

From Numbers to Narratives: Understanding Quality of Life in Type 2 Diabetes

<u>Raja D</u>

Professor, Department of Community Medicine, Chettinad Hospital & Research Institute, Chettinad Academy of Research & Education, Kelambakkam, Chengalpattu District, Tamil Nadu, India. **DOI:** https://doi.org/10.24321/2278.2044.202363

INFO

E-mail Id:

rajadanasekaran@gmail.com Orcid Id: https://orcid.org/0000-0002-4571-0407 How to cite this article:

Raja D. From Numbers to Narratives: Understanding Quality of Life in Type 2 Diabetes. Chettinad Health City Med J. 2023;12(4):1-2. Living with type 2 diabetes is a delicate balance, demanding meticulous glycaemic control while significantly influencing overall quality of life.¹ In the pursuit of comprehensive care, a critical review of assessment instruments becomes imperative. This article embarks on an exploration of the multifaceted landscape of measuring the quality of life of people with type 2 diabetes, unravelling the relevance of various assessment tools to patient care and research.

Understanding the Terrain

Managing type 2 diabetes extends beyond glucose levels; it delves into the intricate realm of a patient's well-being. The objective of this exploration is to comprehend the multifaceted approaches to quality-of-life measurement.² From generic health-related instruments to disease-specific tools, psychological assessments, complication evaluations, and socio-economic dimensions, each facet contributes to the nuanced understanding of a patient's experience.

Generic Health-related Quality of Life Instruments

The journey begins with generic health-related quality of life (HRQoL) instruments like the Short Form 36 (SF-36) and EuroQol-5D (EQ-5D). These instruments, designed to assess overall health and wellbeing, transcend specific conditions and are adaptable to various patient populations, including those with type 2 diabetes.³ The SF-36, for instance, scrutinises physical functioning, role limitations, social functioning, and mental health. Research indicates lower scores in physical functioning and vitality among individuals with type 2 diabetes, underlining the profound impact of the disease on their quality of life.¹

Disease-specific Instruments

Beyond generic assessments, disease-specific instruments tailored for type 2 diabetes, such as the Diabetes Quality of Life Measure (DQOL) and Diabetes-39 (D-39), come into focus.⁴ The DQOL, a widely recognised tool, probes treatment satisfaction, the impact of diabetes on daily life, and overall well-being. Studies utilising DQOL underscore the intricate link between glycaemic control and quality of life. Disease-specific instruments like D-39 offer insights into various dimensions, including treatment satisfaction, social burden, anxiety, and overall well-being.



Psychological and Emotional Assessment

Living with type 2 diabetes often involves grappling with profound psychological and emotional effects. Stress, anxiety, and depression become integral aspects of a patient's quality of life. The Diabetes Distress Scale (DDS) and the Hospital Anxiety and Depression Scale (HADS) step in as instruments to assess psychological well-being.³ Elevated scores on these scales may signal a need for psychological support, emphasising the necessity to address not only the physical but also the emotional dimensions of the impact of type 2 diabetes on the quality of life of people.

Diabetes-specific Complications Assessment

Complications arising from poorly controlled type 2 diabetes, such as neuropathy and retinopathy, add another layer to the quality-of-life narrative. Instruments like the Neuropathy Total Symptom Score (NTSS-6) and Diabetic Retinopathy Quality of Life Questionnaire (RetDQoL) specifically measure the impact of these complications.⁵ By gauging the burden of complications, healthcare providers can tailor interventions to address specific concerns and enhance overall well-being.

Social and Economic Assessments

Acknowledging that the impact of type 2 diabetes extends beyond the individual, social and economic dimensions has become crucial.⁵ Instruments like the Diabetes Family Behavior Checklist (DFBC), Diabetes Quality of Life for Youths (DQOLY), and the Diabetes Economic Evaluation Model (DEEM) measure the ripple effects on family dynamics, the unique challenges faced by young individuals, and the economic burden of the disease.

Implications for Patient Care and Challenges to Navigate

The implications of integrating quality-of-life measurements into patient care are profound. Tailored patient care, informed healthcare policies, targeted interventions, and holistic, patient-centred approaches become possible. However, challenges lurk in the subjectivity of assessments, the dynamic nature of quality of life, lack of standardisation, cultural variations, and the integration of assessments into routine care.

Conclusion

In the intricate tapestry of type 2 diabetes, measuring the quality of life emerges as both, an art as well as science.² The diverse range of instruments, each playing a unique role, empowers healthcare providers to offer nuanced, patient-centred care. Despite the challenges, understanding and measuring these dimensions are imperative for enhancing the overall well-being of those navigating the complexities of this chronic condition.¹ By acknowledging the multifaceted impacts on physical, psychological, social, and economic

ISSN: 2278-2044 DOI: https://doi.org/ dimensions, we pave the way for a more holistic approach to patient care. As we delve deeper into the significance of tailored patient care, informed healthcare policies, targeted interventions, and holistic, patient-centred methodologies, we underscore the importance of not just managing blood sugar levels but improving the broader spectrum of an individual's life.

References

- Ware Jr JE, Sherbourne CD. The MOS 36-item shortform health survey (SF-36): I. Conceptual framework and item selection. Med Care. 1992;30(6):473-83. [PubMed] [Google Scholar]
- Bradley C. The Diabetes Treatment Satisfaction Questionnaire: DTSQ. In: Handbook of psychology and diabetes. Taylor & Francis; 1994. p. 111-32. [Google Scholar]
- Polonsky WH, Fisher L, Earles J, Dudl RJ, Lees J, Mullan J, Jackson RA. Assessing psychosocial distress in diabetes: development of the diabetes distress scale. Diabetes Care. 2005;28(3):626-31. [PubMed] [Google Scholar]
- Bastyr 3rd EJ, Price KL, Bril V; MBBQ Study Group. Development and validity testing of the neuropathy total symptom score-6: questionnaire for the study of sensory symptoms of diabetic peripheral neuropathy. Clin Ther. 2005;27(8):1278-94. [PubMed] [Google Scholar]
- Brazier JE, Harper R, Jones NM, O'Cathain A, Thomas KJ, Usherwood T, Westlake L. Validating the SF-36 health survey questionnaire: new outcome measure for primary care. BMJ. 1992;305(6846):160-4. [PubMed] [Google Scholar]