strongly influence a patient's commitment towards controlling their disease

METHODOLOGY:

This was a prospective survey based study conducted for a period of six months to assess the quality of life of patients with diabetes, surveyed in a location of Rajahmundry jurisdiction by using a health related quality of life general questionnaire that is SF-36 which has the domains of physical functioning, role limitations due to physical health, bodily pain, general health, vitality, social functioning, role limitations due to emotional health, and mental health. Quality-of-Life Questionnaire (SF-36) was applied to surveyed patients to collect their satisfaction towards the specific domain questionnaire. The questionnaire contains 36 questions under 8 domains. The score range from 0 to 100. In addition to dimension scores, two summary scales (the Physical Components Summary [PCS] and the Mental Components Summary [MCS]) can be derived from the scales, and the summary quality-of-life dimensions are also used in this study. Data were analyzed using simple mathematical equations.

RESULTS:

Out of 50 patients interviewed males are 52% and females are 48%. The economic status of the people were found to be 8% are with lower income, 58% with average income and 34% with higher income as we collected data in a multispecialty hospital lower income people found less as they unable to afford the hospital charges. In the total patients n=50 smokers were 10% and non-smokers were 90%. The patients who interviewed were 48% lower education, 20% higher education, 26% are graduates and 6% are postgraduates. The age grouped from 40-80years, a gap of 10 years between the groups. Out of 50 patients 26% are in range of 40-50 group, 34% in range of 50-60 group, 24% in range of 60-70, and 16% in range of 70-80 group. The co-morbid conditions with the patients are found to be 52% with hypertension and 2% with cardiovascular disorder.

Out of fifty diabetic patients surveyed, male 26(52%) and female 24(48%). The score ranges were 0-100, zero indicates least quality of life and 100 indicate maximum quality of life. The mean scores found in wellbeing 17.53, social 59.29, physical 56.35, physical health 31.75, pain 61.65, general health 54, energy 55.58 and emotional problems 26. The reasons may be due to economic, social and personnel problems

Table No. Demographics details of surveyed population (n=50)

Parameter	Number (Percentage)
Gender	
Male	26 (52%)
Female	24 (48%)
Age	
40-50	13(26%)
50-60	17(34%)
60-70	12(24%)
70-80	08(16%)
Education status	
Lower	24(48%)
Higher	10(20%)
Graduation	13(26%)
Post graduation	03(06%)
Economic	
Lower	04 (08%)
Middle	29 (34%)
Higher	17 (58%)
Smoking	
Smoker	05 (10%)
Non smoker	45 (90%)
Co-morbidities	
Hypertension	26 (52%)
Cardiovascular –disorder	02 (04%)

Table No 2: Comparison of mean score of Quality Of Life domains (n=50)

Domains	Mean Score (0-100)	Standard Deviation (±)
Physical functioning	56.35	36.76
Physical health	31.75	12.02
Emotional problems	66.66	26.00
Energy /Fatigue	55.58	14.14
Emotional wellbeing	17.53	17.53
Social functioning	59.29	20.80
Pain	61.65	11.95
General health	54.00	19.09

CONCLUSION:

This study demonstrated that the diabetic patient has different quality of life in different domains due to various reasons. Clinical Pharmacist identifies the reasons and prevents to improve the quality of life.

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