QUALITY OF LIFE IN PATIENTS WITH TYPE 3c DIABETES AFTER PARTIAL OR TOTAL PANCREATECTOMY

Kimouliati G1, Bousdris Z2, Vlachou E3

- 1. RN, MSc (C) in Diabetes Education and Care, Nursing Department, University of West Attica, Athens, Greece
- 2. RN, Student in Podiatry, Queen Margaret University, Edinburgh, United Kingdom of Great Britain
- 3. Professor of Nursing, University of West Attica, Athens, Greece

Background: Type 3c diabetes or pancreatogenic diabetes is a secondary form of diabetes, associated with malignant disease in the exocrine pancreas, such as pancreatic resection. Worldwide, the pancreatogenic diabetes is misdiagnosed either as type I or type II diabetes, leading to the false medication and treatment. Health-related quality of life is of major importance in patients after pancreatic resection, owing to postoperative complications, misdiagnosed diabetes and the limited life expectation.

Aim: To examine the impact of partial and total pancreatectomy to patients' quality of life with pancreatogenic diabetes.

Method : Pubmed and Google Scholar databases were searched for relevant articles with keywords "type 3c diabetes", "pancreatogenic diabetes", "pancreatic resection", "partial pancreatectomy", "total pancreatectomy", "Quality of life".

Results: In patients who undergo partial pancreatectomy, the incidence of postoperative pancreatogenic diabetes is 15% to 40%, whereas the incidence after total pancreatectomy is 100% due to the apancreatic status. Recent studies in the published literature have shown that quality of life is comparable with individuals who underwent total and partial pancreatectomy. However, the patients who had undergone total pancreatectomy showed lower physical function, mean reduction of general daily activities and concentration, higher level of insomnia and fatigue interference on functioning in social and personal relationships and enjoyment of life, similar with the patients who underwent partial pancreatectomy. Moreover, almost the half of the patients after partial pancreatectomy, experienced deterioration of the exocrine function of pancreas. In addition, misdiagnosing pancreatogenic diabetes as other types of diabetes, may lead to ineffective treatment and appearance of major complications, such as severe hypoglycemia and re-admissions.

Conclusion: Quality of life in patients with type 3c diabetes after partial or total pancreatectomy is deteriorated in terms of physical and social functioning, daily and work activities, mental and emotional health, sleep and perspective of life. Future studies on management and educational interventions led by diabetes nurses are significant, in order to provide proper assessment and fulfillment of patients' needs.