



## **Introduction**

The World Health Organization has defined “Quality of Life” (QOL) as “individuals’ perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns” **(WHOQOL1995)**.

It is a broad ranging concept affected in a complex way by the persons’ physical health, psychological state, level of independence, social relationships, personal beliefs and their relationships to salient features of the environment **(Harding2001)**.

With the improvement in life status, health-related quality of life (HRQOL) issues have become more salient, particularly given that this survival is accompanied by significant ongoing healthcare needs related to their chronic condition. Simply surviving is not sufficient; the quality of survival has emerged as a fundamental focus of comprehensive health care **(Varni et al; 2005)**.

Naturally health related quality of life stands for the quality of life in relation to one's health. A better understanding of the different aspects of, and influences on HRQOL is necessary to be able to offer optimal psychosocial-care to children with chronic disease. Stress and negative emotions of a chronic illness such as asthma often result in anxiety, depression and anger which affect HRQOL **(Peeters et al; 2008)**.

Quality of life is increasingly recognized as an important health measure, especially in chronic diseases such as asthma, diabetes mellitus and chronic renal failure **(Bender; 1996)**.

A heavy burden of disease rests on children with end-stage renal disease (ESRD) and their families. Monitoring functional status and



subjective state of well-being as it relates to health, called health-related quality of life (HRQOL), is of particular importance in children with ESRD. The HRQOL is an important clinical measure of the effects of disease and of the beneficial effects of medical treatment for children undergoing hemodialysis, peritoneal dialysis, and kidney transplantation. **(Lai; 2009).**

Recently, there has been an increasing interest in the association between the quality of life of patients with diabetes mellitus and their glycaemic control. Even though the association is inconclusive, poor glycaemic control may result in a substantial increase in a diabetic patient's risk of developing complications that will lead to poor quality of life **(Nitiyanant et al; 2007).**