

BETTERING THE QUALITY OF LIFE IN DIABETES

Mr. Marbel Singh R. K. * | Dr. Franklin Shaju M.K. **

* Vice Principal, White Memorial College of Physiotherapy, Tamil Nadu, India.

** Professor, RVS College of Physiotherapy, Tamil Nadu, India.

ABSTRACT

Quality of life is how an individual perceives himself/ herself as healthy and able to enjoy life events. It is determined by one's physical, psychological, social and environmental situation, which emphasise the need for holistic care. The quality of life can be affected by various health conditions; and diabetes is a disease where the person experiences deterioration in the quality of life. As there is an increase in the burden of the disease, there is a need for strategies to combat the disease and make a significant improvement in the quality of life. It is essential to recognise that the total environment of the person has an impact on life and every effort should be made to build a positive and healing environment. Health care professionals should involve the affected person in health care decision making; provide education on preventive, promotive and curative aspects of health; provide a healing health care environment and take all possible measures to improve the quality of life of people with diabetes.

Key Words

Quality of life, Diabetes, Health dimensions

About Authors:



Mr. Marbel Singh is an expert physiotherapist with a reputable academic career track and outstanding clinical experience. Being an accomplished teacher, clinician, and administrator with a wide range of experience, he is much admired both as a teacher and clinician and received various appreciations. He has the credit of organizing various National and International conferences and workshops and is actively involved in research. Currently, he holds the position of Vice Principal, White Memorial College of Physiotherapy, Atttoor, Tamil Nadu, India.



Dr. Franklin is a professional Physiotherapist with more than twenty years of experience, deployed in various fields of Physical therapy. He is exposed in research, clinical therapy as well as hands-on expertise in classroom grooming as a faculty member. He is a member of the Indian Association of Physiotherapists. Currently, he holds the position of Professor, RVS College of Physiotherapy, Coimbatore, Tamil Nadu, India.

INTRODUCTION

Currently, chronic non-communicable diseases (NCDs) have become a significant health concern for both developed and developing countries. Diabetes is one of the leading diseases and is the main reason for admission in hospitals. In the year 2010, world prevalence of diabetes among adults (aged 20–79 years) was 6.4%, affecting 285 million adults, and expected to increase to 7.7%, involving 439 million adults by 2030. Between 2010 and 2030, a 69% increase in numbers of adults with diabetes in developing countries and a 20% increase in developed countries are expected. Estimates indicate a growing burden of diabetes, particularly in developing countries. The prevalence of diabetes in the urban areas is high, and there is a high percentage with impaired glucose tolerance which is at risk for diabetes.

Diabetes mellitus is an epidemic in India, with the resulting morbidity and mortality posing significant healthcare burdens on both families and the society. Diabetes produces complications even at a relatively younger age. With the steady migration of people from rural to urban areas, the economic boom, and the corresponding change in lifestyles the incidence of diabetes went up. Despite the increase in the incidence of the disease, investigating those affected by the disease remains unique because of the diverse nature of the country. This calls for urgent research and intervention, at regional and national levels, to mitigate the potentially catastrophic increase in the incidence of the disease in the upcoming years.

QUALITY OF LIFE- WHAT IT MEANS?

Quality of life is the degree to which an individual is healthy, comfortable, and is able to participate and enjoy the life events. It *can* be the experience an individual has of his/her own life and of the living conditions which individuals find themselves in. Hence, the quality of life is highly subjective. The perception of quality varies from individual to individual and relates to different dimensions of health.

WHO defines Quality of life as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns? The definition reflects that quality of life is a subjective evaluation which is embedded in the cultural, social and environmental context.

HOW IS THE QUALITY OF LIFE IN DIABETES?

Research revealed that quality of life is affected in patients with diabetes and reported varied scores on different domains of quality of life. The quality of life is poor in women, the uneducated, older group and lower socio-economic group and those with longer disease duration. Factors like age, sex, educational level, social class, type of treatment is found to have a significant impact on the quality of life measures and therapy compliance. On the other hand, there were studies that support that the average quality-of-life-score for diabetes patients was found to be good.

HOW TO MEASURE THE QUALITY OF LIFE?

The focus on the measurement of health goes much beyond the traditional indicators of health such as mortality and morbidity. It includes the measures of the impact of the disease in daily activities and behaviour. The reinforcement of the humanistic element in the health care calls for the assessment of the quality of life, and this led the WHO to develop an instrument to measure the health-related quality of life. Quality of life measures need to include measurement of physical health, psychological health, social relations, and environment.

QUALITY OF LIFE – THE DIMENSIONS

Quality of life comprises of four aspects that include physical health, psychological health, social relations, and environment. Physical health includes the activities of daily living, energy level, pain and discomfort experienced in mobility, work capacity and the dependence on medical substances. The psychological domains involve the body image, positive and negative feelings, self-esteem, spirituality and cognitive aspects like thinking, learning, memory and concentration. The social relationships involve personal relationships and also involvement in the marital

relationship. The environment includes the home environment, health care environment, the physical and social environment, freedom, financial ability and participation in recreational activities.

BETTERING THE QUALITY OF LIFE IN DIABETES – WHAT CAN BE DONE?

Management of physical ailments

Ailments such as low energy level, disability, chronic pain, and incontinence are associated with lower health-related quality of life in older adults with diabetes. Education about early identification and management of the ailments can improve the quality of life in patients with diabetes. As the quality of life is also associated with associated comorbidities, a holistic approach is needed in treating a person with diabetes.

Mental wellbeing

The quality of life was low, and the limitations were mainly due to emotional problems such as depression which is higher in diabetic patients, and this causes further deterioration in the quality of life. Diagnosing and treating depression at an earlier stage may be essential to improve the quality of life in people with diabetes. As happiness springs from relationships, the focus should be given on building relationships that can bring a sense of wellbeing. Spirituality also helps to promote mental well-being.

Social relationship

Family and social support are essential in the management of diabetes as it can improve the compliance to diet, medication and lifestyle changes. Participation in recreation and leisure activities reduce stress levels and promote wellbeing. Spousal support is especially beneficial in management and control of diabetes.

Environment

A positive and healing family and social environment can help people with diabetes to cope up with the disease and have a better quality of life. Access to appropriate health care is essential to promote healthy living in people with diabetes. A clean physical environment can help prevent infections as people with diabetes are prone to injury associated complications.

Exercise and Glycemic control

Physical activity improves glycemic control and thus prevents the acute and chronic complications of diabetes mellitus. Aerobic exercise is a safe and effective intervention to better the quality of life in people with type 2 diabetes and is found to be safe. A combined low- and moderate-intensity aerobic exercise such as walking for 30 minutes or more five times a week is recommended for patients with diabetes. Interestingly glycemic control was found to prevent long term complication and better the quality of life in diabetic patients without complications. Geriatric syndromes and hypoglycaemia are associated with lower health-related quality of life and avoiding hypoglycaemia can better the quality of life

WHAT IS THE ROLE OF HEALTH PROFESSIONAL?

The role of the health professional is to maximise the health component of quality of life, namely health status. As the domains of health have a significant impact on the quality of life measures and therapy compliance, it has to be considered and addressed in health care settings to provide comprehensive health care and produce an optimal outcome. The health care professionals should be aware of the subjective component of providing holistic and comprehensive care which can help improve quality of life. The health professionals should consider the client's perspective; make an effective and personalised decision of care that can promote a sense of autonomy and well-being. Health Professionals may give appropriate education regarding a healthy lifestyle and behaviour that can contribute to a better quality of life in people living with diabetes.

CONCLUSION

The globalisation of unhealthy habits drives the world. Economic growth push populations toward either more unhealthy or healthy habits, depending on the countries' level of development. The US Centers for Disease Control and Prevention (CDC) has formulated strategies to combat the problem. It includes epidemiology, environmental

approaches that support healthy behaviours, health system interventions, mainly preventive services and community improvement strategies. Creating healthy conditions that promote healthy behaviour can lead to a healthier population for the health-care system to deal with. The large scale increase of the disease demands support systems for the effective control of diabetes in India as well as in the global community. Increasing awareness of the preventive aspects of diabetes, frequent monitoring of health parameters and a healing environment is essential to create wellbeing for diabetic patients.

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