



definite period of time, etc. Both parties accepted the agreement, but they now propose going back on their word and reconsidering the sentence — what dishonesty and hypocrisy.

Percy Miller

Linksfeld Park Clinic
Linksfeld West
Johannesburg

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Impact of chronic diseases on the health-related quality of life of South Africans

To the Editor: Chronic diseases such as diabetes mellitus (DM) and hypertension account for a substantial amount of South African health care.¹ As there are no cures for DM and hypertension, the primary goals of health care for these patients are to maximise functioning in everyday life and to achieve the highest possible level of well-being, thereby improving their health-related quality of life (QOL).² To determine the impact of chronic diseases on health-related QOL, a study was conducted among 243 South African DM outpatients (100 with hypertension) and 371 controls, with no self-reported chronic diseases/disabilities.

The patients reported more limited physical and role functioning compared with social functioning (Fig. 1). They also had poorer levels of health than wellbeing. These findings were not unexpected as chronic conditions tend to have greater impact on physical activity and perceived health than on social activity and well-being. Patients with DM alone reported relatively high levels of physical, role and social functioning, indicating that one of the goals of health care has been achieved (Fig. 1).²

The proportion of patients scoring in the 'good' health category was very similar to that reported for US and South African DM patients.^{2,4} However, our sample of DM patients had considerably higher scores for health and well-being than was found in Finland,⁵ suggesting that DM has more impact on the general health and well-being of Finnish patients than South African or US patients. Patients with hypertension had significantly poorer functioning, health and well-being than patients with DM alone ($p < 0.05$). It would appear that dual chronic conditions place an added burden on health-related quality of life.

Controls consistently reported good health-related QOL (Fig. 1), indicating the interdependence of functioning, health and well-being. They also had significantly better functioning, health and well-being and lower levels of pain than patients

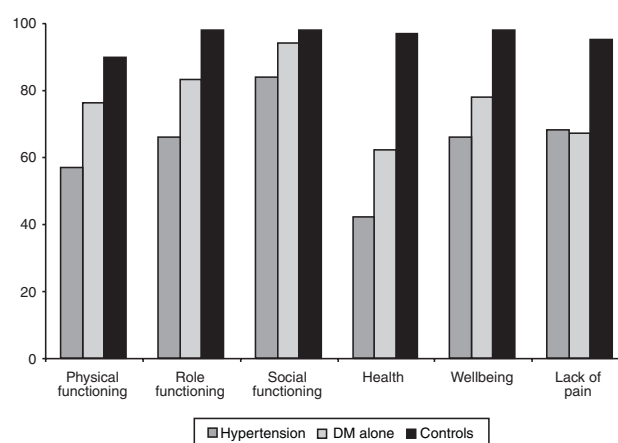


Fig. 1. Proportion of patients and controls reporting good health-related quality of life (patients with DM and hypertension (Hypertension), DM alone and controls).

with DM alone and patients with DM and hypertension ($p < 0.01$). In contrast with previous findings,⁵ controls had better well-being than the patients. This was most certainly because of the extremely poor well-being reported by Finnish DM patients and controls.⁵

Overall findings indicated that chronic disease impacts negatively on functioning, health and well-being; that patients with dual chronic conditions have greater decrements in their health-related QOL than those with a single chronic condition; and that functioning, health and well-being are core elements of health-related QOL.

Margaret S Westaway

Health and Development Research Group
Medical Research Council
Pretoria and
School of Health Systems and Public Health
University of Pretoria

Constance S Maluka

Health and Development Research Group
Medical Research Council
Pretoria

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