

Med risk för diabetes –

Studier av symtom, självskattad hälsa och erfarenheter av att leva med risk för att utveckla typ 2 diabetes

Akademisk avhandling

som för avläggande av filosofie doktorsexamen vid Sahlgrenska Akademin vid Göteborgs Universitet kommer att offentligas försvaras i Hörsal 2118, Arvid Wallgrens backe, Hus 2, Göteborg, fredagen den 7 september 2012 kl. 13.00

av

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Avhandlingen kommer att baseras på följande delarbeten:

- I. Andersson S, Ekman I, Lindblad U, Friberg F. (2008). It's up to me! Experiences of living with pre-diabetes and the increased risk of developing type 2 diabetes mellitus. *Primary Care Diabetes*. Dec;2(4):187-193
- II. Andersson S, Ekman I, Lindblad U, Friberg F.(2011). Perceived Symptoms in People Living with Impaired Glucose Tolerance. *Nursing Research and Practice*. Volume 2011 (2011), Article ID 937038, 9 pages doi:10.1155/2011/937038. Accepted 17 May 2011.
- III. Andersson S, Ekman I, Friberg F, Bøg-Hansen E, Lindblad U. Lack of sleep and low vitality are associated with IGT in a Swedish population. (Submitted).
- IV. Andersson S, Ekman I, Friberg F, Daka B, Lindblad U, Larsson, C. The association between self-rated health and Impaired Glucose Tolerance in Swedish adults: A cross-sectional study (submitted)

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GÖTEBORGS UNIVERSITET

INCREASED RISK FOR DIABETES –STUDIES OF SYMPTOM, SELF-RATED HEALTH AND EXPERIENCES OF LIVING WITH THE INCREASED RISK OF TYPE 2 DIABETES

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Abstract

Background: Individuals with impaired glucose tolerance (IGT) have a high risk of developing both type 2 diabetes mellitus (T2DM) and cardiovascular disease. T2DM is a common chronic disease in a global perspective, and it is estimated to continue to grow, which is a serious health problem. It is of significance to increase knowledge about persons with IGT to direct preventive activities more efficiently thus to limit its progression to T2DM.

Aim: The overall aim was to describe experiences of living with the increased risk of type 2 diabetes, and to identify self-reported symptoms and bodily sensations associated to prediabetes by the persons themselves. Specific aim were to explore the associations between experiences of sleep, vitality and self-rated health, respectively, and IGT.

Methods: The design was explorative and descriptive. Participants were randomly selected from a cross-sectional population-based survey in two municipalities in South-western of Sweden. Data were collected by means of interviews and a questionnaire about life-style and health.

Results: Living with prediabetes means living in the borderline between health and type 2 diabetes. Living in the borderline and the balance between opportunities and obstacles were interpreted as a burdensome sense of living with increased risk of developing type 2 diabetes, although this feeling could be changed so you could see either opportunities or obstacles.

Persons with IGT are experiencing symptoms, which they relate to their elevated plasma glucose level associated with IGT. The diagnosis in itself gave them something to relate to because they received confirmation and a possible explanation for their symptoms.

In men a statistically significant age-adjusted association was found between self-reported lack of sleep and IGT: It did not weaken after further adjustment for BMI, smoking, education, and leisure time physical activity. No such associations were found in females. Corresponding age-adjusted statistically significant associations between low vitality and IGT in both men and women were successively lost with multivariate adjustments.

Both men and women with low self-rated health had a worse risk factor profile than those with high self-rated health and a statistically significant crude association between self-rated health and IGT. After controlling for major lifestyles factors and biomedical variables the association remained only in men.

Conclusions: A special focus must be directed towards persons with prediabetes as they experience both opportunities and obstacles. Although prediabetes is often described as a condition without symptoms, persons with IGT experienced many symptoms, which they related to their IGT. Insufficient sleep and low self-rated health may be a risk factor for IGT in men. A generous sampling of plasma glucose, HbA_{1c} and oral glucose tolerance tests is suggested, even in vague symptoms. There is a link between the measurable (signs) and the perceived in form of symptoms, interpreted as “*the guiding feeling*”. This should be considered in pedagogical encounters with patients to prevent the onset of type 2 diabetes.

Keywords: Primary health care, type 2 diabetes, prediabetes, impaired glucosetolerance, symptoms, self-rated health, lived experiences,

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