

COMMENTARY

Diabetes. To Live and the Quality of Life

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The song by the French singer Serge Reggiani, “Ma dernière volonté” (My Last Wish), is about the last wish of a dying person from St Peter when he dies, and he is no more than alive (*vivre c’est ma dernière volonté*) (to live is my last wish).

As we all know, diabetes mellitus is a health problem of great magnitude, from a quantitative point of view—the latest estimates indicate that it affects 15% of the population—and from a qualitative one—large use of resources, large increase of associated morbidity and an increase in mortality. Likewise, from a patient point of view, it means an increase in the number of medical visits, nursing control and analysis, as well as changes in lifestyle and a larger consumption of medications that, as has just been said, influences their quality of life.

It is known from the UKPDS¹ study, that control of blood glucose is beneficial, since it achieves a decrease of 25% in

microangiopathy complications by maintaining glycosylated haemoglobin (HbA_{1c}) levels <7%. However, a decrease in microangiopathy complications is not seen in this study.

Subsequent studies have demonstrated that cardiovascular risk in diabetic patients is between 2 to 4 times higher than the general population, and that two thirds of diabetics will die due to cardiovascular complications.

Thus, the major Spanish and international guides pick up on all these preoccupations and signals, and recommend carrying out, stricter control of blood pressure² and lipid levels,³ change the less healthy life habits, and even using platelet antiaggregants⁴ in primary prevention.

At the same time, studies that have a bearing on the perception of the quality of life of diabetics are less certain, either due the difficulty in separating the perception of the disease and its complications with that of the treatment it-

Key Points

- Type 2 diabetes mellitus is a serious social and health problem due to its prevalence and the severe complications that it brings, which will increase in the future.
- It is absolutely essential to carry out strict control of the cardiovascular risk factors.
- How does the strict control of cardiovascular risk factors influence the perception of the quality of life of the diabetic? How does the perception of the quality of life of the diabetic influence the control of cardiovascular risk factors?

self. Thus the famous UKPDS did not find any differences in the perception of quality of life due to blood glucose and blood pressure control, but it did so due to the disease and its complications.

The study by Botija et al investigates the problem of perception of quality of life in diabetic patients on intensively treating cardiovascular risk factors and comparing this with normal practice, with meticulous methodology and an original approach. They did not find any differences in the perception of the quality of life between the group treated intensively and the control group.

This is very important, in that professionals should not place obstacles in the way of intensive treatment of cardiovascular risk factors in diabetics with the excuse that it leads them to having a higher perception of the disease.

In the future we will see studies that will investigate the results obtained on decreasing the cardiovascular risk factors in diabetics, both from the point of view of morbidity and mortality and on the quality of life, as well as the perception of the quality of life with treatment compliance. We must not forget, however, like in the Reggiani song, that “vivre c’est ma dernière volonté, même sans soleil, même sans été” (to live is my last wish, even without sun, even without summer).

References

1. UKPDS study Group. Intensive blood glucose control with sulphonylureas or insulin compared with conventional treatment and risk of complications in patients with type 2 diabetes (UKPDS 33). *Lancet*. 1998;352:837-53.
2. UKPDS study Group. Tight blood pressure control and risk of macrovascular and microvascular complications in type 2 diabetes: UKPDS 38. *BMJ*. 1998;317:703-13.
3. UKPDS Study Group. Colhoun HM, Betteridge DJ, Durrington PN, Hitman HA, Neil HA, Livingstone SJ. Primary prevention of cardiovascular disease with atorvastatin in type 2 diabetes in Collaborative Atorvastatin Diabetes Study (CARDS): multicentre, randomised, placebo-controlled trial. *Lancet*. 2004;364:685-96.
4. Antithrombotic Trialists' Collaboration. Collaborative meta-analysis of randomised trials of antiplatelet therapy for prevention of death, myocardial infarction, and stroke in high risk patients. *BMJ*. 2002;324:71-86.