Mood state among Diabetic patients

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Abstract

The present study was conducted by the investigator to find out the mood state among diabetic patients. The sample of present study were the 125 diabetic patients from Lalitpur Distt. The age of patients ranged from 25 to 60 Years. They were administered eight state Questionnaire by M. Kapoor and M. Bhargava. The result reveal that urban diabetic patients feel the high level of mood state than Rural and tribal diabetic patients. Further the result revealed that Rural diabetic patients and urban diabetic patients differ significantly and also in variance urban and tribal area diabetic patients. Further the result also revealed that nuclear family diabetic patients experience high level of emotional state than joint family diabetic patients.

Keywords: Diabetic Patients, Mood State.

Introduction

Diabetes associated with less severe disturbances in psychosocial functioning. Emotional problems in relation to diabetes are usually analysed as symptoms of psychiatric conditions but not as states of mood. For any person with diabetes, experiencing negative emotions such as anger, Frustration, hopelessness, fear and shame is very common. According to NICE 2005, when a person is first diagnosed with diabetes, they will often go through similar psychological stages as that of bereavement disbelief, denial, anger, depression, higher Hbalc levels have been found to be associated with physical symptoms including hyperglycaemic score, mood including levels of displeasure, depression, tension and with worse general well-being. A mood is an emotional state. Moods differ from emotions, feelings or affects in that they are less specific, less intense and less likely to be triggered by a perticuler stimulus or event. Mood generally have either a positive or negative valence. in other words, people typically say of being in a good mood or a bad mood . Mood states are cumulative long-term emotional states which are often either positive or negative. (Mitchell and Phillips

2007).They are an integral Component of our everyday lives and have wide-ranging impacts upon psychological and emotional well-being, Mitchell and Phillips 2007). Negative moods can affect on individual's Judgment and perception of objects and events. In a study done by Niedenthal and setterlund (1994). research showed that individuals are tuned to perceive things that are congruent with their current mood. Diabetes is one of the most common health problems worldwide. The current estimates of almost 285 million individuals suffering from diabetes are expected to rise to 438 million by the Year 2030. diabetes is a function of pancreas where it dose not produce enough insulin or the body has problem in using insulin (WHO,2010). There are two types of diabetes. In type 1 diabetes a person completely dependent on insulin injection for his survival because pencreas produce very little or no insulin. on the other hand in type 2 diabetes, a person is not dependent on insulin injection for survival but they might be used.

Diabetes is a serious health problem in India not only urban are but also in rural and tribal areas. As of today in India is the head quarter for diabetes in the world is increasing in prevalence is due to rapid the urbanization changing life style and genetic predisposition as well. In people of diabetes anxiety, depression stress can after blood glucose levels, (piedmond 1988).

Adachietal 2001, Speculated that diabetes rather than insulin resistance is an independent risk factor for strolces, specially for ischemic strokes.

Ben-zur etal (2000) studies 171 patients two to 20 months after undergoing cornary artery graft surgery high psychological distress (anxiety and mood states) and low functional national capacity were associated with high levels of pessimism and ineffective emotion - focused coping strategies.

Tanetal (2015) Depression was found to be significanty associated with marital status and family history of DAS; and anxiety was also significanty associated with monthly income, family history of DAS; and stress was significantly related with work and family history of DAS. Shanhi Mohammadyfar 2017 to compare depression anxiety, stress, quality of life, and alexithymia in people with type II diabetes and their non diabetic counterparts. Sample consists of 60 patients (30 males and 30 females) were selected through random sampling technique and 60 normal subjects were selected as the control group. Findings of this research revealed that patients with diabetes suffer from several mental disorders that make it

harder for them to continue living, regardless of the numerous 15 difficulties that they experience due to this chronic disease. Several researchers have done very valuable works on mood states around the globe mayberg et al.1999, Clark et al ,2001; Robinson and sahakian 2009, Robinson et al. 2011. But in our context such our research are generally not available in relation to diabetic patients Covered in the present study. The study is a step in this regard.

Objective

The main objective of this work was measure and Compare the level of mood states among the three groups namely; Rural urban and tribal area diabetic patients and of nuclear and joint family patients.

Hypotheses

Hypotheses 1: There would be no significant difference between the mood state of Rural and urban diabetic Patients.

Hypotheses 2: There would be no significant difference between the mood states of urban and tribal area diabetic patients

Hypotheses 3: There would be no significant difference between the mood states of nuclear and joint family diabetic patients.

Methodology

Design of the study:- Normative survey design was used.

Sample:-A total number of 125 diabetic patients were selected for testing from district hospital and private clinic Lalitpur (U.P.) The sample was drawn from three area and family viz. 25 rural patients, 25 urban patients and 25 tribal area diabetic patients. Besides it, 25 nuclear and 25 joint family patients were taken age ranged from 25 to 60 years for data collection. Purposive sampling method was used.

Procedure:- Data collection was carried out with the chief medical officer permission of the district government hospital and private clinic, lalitpur and contacted the diabetic patients to get the responses. Good rapport with patients were established by given introduction about the purpose of the study. They were assured that the information they provide will be kept

confidential and used only for research purpose. After they had completed the questionnaire they were thanked and the complete questionnaire were collected.

Tool:-The Hindi translation of the eight state Questionnaire (8SQ) was designed specifically for measuring eight important emotional states and moods M. kapoor and M Bhargava. Both forms of the contain 96 item, 12 of which measure each state. The 8SQ test used in this study is original not adopted. The test may be administered individually or in a group. The theoritical importance of measuring emotional states lies in the fact that any prediction of how a person will act or how he will perform depends as. much on his present state as on his usual. The states measured by 8SQ are follows:-Anxity Stress, Depression, Regression, Fatigue, Guilt, Extroversion and Arousal.

Analytical Strategy: Mean, S.D. and "t" test used to test the significance differences in mood state among the diabetic patients.

Limitation: Therefore researcher has done the following research under the following limitations:-

1- In this study only diabetic patients are involved.
2- Areawise:- In research only there area viz Rural, Urban and tribal patients are involved.
3- Family wise:- In the following research only Nuclear and joint family patients are taken.

Results and discussions

To test the significance or difference between the group 't' test is used. showed result of 't' test of all group are as follows:-

Table 1

Groups	N	Mean
Urban area diabetic patients	25	141.04
Rural area diabetic patients	25	120.4
Tribal area diabetic patients	25	107.32

Table 1 Presents the mean values of mood state for urban diabetic patients, Rural diabetic patients and tribal diabetic patients 141.04, 120.4 and 107.32 respectively. it is clearly evident from the mean scores that urban diabetic patients is the highest feel the level of mood states group followed by Rural and Tribal diabetic patients.

Our Heritage

High level of mood states among. Urban diabetic Patients can be explained due to higher level of anxiety, stress, guilt, Proneness to depression, other Psychological state, less social support and poorer QOL. The Rural diabetic patients are experiencing high stress, less facilities and other Psychological state. whereas in the case of tribal diabetic patients the cause of mood states may be attributed to low social support, anxiety, stress and other emotional state.

Table-2

Groups	N	Means	S.D.	S Ed	t-value
Rural Diabetic patients	25	120.4	27.95	6.81	20.64
Urban diabetic patients	25	141.04	19.54		

Table-2 Shows the mean and S.D. Values of Rural diabetic patients and urban diabetic patients 120.4, 141.04 and 27.95, 19.54 respectively. The difference between their means is significant at. 01 level (20.64). This results clearly suggests that urban diabetic patients feel more from various type of life problems and they need proper Attention, care and support of others.

Table 3

Groups	N	Means	S.D	S Ed	t-value
Urban diabetic patients	25	141.04	19.54	4.70	7.17
Tribal area diabetic patients	25	107.32	13.07		

t- value 7.17 Presented in the table signifies that both the groups differed significantly on their feel the level of mood states. Further, it shows that urban diabetic patients experience higher emotional states as compared to their tribal diabetic patients counterparts, being evident from their mean scores 141.04, 107.32 respectively.

Table 4

Groups	N	Means	S.D	S Ed	t-value
Nuclear family diabetic patients	25	138.4	22.23	5.69	8.78
Joint family diabetic patients	25	88.4	19.01		

Table-3 shows the mean and S.D values of nuclear family diabetic patients and joint family diabetic patients 138.4, 88.4 and 22.23, 19.01 respectively. The difference between their mean is significant at 01 level (8.78)

It is clearly evident from mean scores that nuclear family diabetic patients experience higher stress, lonelyness, anxiety, guit and other psychological state as compared to their joint family diabetic patients.

This results clearly suggests that nuclear family patients need proper emotional, psychological and social support of other. They also need proper care duration of illness.

The findings of the study have been corroborated by the findings of shahi and Mohammady far (2017); Zaidi 2017; Abdularhman 2017, Rajput etal 2016 Tanet al 2015, Delahanty etal 2007;anxiety, stress Depression and other emotional state has been studied from several perspectives. All the study view the presence of diabetic complications, low monthly family income, age, sex, insulin therapy, and negative life event and poor social support were the statistically significant risk factors associated with emotional state. In the era of globalization modernization, family, income, family size, poor social support and less facilities diabetic patients are highly stressed depressive and lead to all other emotional state.

Conclusion

This studies indicate higher level of anxiety, stress, guilt, proneness to depression, other psychological state. Every mood states symptoms in patients are found to be associated with diabetes. The findings of the present study, that the urban diabetic patients and Rural diabetic patients are feel more emotional states with their life as compared to the tribal diabetic patients. Further it was also confirmed in this study that the Nuclear family diabetic patients experience higher mood states with their life as compared to joint family diabetic patients. All further it was also confirmed in this study that the nuclear family diabetic patients experience higher mood states with their he as compared to joint family diabetic patients are hypotheses are rejected. This finding suggest that the patients groups need special care, awareness about the psychological factors, psychological problems and intervene for better patients health management.

Our Heritage

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