REGRESSION MODEL FOR SUBJECTIVE WELL BEING IN PATIENTS WITH DIABETES MELLITUS

G. Lyrakos[1], D. Damigos[2], E. Chatziaggelaki[3], A.K. Papazafiropoulou[4], A. Koutsovasilis[4], C. Batistaki[1], S. Bousboulas[4], S. Pappas[4], V. Spinaris[5]

[1]2nd Department of Anesthesiology Pain Unit, School of Medicine. University of Athens Attikon University Hospital, Athens, Greece ; [2]Laboratory of Medical Psychology, School of Medicine University of Ioannina, Ioannina, Greece ; [3]2nd Department of Internal Medicine Research Institute & Diabetes Center, School of Medicine. University of Athens Attikon University Hospital, Athens, Greece ; [4]3nd Department of Pathology Diabetes Centre, General Hospital Nikaia "Ag. Panteleimon", Nikaia, Greece ; [5]Psychiatric, General Hospital Nikaia "Ag. Panteleimon", Nikaia, Greece

Introduction: Subjective well being (SWB) is really an umbrella term, that includes several different components and these components are somewhat independent, while Diabetes Mellitus (DM) is a chronic condition affected by many biopsychosocial factors.

Objectives: To measure the impact of SWB in adult patients with DM

Aims: To explore possible demographic, physical, and psychosocial correlates in SWB.

Methods: 293 DM patients(115(39.2%) males/178(60.8%) females), in two outpatients' clinics in Athens-Greece took part in the study. Satisfaction with Life Scale(SWLS) was used for SWB, along with SF12 for health related quality of life Depression Anxiety Stress Scale(DASS), Life Orientation Test(GrLOT-R) for dispositional optimism and a questionnaire about sociodemographic characteristics. Statistical analysis was performed with SPSS 21.

Results: internal Almost half of the patients(54.5%) scored below average(<24) in SWLS while 20% were highly satisfied (score 30-35) and 25% satisfied(25-29). No existing differences were present in SWB according to sex(t=1.605-p=NS). Multivariate analysis revealed that depression(beta=-.423), Physical component score (SF12-PCS) (beta=.317), fatigue(beta=.211), income(beta=.186), stress(beta=-.150) and pain intensity (beta=.139), explained 52.9% of the variance in SWB(adjusted R^2=.529-p=0.001). Sex, education, marital status, anxiety, Mental Composite Score, HbA1c, insulin therapy, and diabetes complications had a NS effect in the model.

Conclusions: Our results indicates that SWB is affected equally from biological, psychological and societal variables, giving strong evidence to the biopsychosocial model of subjective health and suggests that multidisciplinary treatment with psychological screening should be applied in these patients in order to help and motivate them feel better.