# Assessment of quality of life among type 2 diabetes patients and its associated risk factors

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## Abstract

Diabetes is a growing problem worldwide where its incidence and prevalence are increasing at an alarming rate. Its association with several comorbidities is common, making patients more susceptible to drug related problems (DRP). As a consequence, DRPs may affect patients quality of life (QoL) and may increase their morbidity and mortality risk. The objective of this study was to assess QoL and the impact of DRPs on it. A cross-sectional study was conducted among T2D patients who were attending a tertiary care teaching hospital, Lebanon. Data was collected from medical files and patient interview. The identification DRPs were based on the Pharmaceutical Care Network Europe tool version 8.03. The QoL was assessed using Health Related Quality of Life Brief Clinical Inventory. Data was analyzed using SPSS version 23. The total number of DRP was 313 with a mean of 2.05±1.03 per patient. The most common DRPs encountered were adverse drug event (31.3%), untreated symptoms or indication (10.54%), effect of drug treatment not optimal (7.34%) and high drug dose (7.34%). The average QoL was 40 ± 9.900. Linear regression showed that problems "effect of drug treatment not optimal, untreated indication, adverse drug event and Patient uses unnecessary drug" were associated with poor QoL score, while "Incomplete drug treatment was associated with better score. Proper therapy management is necessary to prevent progression and occurrence of DRPs, for a better QoL in diabetes patients.

Diabetic patients usually have co-morbidities requiring the use of multiple medications, making them more vulnerable in experiencing drug related problems (DRPs). The objective of this study was to asses DRP in type 2 diabetes (T2D) patients and factors associated with its occurrence. A cross-sectional study was conducted among T2D patients who were attending a tertiary care teaching hospital, Lebanon. The identification and assessment of DRPs were based on the Pharmaceutical Care Network Europe tool version 8.03. The total number of DRP was 313 with a mean of 2.05 _ 1.03 per patient. The most common DRPs encountered were adverse drug event (31.3%), untreated symptoms or indication (10.54%), effect of drug treatment not optimal (7.34%) and high drug dose (7.34%). Logistic regression showed that polypharmacy and several comorbidities such as stroke, heart failure, renal and liver impairment were common factors significantly associated with different types of DRPs (p<0.005).

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