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The difference of Quality of Life (QOL) between hospitalized male and female patients with Type 2 Diabetes Mellitus in a selected hospital in Sri Lanka

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Background: The Assessment of Quality of Life (QOL), accounting gender is considered as an essential measure of outcome in Type 2 Diabetes Mellitus (T2DM). Reasons for such gender wise differences remain unclear, and guidelines for diabetes treatment is not differentiated between different gender.

Objective: To determine the difference of QOL considering the demographic variables between hospitalized male and female patients with T2DM in a selected hospital in Sri Lanka.

Methods: The descriptive cross-sectional study design was used among 122 patients with T2DM selected using convenient sampling technique in medical wards at Colombo South Teaching Hospital in Sri Lanka. The subjects were interviewed using the World Health Organization Quality of Life BREF Questionnaire (WHOQOL-BREF). The pretest was done with fourteen patients. The participants who were above 18 years old, having more than six months of duration of diabetes, were recruited and those with severe complications of diabetes, were excluded from the study. WHOQOL-BREF

scale was used to calculate QOL. Student ttest was used to analyze data.

Results: Among the study participants, 68 (55.73%) were male, and 54 (44.26%) were female. The mean age of females was 63.76 years ±10.52, and males were 59.59 years ±8.84. The mean score of QOL in physical, psychological, social, and environmental domains of females were 57.40±15.00, 52.08±12.26, 51.85±16.56, 58.91±13.83 Among respectively. males, it 51.41±17.49, 48.28±14.86, 43.25±16.74, 56.89±17.35. However, there was statistically significant difference only in physical and social domains (p<0.05). When considering demographic variables among the study participants, there was a significant difference between males and females in age, income and use of alcohol (p<0.05).

Conclusion: Male patients with T2DM showed lower QOL score than female patients with T2DM. Health education interventions should target to improve QOL of male patients with T2DM.