IMPACT OF FAMILY BACKGROUND AND QUALITY OF LIFE ON DIABETES CONTROL

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..... INTRODUCTION

Diabetes mellitus is a metabolic disorder, characterised by an abnormal or prolonged high levels of glucose in the blood (while untreated). The purpose of this research is to assess the quality of life of individual with diabetes and to assess the environmental factors dependent on it.

METHODOLOGY

A cross-sectional study was conducted on 138 people with type 1, type 2 and gestational diabetes. Probands were recruited from different hospitals through some contacts. Results were gathered from 2nd November 2022 to 5th April 2023 from different countries (figure 2). Africa (Nigeria), America, Asia (Pakistan, Iran, India, Sri-Lanka, Japan, Qatar, Lebanon) and Europe (UK, Ireland, Czechia, Slovakia, German, Ukraine, Greece, Cyprus). Data was collected using standardised DQL, FHD, DCCT questionnaires consist of 23 questions in total. ED-5Q was measured to determine the quality of life using 5 dimensions (figure 1). Blood glucose and HbA1c was measured according to the medical records. Data was analysed using descriptive statistics.



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Figure 3 illustrates whether each of the three main types of diabetes (type 1. type 2, and gestational) have a family history or not

Figure 2 demonstrates	type 2, and gestationally have a failing instary of not								
PWD from different	Types	Hypertension	Atherosclerosis	Kidney failure	Cystic fibrosis	Asthma	CVD	Premature delivery	
continents.	1	26.2%	18.8%	41.8%	6.9%	6.3%	-	-	
	2	19.7%	35%	-	-	27.4%	17.9%	-	
	Gestational	42.8%	-	-	-	-	57.2%	14.3%	

Table 1 shows the percentage of complications that occurred or increased the risk due to diabetes

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RESULTS	Age	Percentage	вмі	Percentage						
54% were females	Under 25	19%	Under 18	6%						
11% had smoking history.64% of type 2 PWD are on lifestyle modifications and oral antibiotic	25-40	49%	18-27	72%						
medications 41% are using antidiabetic monotherapy.	Over 40	32%	Over 27	22%						
94% of PWD take medications regularly as prescribed by the doctor.	CONCLUSION									

33% of the probands were admitted to the hospital for diabetes at least once.

had a higher HbA1c.

68% reported the main problem affecting their quality of life was pain and discomfort, followed by mobility, and depression and anxiety. Statistically, there's a significant difference between QoL of males and females. Patients from different marital statuses, education levels, employment status, and duration of the disease showed a significant difference in quality of life. except for depression.

When compared to those without a family history of diabetes, those with one Genetics and lifestyle factors may have an impact on the 'individual's chance of acquiring diabetes. People with diabetes can maintain a healthy lifestyle if they engage themselves in physical exercise and eat healthy. In order for the practising : physician to better understand the clinical implications of these metrics and for health care planners to utilise them in determining priorities, future research should be used to illustrate the relationships between medical treatments, clinical and physiological changes, and QoL.