

## Endocrinology-2014 : An audit of Diabetes-Dependent Quality of Life (ADDQOL) in elderly patients with Diabetes mellitus Type 2 in Slovenia - Eva Turk - DNG GL

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### Objective:

The objective of the study was to measure diabetes-dependent quality of life (QoL) in Slovenian Diabetes Mellitus Type 2 (DMT2) patients, aged 65 years or older.

### Methods:

A cross-sectional study of elderly (age  $\geq 65$  years), non-insulin dependent patients with DMT2 at outpatient diabetes practices was conducted in all regions in Slovenia. The Audit on Diabetes-Dependent Quality of Life (ADDQoL) questionnaire was used for data collection and carried out between January and May, 2012. Statistical analysis was performed using IBM SPSS Statistics software, version 18.0.

### Results:

A total of 285 were included in the analysis, which represented a 57% response rate. Lower quality of life was significantly connected to not having additional health problems like heart attack episode (OR 2.42, 95% CI 1.06-5.20) and to the perception of not having diabetes under control (OR 0.36, 95% CI 0.18-0.69). Eleven (3.9%) patients report no impact of DMT2 on their QoL at all, while in the remaining respondents, particular reference was put to the effects on freedom to eat, dependency on others and family life. There was no significant difference between the elderly people living in urban and rural areas.

### Conclusions:

The findings of the present study highlight the impact of DMT2 on QoL. DMT2 imposes a personal burden on individuals. Information on the QoL quality of life of elderly DMT2 patients is important to Slovenian policy makers and family physicians in order to identify and implement appropriate interventions for achieving better management of diabetes and ultimately improving the QoL of diabetic patients. Personal satisfaction (QOL) is the general prosperity of people and social orders, laying out pessimistic and constructive highlights of life.[1] It comprises of the desires for an individual or society for a decent life. These desires are guided by the qualities, objectives and socio-social setting in which an individual lives. It fills in as a kind of perspective against which an individual or society can quantify the various spaces of an individual life.[citation needed] The degree to which one's own life corresponds with an ideal standard level - or, put in an unexpected way, how much these areas give fulfillment and as such add to one's abstract prosperity life fulfillment. Personal satisfaction incorporates everything from physical wellbeing, family, training, work, riches, wellbeing, security to opportunity, strict convictions, and the environment. QOL has a wide scope of settings,

including the fields of global turn of events, human services, legislative issues and business. Wellbeing related QOL (HRQOL) is an assessment of QOL and its relationship with health. Quality of life ought not be mistaken for the idea of way of life, which depends basically on salary. Standard pointers of the personal satisfaction incorporate riches and work as well as the manufactured condition, physical and emotional well-being, instruction, amusement and recreation time, and social belonging. According to the World Health Organization (WHO), personal satisfaction is characterized as "the person's view of their situation in life with regards to the way of life and worth frameworks where they live and corresponding to their objectives." In contrast with WHO's definitions, the Wong-Baker Faces Pain Rating Scale characterizes personal satisfaction as "life quality (for this situation, physical agony) at an exact second in time. Personal satisfaction is a significant idea in the field of global advancement since it permits improvement to be examined on a measure more extensive than way of life. Inside advancement hypothesis, in any case, there are shifting thoughts concerning what establishes attractive change for a specific culture, and the various ways that personal satisfaction is characterized by foundations in this way shapes how these associations work for its improvement overall. Associations, for example, the World Bank, for instance, proclaim an objective of "working for a world free of poverty", with neediness characterized as an absence of fundamental human needs, for example, food, water, cover, opportunity, access to training, social insurance, or employment at the end of the day, destitution is characterized as a low personal satisfaction. Utilizing this definition, the World Bank progresses in the direction of improving personal satisfaction through the expressed objective of bringing down destitution and helping individuals manage the cost of a superior personal satisfaction. Different associations, be that as it may, may likewise progress in the direction of improved worldwide personal satisfaction utilizing a somewhat unique definition and significantly various techniques. Numerous NGOs don't concentrate at all on lessening neediness on a national or universal scale, yet rather endeavor to improve personal satisfaction for people or networks. One model would be sponsorship programs that give material guide to explicit people.

## Biography

Eva Turk, PhD, MBA is a Senior Researcher at DNV GL Strategic Research and Innovation, Healthcare. She joined the DNV GL Strategic Research and Innovation, Healthcare programme in Oslo, Norway in January 2012, where her responsibilities include research in person-centred care and risk management, and collaboration in the European Joint Action on Patient Safety and Quality of Care. Prior to joining DNV, she was working at the National Institute of public health in Slovenia, where she was responsible for implementation and development of Health Technology Assessment (HTA) in Slovenia. She has been involved in many European research projects and also in the

EUnetHTA Joint Action, where she was the lead partner and project manager for Slovenia. She has co-authored several scientific articles and publications, such as the Health systems in Transition –Slovenia and Health in Slovenia. She did her Master's in Social and Economic Sciences, Vienna University of Economics and Business Administration (2003). She specialized in Hospital Management (Diploma, 2005) and obtained her MBA in Health care Management (2007) from the same University. She gained PhD (2013) from University of Oulu, Faculty of Medicine, Finland.

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