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Research Article

**ANALYSIS OF EMOTIONAL AND PSYCHOLOGICAL NEEDS
OF PEOPLE WITH DIABETES MELLITUS**Dr Sahar Anwar¹, Dr Arshad ullah Afridi², Dr Hammad Iqbal³¹Gangaram hospital, Lahore., ²Shalimar Medical and Dental College, Lahore., ³Continental Medical College.**Article Received:** October 2020**Accepted:** November 2020**Published:** December 2020**Abstract:**

Introduction: Diabetes is a serious and complex metabolic disorder with the prevalence reaching endemic proportions over the past few decades.

Objectives: The main objective of the study is to analyse the emotional and psychological needs of people with diabetes mellitus.

Methodology of the study: This cross sectional study was conducted at Gangaram Hospital, Lahore during March 2019 to November 2019. The data was collected from 100 diabetic patients who was suffering from diabetes from last one year.

Results: The demographic values shows that there is a significant relation between diabetes and hyperlipidemia in a local population of Pakistan. The value of HbA1C is 5.77 ± 0.50 in diabetic patients as compared to normal group.

Conclusion: It is concluded that psychosocial needs of the patient would overcome the psychological barrier associated with adherence and self-care, while achieving long-term benefits in terms of better health outcomes and glycemic control.

Corresponding author:**Dr. Sahar Anwar,**

Gangaram hospital, Lahore.

QR code



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INTRODUCTION:

Diabetes is a serious and complex metabolic disorder with the prevalence reaching endemic proportions over the past few decades. According to the International Diabetes Federation, there are 382 million people worldwide affected by diabetes, and it is expected to reach 592 million by 2035. Diabetes mellitus (DM) has been emerging as a major healthcare problem in Pakistan with 7.0 million people suffering from it and the number of diabetic patients is estimated to rise to a staggering figure of 14.4 million by the year 2040 making Pakistan the 8th highest country in the world in terms of burden of diabetic patients [1].

The aging population is growing worldwide and the proportion of people above 60 years old accounts for 15% of the whole population which is estimated to 7.5 billion. In general, 20% of old people have DM, and a similar proportion have undiagnosed DM. Reported frequencies vary from 18% to 33%. This range may reflect differences in the age, life style, and genetic background of the analyzed populations. On another hand, 30% of old people have impaired glucose regulation which means an increased risk for DM². Actually, DM in elderly includes two groups: “survivors” of young or middle age onset of diabetes, and incident diabetes in older age or type 2 DM. Type 1 DM is exceptional in elderly as auto immune diseases affect young populations. So old people with type 1 DM are practically at the end stage of their disease and are multi complicated. Most people over than 60 years old suffer from type 2 DM due to insulin resistance. However, insulin secretion may be severely reduced at the end stage of type 2 DM [3].

Consequently, complications, and management of DM in elderly vary according to hyperglycemia duration, personal background, and co-morbidities. Some old people do not have any complication and are easy to manage; others are multi complicated and have additional severe diseases difficult to treat even in highly specialized centers [4]. The last group is encountered among survivors of young onset DM. The main troublesome co-morbidities in elderly are heart

and kidney insufficiencies leading to limitation in medicine prescription [5].

Objectives:

The main objective of the study is to analyse the emotional and psychological needs of people with diabetes mellitus.

METHODOLOGY OF THE STUDY:

This cross sectional study was conducted at Gangaram Hospital, Lahore during March 2019 to November 2019. The data was collected from 100 diabetic patients who was suffering from diabetes from last one year.

Data collection

Patients from both genders, age range 35 to 65 was selected for this study. Given that emotional and psychological needs of people living with diabetes are complex, it is important to understand the range of psychological problems in any patient population or individual. The NHS Diabetes and Diabetes UK's summary of psychological needs in diabetes group advocated a tiered model of emotional and psychological support known as the pyramid of psychological need.

Blood glucose measurements:

Fasting plasma glucose, serum TC, HDL-C, LDL-C, TG and insulin resistance was measured by using Randox kit.

Statistical analysis

SPSS 19.0 for windows was used for statistical analysis. Descriptive statistics i.e. mean \pm standard deviation for quantitative values (age, duration of DM, BMI, BSF, lipid sub fraction levels and HbA1C).

RESULTS:

The demographic values shows that there is a significant relation between diabetes and hyperlipidemia in a local population of Pakistan. The mean age of the patients is 48.04 ± 4.83 and 32 (22.85%) of all the selected patients was smokers. The value of HbA1C is 5.77 ± 0.50 in diabetic patients as compared to normal group. (Table 01)

Table 01: Clinical and biochemical profile of study population.

Variable	Diseased group	P value
Age (years)	48.04 ± 4.83	0.018
Male, n (%)	71 (50.71%)	0.285
Smoker, n (%)	32 (22.85%)	< 0.01
Duration (years)	4.60 ± 3.03	0.067
BMI (kg/m ²)	26.31 ± 2.71	0.418
Plasma Glucose (F) mg/dl	117.34 ± 7.93	< 0.01
HbA1C (%)	5.77 ± 0.50	< 0.01

Psychological reaction of diabetic patients:

The patient's perception about the seriousness of diabetes will affect the way they cope with the disease. Several psychological factors as discussed earlier contribute to affect the emotional and psychological well-being of a person with diabetes [6]. These include degree to which an individual accepts his/her diagnosis, how the individual adjusts to the demands of self-care routine, and finally how he/she copes with progression of the condition, which potentially includes the development of diabetes-related complications [7]. However, considering that living with diabetes is a lifelong stress and requires dealing

with psychological issues, the psychological reactions of patients towards diabetes can be categorized under four basic levels of emotional distress [8].

The National Diabetes Service Scheme Australia defines DD as the emotional burden of living with and managing diabetes. It is a unique, often hidden, emotional burdens and worries that a patient experiences when he/she is managing a severe chronic disease such as diabetes. The needs of the patient during the DD have to be assessed and managed at self, family and friends, and the care provider [9-10].

Table 2: Selected measures for the evaluation of psychosocial constructs in the clinical setting

Topic area	Measure title	Citations	Description	Validated population
Diabetes-related distress	Problem Areas in Diabetes (PAID)	Polonsky WH, Anderson BJ, Lohrer PA, et al. Assessment of diabetes-related distress. <i>Diabetes Care</i> 1995;18:754–760	20-item measure of diabetes-specific distress measuring emotional distress and burden associated with diabetes	Adults with type 1 and type 2 diabetes
		Welch G, Weinger K, Anderson B, Polonsky WH. Responsiveness of the Problem Areas in Diabetes (PAID) questionnaire. <i>Diabet Med</i> 2003;20:69–72		
	Diabetes Distress Scale (DDS)	Polonsky WH, Fisher L, Earles J, et al. Assessing psychosocial stress in diabetes: development of the Diabetes Distress Scale. <i>Diabetes Care</i> 2005;28:626–631	17-item questionnaire measuring diabetes-specific distress in four domains: emotional burden, diabetes interpersonal distress, physician-related distress, and regimen-related distress	Adults with type 1 and type 2 diabetes
		Fisher L, Hessler DM, Polonsky WH, Mullan J. When is diabetes distress clinically meaningful? Establishing cut points for the Diabetes Distress Scale. <i>Diabetes Care</i> 2012;35:259–64 (39)		
	PAID–Pediatric Version (PAID-Peds)	Markowitz JT, Volkening LK, Butler DA, Laffel LM. Youth-perceived burden of type 1 diabetes: Problem Areas in Diabetes Survey–Pediatric Version (PAID-Peds). <i>J Diabetes Sci Technol</i> 2015;9:1080–1085	20-item measure of diabetes burden	Youth (ages 8–17 years) with type 1 diabetes
PAID–Teen Version	Weissberg-Benchell J, Antisdell-Lomaglio, J. Diabetes-specific emotional distress among adolescents: feasibility, reliability, and validity of the problem areas in diabetes-teen version. <i>Pediatr Diabetes</i> 2011;12:341–344	26-item questionnaire measuring perceived burden of diabetes	Adolescents (ages 11–19 years) with diabetes	

CONCLUSION:

It is concluded that psychosocial needs of the patient would overcome the psychological barrier associated with adherence and self-care, while achieving long-term benefits in terms of better health outcomes and glycemic control. Thus, increased understanding of the psychological aspects of the patient with diabetes would allow clinicians to formulate strategies focusing

on the improvement in diabetes outcomes and reduction of disease burden.

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