

Study Of The Quality Of Life On Patients With Type 2 Diabetes Mellitus

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ABSTRACT

Background: Diabetes mellitus (DM) is a chronic disease characterized by an increase in blood glucose levels ≥ 180 mg / dl which is accompanied by the appearance of several main symptoms, namely polyuria, polydipsia and polyphagia. To control blood sugar levels, proper management of the 5 pillars of DM is needed so that they can return to normal and stable conditions. Illnesses and medication that are undertaken for a long period of time can affect the patient's physical health, psychological health, social relationships, and environment which can be defined as the quality of life. **Purpose:** Based on these problems, the purpose of this study was to identify the quality of life of people with Type 2 Diabetes Mellitus. **Methods:** This study is a literature study that comes from books, media, experts or other people's research which aims to formulate the theoretical basis used. in doing research. Data collection using articles published in 2014-2020 using the Pubmed, Science Direct, Cochrane and Google Scholar databases and then analyzed according to the inclusion criteria. **Analysis results:** It was found that from 10 articles that conducted research on the quality of life of people with type 2 diabetes, the results of this study concluded that the quality of life of a person can be influenced by several factors, namely family support, actively participating in the diabetes community, socioeconomic status, long suffering, complications, knowledge and obedience in the management of blood sugar levels can affect the quality of life of people with type 2 diabetes mellitus.

Keywords: Quality of life, Type 2 Diabetes Mellitus, Literature S

PRELIMINARY

Diabetes Mellitus (DM) is a collection of symptoms that arise in a person caused by an increase in blood glucose levels due to a progressive decrease in insulin secretion against the background of insulin resistance (Soegondo Sidartawan, 2018). Diabetes is an important public health problem, being one of the four priority non-communicable diseases targeted for follow-up by world leaders. The number of cases and prevalence of Diabetes Mellitus has continued to increase over the last few decades. International prevalence according to the World Health Organization (WHO, 2019) reaches 10,681.4 million adults and by 2040 it is estimated that the number will be 624 million.

Data based on Basic Health Research (RISKEDAS, 2018), explained that the prevalence in South Sulawesi according to a doctor's diagnosis at the age above 15 years had increased compared to the results in 2013.

Whereas in Diabetes Mellitus, based on the results of blood sugar examinations, it increased from 6.9% to 8.5%.

Type 2 Diabetes Mellitus if not treated properly will cause complications with other serious diseases including: heart disease, stroke, erectile dysfunction, kidney failure and damage to the nervous system so that it affects the quality of life of sufferers.

Quality of life which has been described by WHO in 2004 in the journal (Nuryatno, 2019) is an individual's perception of their position in life in the context of the culture and value system in which they live and live and in relation to the life goals, expectations and focus of the sufferer's life. Not only that, this type 2 DM disease will accompany the patient's lifetime so that it greatly affects the decrease in the quality of life of the patient.

From research conducted by (Ervy Tamara, Bayhakki, 2014) concluded that socially type 2 DM sufferers will experience obstacles generally related to strict dietary restrictions,

activity limitations due to complications that arise. In the economic field, the cost for long-term and routine disease care is a problem that becomes a burden for sufferers. The burden is added related to treatment or due to illness. This condition lasts chronically and even throughout the patient's life and this will affect the quality of life of people with type 2 diabetes.

Based on the above background, the quality of life has an important role in the lives of people with type 2 diabetes mellitus. The purpose of this literature study is to identify the quality of life of people with type 2 diabetes mellitus.

RESEARCH METHODS

Type and Design of Writing

The research method used is Literature Study. Literature study is research conducted by researchers by collecting a number of books, journals related to the problem and research objectives.

Data source

a. Inclusion Criteria

1. Articles published in 2014-2020

RESULTS

Based on the results of a literature search of 59 articles, 10 articles were found that met the inclusion criteria. The study identified the quality of life of patients with type 2 diabetes. The measurement of the quality of life of patients with type 2 diabetes using the World Health Organization Quality of Life (WHOQOL-BREF) questionnaire to describe the quality of life of each person in his life in the community in the context of the culture and value system used. are related to goals, expectations, standards and concerns.

In a study (Suciana & Arifianto, 2019) entitled Management of the 5 pillars of DM

2. Full text

3. Contains information about the quality of life of people with type 2 diabetes mellitus
4. Literature in the form of qualitative or quantitative studies
5. Total population and representative sample
6. Published in accredited journals

b. Exclusion Criteria

1. Inappropriate title
2. Can't be accessed without paying
3. Only abstract or not full text
4. Literature review articles

Types and Methods of Data Collection

Secondary data

Secondary data is data obtained or collected by researchers from various existing sources (researchers as second hand). Data retrieval was carried out through library research by searching scientific results for the period 2014-2020 using the Pubmed, Science Direct, Cochrane and Google Scholar databases. The search results are then analyzed and concluded. From the results of a literature search of 59 articles, 10 articles were found that met the inclusion criteria.

Control on the Quality of Life of Type 2 DM patients, it was shown that out of 49 respondents some had a poor quality of life with a total of 27 respondents with a percentage of 55.1% and a good quality of life with the number of 22 respondents with a percentage of 44.9%. In the results of the relationship between the management of the 5 pillars of type 2 DM and the quality of life of diabetics, a p value of 0.003 was obtained, which means that if the management of the 5 pillars of controlling type 2 DM is good, the quality of life of DM patients is also good. The results of the study (Nuryatno, 2019) found that for family support in terms of

empathy/emotional support, respondents received support so that complaints of illness were reduced, namely 25 respondents (58.1%). Appreciation support, more respondents do not get support so that disease complaints can be reduced, namely 25 respondents (51.2%). Informational support respondents received more support so that complaints of illness could be reduced, namely 24 people (55.8%). This shows that of the 43 respondents, some of them have poor quality of life, namely 22 people (51.2%), and the rest are good, namely 21 people (48.8%). And for the results of the relationship between family support and quality of life for patients with type 2 diabetes, a p value of $0.001 < 0.05$ was obtained, which means that there is a relationship between family support and the quality of life of patients.

Research conducted (Dika Erniantin, Martini, 2018) discussing the description of the quality of life of people with diabetes mellitus in members and non-members of the diabetes community showed that some of the 40 respondents had poor quality of life with a total of 21 respondents with a percentage of 52.5% and quality of life. good with the number of 19 respondents with a percentage of 47.5%.

The opposite results were found in a study conducted by (Laoh & Tampongangoy, 2015) discussing the description of the quality of life of people with diabetes mellitus. namely 11 people (36.7%). Research that is in line with the description of the quality of life conducted by (Wirda Faswita, 2019) shows that for physical health, 13 respondents (54.2%) experienced impaired physical health and 11 respondents (45.8%) were not disturbed. As for psychological health, 15 respondents (62.5%) experienced psychological disorders and 9 respondents (37.5%) did not experience psychological disorders. And for social

relations, 16 respondents (66.6%) experienced impaired social relations and 8 respondents (33.4%) did not experience impaired social relations. For an overview of the quality of life obtained, good quality of life 0 respondents (0%), adequate quality of life 1 respondent (4.2%) and poor quality of life 23 respondents.

According to research (Roifah, 2016) which aims to determine the relationship between long time suffering from diabetes mellitus and the quality of life of people with diabetes mellitus, it was found that from 81 respondents, most of the respondents had a high quality of life as many as 42 respondents (51.9%) and low quality of life with respondents as many as 39 (48.1%). For the results of the relationship between the length of suffering and the quality of life of the patient, the p value of $0.027 < 0.05$, which means that there is a relationship between the length of suffering and the quality of life of people with diabetes mellitus.

Research that discusses the quality of life with the title Quality Of Life Of People With Diabetes Mellitus was conducted by (Tonetto et al., 2019). Clinical data showed that patients with UASS and UATS were obese (UASS: 27.17 kg/m²) and in UAPS (32.21 kg/m²), UAPS blood pressure (122/81 mmHg), UASS (136/85 mmHg), UATS (135/78mmHg), HbA1C UAPS (13.37%), UASS (8.14%) and UATS (8.77%). This study shows that from 53 respondents, there is a tendency to decrease the quality of life from primary to tertiary care levels.

Another study was also conducted by (Dhillon et al., 2019) regarding Quality of Life and Associated Factors among Primary Care Asian Patients with Type 2 Diabetes Mellitus. In his research, the QOL scores were divided into two subgroups. Respondents who scored 85 points were in the

moderate category while respondents who scored 86 were classified as having a very good quality of life. Overall, 41 (37.3%) respondents had a moderate quality of life while 109 (72.7%) were included in the good-very good QOL category.

In a study (Sitti Aminah, Hartati, 2019) with the aim of knowing the relationship between type 2 diabetes mellitus with depression levels and quality of life, the results showed that out of 52 respondents, the dominant had a sufficient quality of life, namely with a total of 24 respondents with a percentage of 46, 2%, followed by a good quality of life with a total of 21 respondents with a percentage of 40.4% and followed by a poor quality of life with a total of 7 respondents with a percentage of 13.5%. And for the relationship of long suffering from DM with the patient's quality of life, the value of $p = 0.038$, and the value of < 0.050 , which means that there is a relationship between diabetes mellitus and the quality of life of the patient.

Research conducted (Sormin & Tenrilemba, 2019) discusses the analysis of factors related to quality of life. The results showed that people with diabetes mellitus 40 years and <40 years experienced low quality of life with $p=1000 > (0.05)$ so that there is no relationship between age and quality of life of patients. The relationship between education and quality of life is found that those with low education have a poor quality of life and high education has a good quality of life with a value of $p = 0.000 < (0.05)$ so that there is a relationship between education and the quality of life of patients. The relationship between socioeconomic status was found $<UMR$ has a poor quality of life with a total of 44 respondents (84.6%) and UMR has a good quality of life with a total of 32 respondents (65.3%) with p value = $0.000 < (0.05)$ there is a relationship between

socioeconomic status and quality of life. The relationship between long suffering and quality of life for diabetics was found 5 years had poor quality of life with a total of 47 respondents (78.3%) and <5 years had a high quality of life with a total of 27 respondents (65.9%) with p value = $0.000 < (0.05)$ there is a relationship between length of suffering and quality of life.

The relationship between complications and quality of life was found that those who experienced complications had a low quality of life with a total of 49 respondents (69%) and those who did not experience complications had a high quality of life with a total of 18 respondents (60%) with p value = $0.000 < (0.05)$ there is a relationship between DM complications and quality of life. The relationship between knowledge and quality of life was found that less knowledge has a poor quality of life with a total of 35 respondents (79.5%) and good knowledge has a good quality of life with a total of 31 respondents (22.6%) with p value = $0.001 < (0.05)$ there is a relationship between knowledge and quality of life. The relationship between management and quality of life found that non-compliant management had a low quality of life with a total of 58 respondents (75.3%) while obedient management had a good quality of life with a total of 21 respondents (87.5%) with a p value = $0.000 < (0.05)$ there is a relationship between diabetes management and the quality of life of people with diabetes mellitus.

DISCUSSION

Quality of Life is a condition when a person can maximize physical, psychological, work and social functions. Quality of life is an important indicator of recovery or adjustment to a chronic disease. Aspects of quality of life include physical health, psychological

conditions, level of dependence on social relationships, and the relationship of patients with the surrounding environment (Nuraisyah et al., 2017).

According to (Lestari Sri, 2018) suggests that there are 8 factors that affect a person's quality of life, namely: control, skills, potential opportunities, support systems, events in life, resources, environmental changes and political changes.

The results of research discussing the quality of life of people with type 2 diabetes mellitus conducted by (Suciana & Arifianto, 2019), (Nuryatno, 2019), (Roifah, 2016), (Tonetto et al., 2019), (Sitti Aminah, Hartati, 2019), shows that there is a relationship between quality of life and the management of the 5 pillars of type 2 DM, family support, length of suffering. In the study (Sormin & Tenrilemba, 2019) it was found that there was a relationship between education, socioeconomic status, DM complications, knowledge, DM management on the quality of life of people with type 2 diabetes mellitus and there was no relationship between age and quality of life of people with type 2 diabetes mellitus. .

Meanwhile, in studies (Wirda Faswita, 2019), (Dhillon et al., 2019), (Laoh & Tampongangoy, 2015) and (Dika Erniantin, Martini, 2018) which discussed the description of the quality of life of people with type 2 diabetes mellitus, they found the results of the quality of life of patients with type 2 diabetes mellitus. the bad one.

CONCLUSION

The quality of life of people with type 2 diabetes mellitus has a close relationship between the management of the 5 pillars of type 2 DM, family support, length of suffering, education, socioeconomic status, complications of DM, knowledge and

management of DM, but there are still many patients who have poor or poor attitudes. obedient so that it affects the quality of life.

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