

A Study to Associate the Psychological Well-Being and Quality of Life among Patients with Bronchial Asthma

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Abstract

The World Health Organization (WHO) defines chronic illness as the existence of a variety of physical health problems, which require health management for at least 1 year or even more than 10 years, such as hypertension, hyperlipidemia, and diabetes and asthma. Therefore, patients with chronic illness will encounter permanent changes in health status and are more likely to be under the menace of potential death. This menace is closely related to psychological distress, such as depression. Approximately 6–34% of the patients with chronic illness developed the symptoms of depression. Chronic illness is not only life-threatening to patients, but it is also a great burden to family and society. Despite the regular treatment with medication, a significant proportion of patients does not respond to this treatment. Hence this review was aimed to associate the psychological well-being with the quality of life especially in patients suffering from severe asthma. The study was conducted among 30 patients at Chest OPD, Sri Ramachandra Hospital. The findings revealed that 40% had severe level of psychological distress; 53% had moderate level of psychological distress and 7% of them had well form of psychological well-being. Hence further research with large sample size is needed to find out the link between depression and sense of well-being.

Keywords: Asthma; Health Status; Quality of Life.

Introduction

Asthma is an important contributor to the burden of ill health and impaired quality of life in the community. A strategic approach is needed to develop and implement strategies to address the impact of asthma on quality of life. Asthma is a chronic disease that is prevalent in many developed countries and there is evidence that its prevalence increased in several countries during the latter part of the 20th century, particularly among children. The impact of asthma has traditionally been measured in terms of the prevalence of the disease, mortality rates, and levels of healthcare utilisation, particularly hospital admissions. However, the impact of asthma extends beyond these outcomes to include effects on lifestyle, well-being, and perceived health status.

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Kolbe *et al* reported that up to 56% of patients with severe asthma have severe anxiety and 19% have depression. The prevalence of depression, anxiety and emotional disorders in hospital clinic samples is higher than in controls. By contrast, in a population sample. It is likely that different sampling frames account for the discrepancies noted here. At the more severe end of the asthma spectrum, it appears that emotional disorders are common.

The impact of psychological distress associated with asthma is still unclear. Hospital admissions and re-admissions for asthma seem to be higher in people with anxiety or pessimism. However, Afari *et al* did not find anxiety and depression to be related to asthma severity in adults. On a population basis, it is unclear whether psychosocial distress exerts an impact on physical health in people with asthma.

Statement of the Problem

A study to associate the psychological well-being with quality of life among patients with bronchial asthma attending Outpatient department of selected hospitals, Chennai.

Objectives

1. To associate the psychological wellbeing with quality of life among patients with asthma with their selected demographic variables.

Methodology

30 patients with severe type of asthma were selected as the Sample. The settings of the study was Chest OPD of Sri Ramachandra Hospital. After obtaining the permission from HOD and ethical committee, informed consent was obtained from the samples and they were asked to fill in the items given to them in the Patient Health Questionnaire (PHQ).

The tool consisted of 9 items. The content of the 9 items are simple and comprehensible, where scales from 0 (never) to 3 (almost 10 every day) are used for scoring, and the total score is 27. If the total score of a patient is ≥ 10 , he/she will be advised to be referred to a clinic for major depressive disorder. The lower the total score is, the better the physical and psychological health is. The higher the total score is, the more depressive the patients are. The internal reliability of the PHQ-9 was excellent, with a Cronbach's α of 0.89. The descriptive statistics was used for the data analysis.

Mini AQLQ- This instrument has 15 questions in the same domains as the original AQLQ (symptoms, activities, emotions and environment)

Data Analysis

Table 1: Frequency and percentage distribution of the patients with Bronchial asthma (N=30)

Demographic Variables	Frequency	%
1. Age(in years)		
a. 20-30	3	10
b. 31-40	12	40
c. 41-50	15	50
d. 51-60	-	-
2. Gender		
a. Male	23	57
b. Female	7	23
3. Educational status		
a. No formal education	12	40
b. Primary school	10	33
c. High school	8	27
d. Higher secondary	-	-
e. Degree	-	-
4. Residence		
a. Rural	12	40
b. Urban	18	60
5. Income (inRs.) per month		
a. ≤ 5000	5	17
b. 5001- 10,000	15	50
c. 10,001-15,0000	6	20
d. 15,001-20,000	3	10
e. $> 20,001$	1	3
6. Smoking habit		
a. Non smoker	18	60
b. Cigarette smoker	07	23
c. Bidi smoker	5	17
7. Family history of asthma		
a. First degree relative	28	93
b. No First degree relative	2	7
8. Presence of co-morbid medical illness		
a. Diabetes mellitus	16	53
b. Hypertension	8	27
c. Cardiac disease	6	20

Table 2: Overall Mean and standard deviation of the patients with Bronchial asthma (N=30)

Mean	Standard deviation
34	6.2

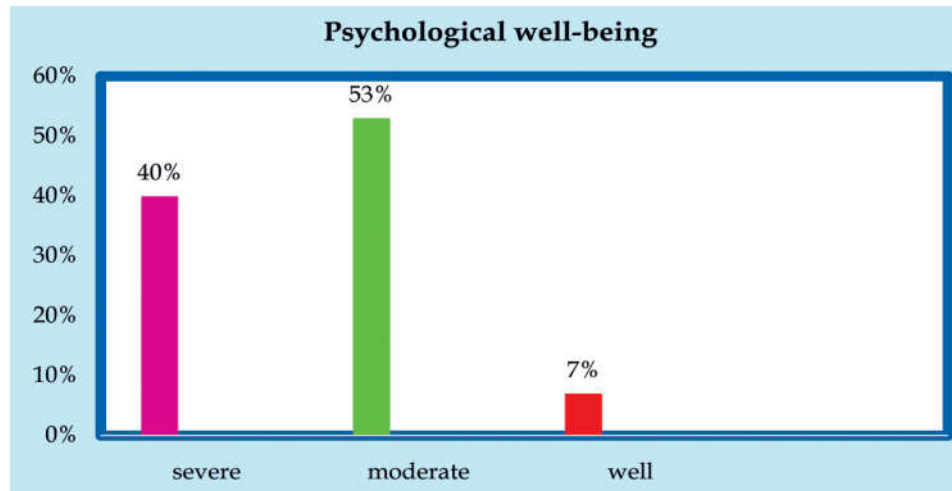


Fig. 1: Percentage distribution of psychological well-being of the patients with bronchial asthma (N=30)

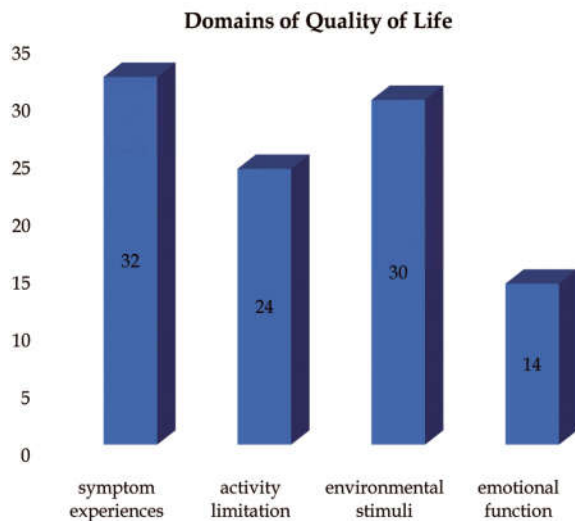


Fig. 2: Percentage distribution of the different aspects of quality of life (QOL) of the patients with bronchial asthma (N=30)

Conclusion

The study population demonstrated that 10% of them with mild mental disorder and 34% with moderate mental disorder 54% with severe form of mental disorder and only 2% of them are psychologically well. 32% of them had severe symptom experiences and 30% had influence on environmental stimuli and 24% had limitation in the activities. There was an significant association

between the psychological well-being and quality of life among patients with severe asthma. Hence the Nurses and other health care professional should be aware of the dangerous form of psychological illness among patients with chronic illness; which can be prevented by careful assessment and handling them in the sound environment. The study can be generalized with larger sample size.

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