

ADDRESSING QUALITY OF LIFE AND PSYCHOPATHOLOGICAL ASPECTS IN DIABETES MELLITUS



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Introduction

◆ Over the past twenty years, Quality of Life (QoL) evaluation has become increasingly important in the scientific community since all effective interventions that are carried out in therapy are reflected in QoL.

◆ The link between QoL and psychopathology is established and it appears that there are some symptoms of psychopathology more prevalent than others and it is important to know how to recognize and identify them to conduct further treatment.

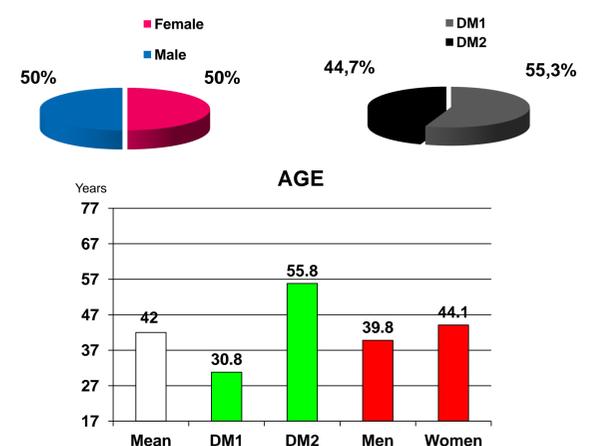
Objectives

◆ Assess how QoL is correlated with psychopathological symptoms and how the latter contributes to self-care and metabolic control in type 1(DM1) and type 2(DM2) diabetic patients.

Patients

◆ We selected a convenience sample from the Outpatient Department of Endocrinology at our Hospital of 94 subjects.

Patients



Methods

◆ To examine the impact of DM on QoL we used:

- "Audit of Diabetes-Dependent Quality of Life"

Identifies domains of life important to the individual, the quality of which are impaired by diabetes and its management.

- "Brief Symptom Inventory"

Offers patient-reported psychopathological data to help support clinical decision-making at intake and during the course of treatment in multiple settings. It has 3 global psychological scales (GSI, TPS and PSI) and 9 sub-scales (somatization(S), obsessive-compulsive(OC), interpersonal sensitivity(IS), depression(D), anxiety(A), hostility(H), phobic anxiety(PA), paranoid ideation(PI) and psychoticism(P).

- General Biographical Questionnaire

ADDQoL's Results

	TYPE OF DIABETES		
	DM 1	DM 2	P
	Mean ± SD	Mean ± SD	
ADDQOL	-1,04 ± 1,19	-1,74 ± 1,34	0,009
ADD4 (sexual life)	-0,78 ± 2,10	-1,92 ± 2,91	0,03
ADD5 (physical appearance)	-0,50 ± 2,28	-1,85 ± 2,90	0,01
ADD10 (motivation)	-1,21 ± 2,27	-2,35 ± 2,57	0,02
ADD17 (pleasure in food)	-0,78 ± 2,90	-2,71 ± 3,19	0,003

◆ We found that patients with DM1 have higher levels of QoL than patients with DM2.

ADDQoL's Results

	TREATMENT		
	Insulin	Oral Antidiabetics	P
	Mean ± SD	Mean ± SD	
ADD1 (job opportunities)	-2,22 ± 2,88	-0,53 ± 1,59	0,03
ADD8 (easy of travel)	-2,07 ± 2,31	-0,80 ± 2,39	0,005

◆ Insulin-treated patients had a poorer QoL.

◆ The greatest significant differences between these groups are the items regarding working-related opportunities and ease of travel.

ADDQoL's Results

	COMPLICATIONS		
	With Complications	Without Complications	P
	Mean ± SD	Mean ± SD	
ADDQOL	-2,03 ± 1,49	-0,95 ± 0,98	<0,001
ADD1 (job opportunities)	-3,22 ± 3,11	-1,20 ± 2,28	<0,001
ADD2 (family life)	-2,82 ± 2,73	-1,05 ± 2,06	0,001
ADD5 (physical appearance)	-1,80 ± 2,85	-0,69 ± 2,45	0,05
ADD6 (physical activity)	-3,22 ± 2,85	-1,54 ± 1,93	0,001
ADD8 (easy in travelling)	-2,97 ± 2,90	-1,22 ± 1,69	<0,001
ADD10 (motivation)	-2,88 ± 2,64	-1,03 ± 2,09	<0,001
ADD11 (society)	-1,20 ± 2,09	-0,44 ± 1,29	0,03
ADD13 (finances)	-3,02 ± 2,99	-0,62 ± 1,49	<0,001
ADD15 (life conditions)	-3,65 ± 2,38	-2,13 ± 2,61	0,006

◆ QoL is truly impaired by long-term complications.

BSI's Results

Variables	DM1		DM2		P
	Mean	SD	Mean	SD	
Somatization	0,343	0,524	0,741	0,646	0,01
Phobic anxiety	0,157	0,336	0,328	0,409	<0,05
GSI	0,521	0,457	0,572	0,442	NS
TPS	16,250	10,517	15,000	9,983	NS
PSI	1,552	0,420	1,952	0,509	p < 0,001

◆ Patients with DM2 showed significantly higher levels of PSI than DM1 ones and also higher levels of PSI than the Portuguese population.

ADDQoL & BSI

		S	D	H	A	PA	P	PI	OC	IS
ADDQoL	R	-0,38	-0,16	-0,09	-0,27	-0,38	-0,15	-0,09	-0,14	-0,07
	P	<0,001	0,10	0,38	0,008	0,002	0,12	0,37	0,16	0,47

◆ When we analyzed the relationship between psychopathological symptoms and QoL, we found negative correlations between this construct and three BSI subscales and consequently the PSI level.

Discussion

◆ QoL is undoubtedly a construct that is clearly impacted in many ways by the different types of constraints that result from diabetes.

◆ In this sample a better QoL was observed among individuals with DM1 and this result is consistent with previous observations.

◆ Insulin-treated subjects encounter barriers to becoming and staying employed that are a result of the treatment methods needed to control the disease.

Discussion

◆ When analyzing the differences between patients with DM1 and DM2 we found that DM2 patients have significantly more somatization symptoms and higher levels of phobic anxiety. In somatization, this may result of DM2 patients having a greater number of comorbidities and diabetic complications.

◆ Individuals with DM2 have higher rates of psychopathological symptoms than patients with DM1.

◆ From the whole symptomatic spectrum assessed by the BSI we observed that in patients with DM1 somatization seems to be one of the most influential symptoms in this disease.

Conclusions

◆ QoL seems to be significantly related to psychopathological symptomatology.

◆ Somatization, depression and anxiety are the strongest and most prevalent aspects when we talk about QoL in diabetic patients.

◆ These symptomatology are more often found in patients with DM2, meaning that these subjects are on the borderline of developing a more serious psychological condition.

◆ Therefore, in order to improve QoL for diabetic patients, it is important to develop strategies to overcome these issues.