Perception of Quality of Life among People with Diabetes

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Abstract

Diabetes is a chronic disease that affects a patient's quality of life. This cross-sectional study aimed to determine the socio-demographic and disease profile factors associated with poor quality of life among patients with diabetes. The study was conducted at a primary health care clinic in Kuching between August to November 2010. Short Form - 36 (SF-36) questionnaire was used to assess the quality of life of diabetic patients aged ≥ 18. A total of 142 respondents participated in the survey. After adjusting for age, those with no education scored lower in vitality (p=0.043) and emotional health (p=0.033) compared with those who have tertiary education. Those working in the private sector scored better for physical functioning (p=0.042) compared with pensioners and the unemployed. Patients with uncontrolled diabetes scored lower in the role-emotional domain (p=0.003). Participants who were on <3 (p=0.014) and ≥3 (p=0.024) oral medications had better score for role-physical than those on insulin. Those on insulin had worse score for bodily pain than those on oral medication only (vs <3 oral drugs, p=0.026; vs ≥3 oral drugs, p=0.001). Various socio-demographic factors, uncontrolled diabetes and insulin usage were found to have negative impact on a diabetic patient's quality of life. Programmes addressing the physical and emotional needs of diabetic patients at the primary health care setting are essential to help improve their quality of life.

Introduction

Globally, the number of people with diabetes has increased sharply and are projected to increase by over 80% in upper-middle income countries. In Malaysia, the prevalence of diabetes is also on the upward trend. Chronic diseases like diabetes may affect a person's quality of life in many ways. Although better glycaemic control is associated with higher quality of life, complexity of regimens aimed at achieving the glycaemic control may have an adverse impact on patients' quality of life. The negative impact of insulin injections on patients' quality of life are often overlooked. Newer mode of insulin delivery, such as non-invasive insulin inhalers, could address this shortcoming and help improve quality of life. Reduced compliance to diet and medications and increased risk of diabetes-related complications are also associated with depression among diabetic patients, which may affect their quality of life. Thus, a diabetic patient's quality of life should be a primary consideration when prescribing a treatment regimen.

Studies have documented poor quality of life among diabetic patients who have suffered from this condition for a long time and is associated with old age, gender (especially women), diabetic complications, concomitant diseases and disease severity.