



Revista Clínica Española

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BRIEF ORIGINAL

Quality of life and fear for hypoglycemia in patients with type 2 diabetes mellitus[☆]



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Received 30 May 2014; accepted 27 July 2014

Available online 13 October 2014

KEYWORDS

Health-related
quality of life;
Hypoglycemia;
Type 2 diabetes
mellitus

Abstract

Objectives: Hypoglycemia can negatively impact many aspects of type 2 diabetes mellitus (T2DM) management. The aim was to determine the impact of hypoglycemia and the fear for hypoglycemic episodes on HRQoL in T2DM patients in Spain, as well as healthcare professionals' attitudes and knowledge of these issues.

Patients and methods: An observational, cross-sectional study, with consecutive recruitment of T2DM patients in 661 healthcare centers, between September 2010 and May 2011. Sociodemographic and clinical variables were recorded. HRQoL (ADDQoL questionnaire) and fear for hypoglycemia (HFS-II) were evaluated. Two groups were compared: with and without reported hypoglycemia in the previous 6 months. Physicians responded 4 questions (visual analog scales). **Results:** 4,054 patients participated, of which 3,812 were selected [mean age (SD) = 64 (11) years; male = 54%; 10 (7) years for diagnostic of T2DM]. Patients with hypoglycemia (45%) expressed higher fear for hypoglycemia [31.32 (15.71) vs. 18.85 (16.03); $p < .0001$] and the overall impact of T2DM on their HRQoL was more negative [−2.48 (1.61) vs. −1.64 (1.36); $p < .001$]. Respondent physicians occasionally used HRQoL questionnaires, knew about hypoglycemia risk, explored fear for hypoglycemia and modified treatments accordingly.

Conclusions: T2DM patients with hypoglycemia show an increase of fear for them, negatively affecting T2DM patients HRQoL. However physicians know the risk of hypoglycemia, they explore the fear for hypoglycemic episodes occasionally.

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[☆] Please cite this article as: Jódar-Gimeno E, Álvarez-Guisasola F, Ávila-Lachica L, Palomares-Ortega R, Roldán-Suárez C, Lizán-Tudela L. Calidad de vida y grado de preocupación por las hipoglucemias en pacientes con diabetes mellitus tipo 2. Rev Clin Esp. 2015;215:91–97.

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PALABRAS CLAVE

Calidad de vida
relacionada con la
salud;
Hipoglucemias;
Diabetes mellitus tipo
2

Calidad de vida y grado de preocupación por las hipoglucemias en pacientes con diabetes mellitus tipo 2

Resumen

Objetivos: Las hipoglucemias pueden tener un impacto negativo en diferentes aspectos del manejo de la diabetes mellitus tipo 2 (DM2). El objetivo fue determinar el impacto que las hipoglucemias y la preocupación que generan tienen en la calidad de vida relacionada con la salud (CVRS) de los pacientes con DM2 en España, así como explorar las actitudes y conocimientos de los médicos respecto a estos aspectos.

Pacientes y métodos: Estudio observacional, transversal, con reclutamiento consecutivo de pacientes con DM2 en 661 centros sanitarios, entre septiembre/2010 y mayo/2011. Se recogieron variables sociodemográficas y clínicas de los pacientes, evaluando su CVRS (cuestionario ADDQoL) y preocupación por las hipoglucemias (subescala HFS-II). Se compararon 2 grupos: con y sin hipoglucemias reportadas en los últimos 6 meses. Los médicos respondieron 4 cuestiones (escalas visuales analógicas).

Resultados: Participaron 4.054 pacientes, de los cuales se seleccionaron 3.812 [edad media (DE)=64 (11) años; hombres=54%; 10 (7) años de diagnóstico de DM2]. Los pacientes que reportaron hipoglucemias (45%) presentaron mayor preocupación [31,32 (15,71) frente a 18,85 (16,03); $p < 0,0001$] y el impacto global de la DM2 sobre su CVRS fue más negativo [−2,48 (1,61) frente a −1,64 (1,36); $p < 0,001$]. Los médicos encuestados empleaban ocasionalmente cuestionarios de CVRS, conocían el riesgo de hipoglucemias, exploraban con relativa frecuencia la preocupación que generan y modificaban esporádicamente el tratamiento debido a las mismas.

Conclusiones: Los pacientes con DM2 e hipoglucemias muestran mayor preocupación por las mismas, afectando negativamente su CVRS. Aunque los médicos conocen el riesgo de hipoglucemias, no suelen explorar la preocupación que generan.

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Background

Patients with diabetes can become worried about hypoglycemia, which can have a negative impact on the management and evolution of the disease, thus limiting the effectiveness of hypoglycemic treatments,^{1,2} affecting treatment adherence and decreasing occupational productivity and autonomy.³ Previous studies have highlighted the change in their health-related quality of life (HRQL) as a result of the onset of treatment complications, such as hypoglycemia.⁴ Dietary treatment has been indicated by patients as having the greatest negative impact on their HRQL.⁵ Hypoglycemic symptoms, especially sweats, fatigue, drowsiness, lack of concentration, dizziness, hunger, asthenia and headache,⁶ are related to increased patient worry about these hypoglycemic episodes, with the resulting reduction in HRQL.⁷ Patients with serious and/or frequent hypoglycemia report greater fear of these episodes,^{8,9} which results in a loss of their occupational productivity and increased healthcare costs associated with the disease.^{10,11}

The lack of studies that explore the relationship between worrying about hypoglycemia and the HRQL of patients with type 2 diabetes mellitus (DM2) in Spain demonstrates the need to generate information on this issue. There is also a notable lack of published data on the attitudes and knowledge of medical professionals in Spain in terms of HRQL, hypoglycemia and the worry it creates.

The main objective of this study has been to determine the impact of hypoglycemia episodes, the fear they create

and the effect this can have on the HRQL of patients with DM2. We also explored the knowledge and attitudes of medical professionals regarding these issues.

Patients and methods

Study description

We conducted an observational, cross-sectional study between September 2010 and May 2011, which counted on the participation of 661 primary and specialized care centers belonging to Spain's public healthcare system, proportionally distributed among 17 autonomous communities, selected by convenience sampling.

One investigator per center (73% primary care and 27% specialized care) participated in the study. The physician specialists who collaborated were distributed among the following specialties: endocrinology and nutrition, 18%; internal medicine, 8%; and other specialties, 1%. All physicians selected approximately 6 patients (by consecutive sampling) who met the following inclusion criteria: diagnosis of DM2 at least one year prior to their participation in the study, age ≥ 18 years and undergoing antidiabetic drug treatment. The exclusion criteria were the need to translate any of the study tools, participation in a clinical trial at the time of the study or having participated in a study in the 6 months prior to their inclusion and a clinical situation that prevents study participation, in the investigator's opinion. The data were collected during a single visit not

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