

# Distress and quality of life of type 2 diabetic patients



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The present study measured the Distress and Quality of life of type II diabetic patients-of the two groups, group 1 and Group 2. It also assessed the correlation between Distress and Quality of life and their subdivisions such as, the correlation between Distress, emotional distress, physician distress, regimen distress, interpersonal distress; Quality of life, energy and mobility, diabetes control, anxiety and worry, sexual functioning and social burdens using Pearson's correlation. This study also measured the difference in Distress and Quality of Life between group 1 and group 2.

The first objective of the present study was to measure the Distress and Quality of life in type II Diabetic patients. This was done by using two scales, Diabetes Distress Scale (DDS17) and Diabetes 39 (D39). The frequencies and normal distribution of Distress among group 1 and group 2 shown in Figure 1 portray that there is high Distress among the participants in group 1 than in group 2; where high score indicate high Distress. Similar findings were found in a study done by Fisher, Skaff, Mullan, Arean, Glasgow & Masharani (2008), an increase in distress upto 60% was present over a period of time. In Figure 2, the frequencies and normal distribution of Quality of life of group 1 and group 2 were shown which portrays that group 2 has higher Quality of Life than group 1, where low score represents high Quality of life.

The second objective was to find if there exists a correlation between Distress and Quality of Life. Research review shows that there was a significant relationship between Distress & Quality of life (Wu, Huang, Liang, Wang, Lee & Tung, 2011). Owing to the scoring pattern, the present study showed similar results with a positive correlation between the scores of Distress and Quality of life i. e., higher score of Distress and high score of

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Quality of Life. However, it is to be interpreted as a negative relationship between distress and quality of life as is implied by their scoring pattern, where higher scores in distress represents higher distress whereas higher scores in quality of life represents lower Quality of life. Thus, it may be interpreted that higher the Distress, lower the Quality of Life and there was a relation established between higher Distress and Lower Quality of life.

The third objective of the study was to find the difference between group 1 and group 2 of Distress and Quality of life, to find the difference between participants practicing faith based yoga as a complimentary intervention aside from the allopathy medications and participants just using the medication. There were many previous studies showing, certain management techniques have a great impact on controlling the blood sugar levels (Singh, Tandon & Sharma, 2005). It was found that the Distress among group 1 was high compared to group 2. Same trend was demonstrated in all the dimensions of Distress such as emotional distress, physician distress, regimen distress and interpersonal distress. similar finding were reported by Sharma, Sen, Singh, Bharadwaj, Kochupillai & Singh (2003), where type II Diabetic patients practicing sudarshana kriya were found to be experiencing low level of stress. Though both the groups differed significantly in all the dimensions of distress, the difference between the groups was higher in the emotional distress dimension. As indicated by the earlier studies such as those by Snoek & Polonsky (2000); Rock (2003); Pouwer (2009) that individuals diagnosed with Diabetes have emotional disturbances due to various reasons such as medication, frequent visits to hospital, comorbid conditions of Diabetes etc. Going by the dimensions of Distress, high Distress

was found to be in the dimensions of Emotional Distress, followed by regimen distress, physician distress and interpersonal distress in group 1.

As there was a correlation seen between Distress and Quality of life, the same was reflected in the results where group 2 had better Quality of life than group 1, where high score represents low Quality of life. Going by the dimensions, group 2 had higher Quality of life in the dimensions of energy and mobility, social burdens, diabetes control, sexual functioning and anxiety and worry. This is in accordance to the previous finding which state that there was an improvement in the Quality of life in people diagnosed with type II Diabetes who were practicing yogic breathing techniques, sudarshana kriya and pranayama (Jyothsna, Joshi, Ambedkar, Kumar, Dhawan & Sreenivas, 2012).

The complimentary management technique use not only gives the patients physical relaxation but it also gives them the psychological relaxation. Hence, they might act upon the lowering of Distress and higher Quality of Life of the patient. This complimentary technique gives physical, psychological as well as social outcomes. Physical outcomes are described by medical literature in multiple ways. Psychological outcomes are seen in terms of relaxation and as seen in the outcomes of lowered distress and enhanced quality of life. Togetherness with people with similar diagnosis doing an effort to manage the disease condition might contribute to the social angle. Thus, the complimentary management technique used by the group in the present study seems to have contributed effectively as indicated by low Distress and better Quality of life and their dimensions.

The importance of Art of living in decreasing the Distress and enhancing the Quality of Life has been understood. Many studies have also kept forward their view on the benefits a person could achieve following Faith based yoga. As mentioned earlier by many of the physicians across the globe, Faith based yoga can be an effective intervention complimenting the allopathy medicine. Therefore, this study can contribute to the existing studies supporting this view where people can decrease their Distress and enhance their Quality of life and their dimensions to effectively control Diabetes.

#### Shortcomings and future directions

The major shortcoming of this study is the sample size, larger sample would have provided better representation of the characteristics of the population. Another major shortcoming of this study was administering the scales in group (in the Art of living centres), this could have prompted the participants to give socially desirable responses. Future recommendations of this study would be to compare the participants practicing Art of living above 10 years and below 10 years, this would give more insight on the long term effects of practicing Art of Living. Future research may also be conducted comparing the impact of various forms of Faith based yoga such as Brahma kumaries, Christian Yoga, Vipasana etc. on type II Diabetic patients. Study would have yielded clearer results if there was a pre and post interventional design. That is measurement of Distress and Quality of Life on participants before they practiced Faith based yoga and after practicing the same for a considerable period of time such as one year or more. This would have yielded a clear effect of faith based yoga. Further research may be conducted in this direction.

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