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Assessment of the probable causes of affective disturbances in diabetes mellitus-II

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Affective disturbances are common and most frequent in diabetics among all other psychiatric disorders. The prevalence of such affective disturbance is found to vary among different individuals, due to various factors like inherent temperament of the patient, type of medication used and severity of disease etc. According to literature, inherent temperament plays an important role in determining behavioural patterns in health and disease. At large-intelligence, activeness, bravery, optimism, pleasing personality, stable thoughts and a talkative nature signify a hot temperament, which may be sanguineous or bilious; while the opposite of these indicate a predominance of cold temperament, which may be phlegmatic or melancholic. These personality characteristics tend to be reflected in illness behaviours in case the person falls ill. Such behaviours tend to affect both the outcome of disease, as well as the quality of life of the patient, which is of special significance in chronic disorders. In view of the significance of behavioural changes in diabetes mellitus, a study was planned to evaluate whether temperament and certain other factors play a role in such change. The data was collected by interview and observation method with Illness Behaviour Questionnaire and Temperament Assessment Format. Affective disturbance was found to be higher in persons having raised blood sugar, those taking injectible medication and patients having cold temperament, which corresponds to *phlegmatic* and *melancholic* temperament described in classical Unani medicine. The mean positive response to Affective disturbance questions was 65.2% in the oral group and 73.6% in the injectible group. The mean positive response to Affective Disturbance questions was 55.36% in Sanguineous temperament, 74.53% in Phlegmatic, 72.32% in Bilious and 100% in Melancholic temperament. The results indicate that the behavioural changes in a disease are not only influenced by the temperament, but in keeping with the literature review, may be determined by them as well. The behaviours may also be affected by the route of administration of medication and severity of disease.

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