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Patterns and correlates of Health-related Quality of Life among Type 2 Diabetes patients with multimorbidity

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BACKGROUND

- Individuals with type 2 diabetes mellitus (T2DM) are likely to have co-morbid conditions affecting Health Related Quality Of Life (HRQOL).
- Limited data are available on HRQOL in poorly controlled T2DM patients [glycated haemoglobin (HbA1c) >8%, and either: systolic Blood Pressure (BP) >140mmHg or Low-density Lipoprotein cholesterol (LDLc) >130 mg/dl] in South Asia.

OBJECTIVE

To examine the patterns and socio-demographic and clinical correlates of HRQOL among poorly controlled T2DM patients in South Asia.

METHODS

Design

- Cross-sectional analysis of baseline data of CARRS Trial

Data Collection methods

- Data were used from the CARRS (Centre for Cardiometabolic Risk Reduction in South Asia) Trial baseline visit of 1146 T2DM patients attending ten diabetes clinics in India and Pakistan.
- At baseline visit (2011-12), HRQOL was assessed by the EQ5D-VAS (European Quality of life 5 dimension – Visual Analogue Scale) questionnaire. EQ-VAS measures health status on a scale of 0 (worst health status) – 100 (best possible health status).
- The socio-demographic data included age, sex, income, occupation and education.
- Clinical evaluations involved an assessment for cardiovascular diseases, micro-vascular complications (diabetic retinopathy, nephropathy and neuropathy), depression and other co-morbidities

Data analysis

- All descriptive analyses i.e. percentage of patients reporting difficulties in each of the five EQ5D domains and mean EQ-VAS were reported stratified by socio-demographic factors and comorbidities.

RESULTS

At baseline, EQ5D-VAS was completed for 1140 study participants and mean age was 54 years, 45% male, median disease duration: 7 years, HbA1c: 9.9%, BP: 144/82 mmHg, LDLc: 122.5 mg/dl.

Among patients with diabetes, worse health status was reported by:

- Women vs. men (68.0 vs. 72.2),
- Less educated vs. graduates (62.2 vs. 76.0)
- Low-income vs. higher-income group (64.6 vs. 76.0),
- Those with longer(>15 years) vs. shorter (<5 years) disease duration (67.0 vs. 71.8),
- Presence of co-morbidities vs. without (59.6 vs. 76.4).

DISCUSSION

Strengths

- Validated questionnaires (EQ5D in local languages) were used for data collection.
- EQ5D is known to have higher construct validity and responsiveness in patients with chronic diseases than SF-6D.

Limitations

- EQ5D is a generic instrument to measure HRQOL, and is not a disease specific instrument.
- Not all chronic conditions were studied.

Conclusion

Consistent with published literature, socio-demographics factors as well as co-morbidities were equally important factors associated with HRQOL in poorly controlled South Asian T2DM patients.

COLLABORATORS

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CONFLICT OF INTEREST DISCLOSURE

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