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INVESTIGATING THE QUALITY OF LIFE IN IRANIAN PATIENTS SUFFERING FROM ASTHMA IN 2015

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Abstract

Introduction: Asthma is a chronic respiratory disease that has a lot of side effects. This study aimed to investigate the quality of life of patients suffering from asthma visiting the asthma and allergy clinic of teaching hospitals of Ahvaz in Iran.

Methods & materials: In this descriptive study, 104 patients were selected convenience. Data collection tool was two questionnaires of demographic information and quality of life SF-36. The collected data were analyzed by using SPSS software and descriptive statistics.

Results: The study showed that 55 individuals of the participants were male and the rest were female. The mean age was 41 years. Overall quality of life of 35% of the patients was in good level and 20% at medium level and it was observed a statistic and significant relationship between the education degree and overall quality of life ($p < 0/05$).

Conclusion: Study results showed that the overall life quality of the units under research is at high and medium level. It is suggested that for improving the quality of life of these patients it is taken plans of intervention by the care team.

Keywords: asthma, quality of life, mental health.

Introduction

Among the large number of chronic diseases, asthma is the most common chronic disorder of the respiratory system that has a striking prevalence and incidence (1). Asthma is an intermittent, reversible, and obstructive disease of airways that is determined by excessive bronchial response to various stimuli. These changes make to narrow the airways and

shortness of breath of patient and it is one of the most common chronic diseases on the worldwide that almost 300 million individuals in the worldwide suffer from this disease. From this amount 10 to 12 percent comprise adults and it is predicted that up to 2025 will be added 100 million individuals to the population of asthma patients in the world. In a report released in 2003 the prevalence of asthma in Iran was estimated about 5 percent in the general population (2). This disease is classified based on the severity of clinical symptoms into several types; in this study all forms of asthma are considered (3). Asthma is a major problem in most parts of the world that its diagnosis and treatment is still a health problem and every year a large number of patients suffering from this disease lose their lives (3). The mortality rate caused by asthma is increasing in most countries (4). In the United States out of every 20 individuals one individual suffers from asthma and 14 to 15 million individuals suffering from asthma live in the United States (5). In Iran according to statistic reported by the allergy and asthma clinic 10% of Iranians suffer from asthma (6).

Asthma disease exposes the family life and social activities of patients to change (4), and causes to limit the physical activity of them and this problem leads to psychological problems like anxiety, depression and grief in the patients (6-8). Thus the asthma disease affects the different dimensions of patients' life (8). Therefore, considering the prevalence and high mortality of the asthma disease as well as the high costs that this disease imposes to governments, life quality of this group of patients is of paramount importance (9). Today, the quality of life is considered as an important criterion in the study of chronic diseases; quality of life means feeling good in the physical, psychological and social areas. Asthma is an example of disorders that put the quality of life in critical condition. Since the asthma is a chronic disease with high medical expenses, its management is difficult and assessment of the quality of life has been known as an essential component in these patients (10). The asthma in regard with its prevalence is a costly disease that stress caused by it has negative effects on a person's life and consequently causes to reduce the quality of life of a large group of patients (11-13). The results of some researches carried out in relation to quality of life of patients suffering from asthma indicate an undesirable quality of life of these patients (10). So, this study conducted with aim investigating the quality of life in Iranian patients suffering from asthma.

Methods & Materials

This is a descriptive study. The study population is the patients suffering from asthma visiting the clinic of asthma and allergy of Imam Khomeini Hospital of Ahwaz in 2015. Criteria for entering to study consisted of the age over 18 years,

suffering from asthma for at least three months, being under surveillance of a specialist, audio and visual ability and an acceptable watchfulness for answering questions and exclusion criteria of suffering from other chronic diseases.

The study sample consisted of 104 patients with asthma who were selected using a convenience method. Data collection tool was a demographic information questionnaire and a quality of life questionnaire SF₃₆ that have 36 questions and are composed of 8 subscales and every subscale consists of 2 to 10 articles. Eight subscales of this questionnaire are: physical performance, role disorder due to physical health, role disorder due to emotional health, energy/fatigue, emotional well-being, social function, pain and general health. Also by integrating the subscales there is achieved two general subscales as physical and mental health. By using this tool the quality of life of patients has been studied in eight above mentioned subscales, so that in each dimension the achieved scores of patients have been considered as (25) = weak, 25-50=medium, 50-75= good and 75-100 = very good. The questionnaire was completed by two trained nurses in one step. Finally, data were collected and by using the analytic and descriptive statistics and SPSS software were analyzed.

Results

Data analysis showed that the age average of participants was 41 years (minimum 21 years and maximum 83 years). Frequency percentage of women and men was respectively 45.9 and 54.1 individuals. Other features are shown in Table 1.

Table-1: Demographic characteristics of participants.

Variable	Subgroups	Number	Percentage
Marital status	Married	53	50.9
	Divorced	8	7.7
	Widow	6	5.8
	Single	37	35.6
Occupation	Employee	24	23.1
	Free job	26	25
	Housewife	28	26.9
	Soldier	1	0.9
	Unemployed	6	5.8

	Farmer	6	5.8
	Retired	7	6.7
	No answer	6	5.8
Educational level	Illiterate	6	5.8
	Under diploma	43	41.3
	Diploma	20	19.3
	Academic	35	33.6

Table-2: Dimensions of Quality of life in participants this study.

Dimensions of Quality of life	Weak		Intermediate		Good		Very good		Total	
	N	%	N	%	N	%	N	%	N	%
Physical dimension	53	51	24	23.4	20	18.9	7	6.7	104	100
The role impairment due to physical health	39	37.8	18	17.5	30	28.4	17	16.3		
The role impairment due to mental health	39	37.8	13	12	32	31.2	20	19.4		
Energy /Fatigue	14	13.5	37	35.1	30	29.1	23	22.3		
Emotional well-being	9	8.1	33	32	35	33.7	27	26.2		
Social Function	28	26.9	27	25.9	26	25.5	23	21.6		
Pain	18	17.5	28	26.9	24	23.2	34	32.4		
General Health	23	22.1	39	37.8	28	26.6	14	13.5		

As to overall quality of life of patients suffering from asthma, the highest percentages of the units under research were achieved as followed: good quality of life (35%), moderate (20%) and weak quality of life 20% (Table2).

On the other hand findings resulting from the study about the relationship between demographic variables and quality of life showed that there is a statistical significant relationship between the level of education and energy/fatiguesubscale ($P = 0/03$), between the level of education and pain subscale ($p = 0/01$), between the level of education and the subscale of role disorder due to psychic health ($P = 0/05$) (table 3) and between the level of education and overall quality of life ($P = 0/02$) (table 4). But there was not a significant relationship between marital status, sex, place of residence, insurance and quality of life.

Discussion

Due to the increasing number of patients suffering from asthma in Iran and the world as well as the costs of treatment and loss of work days of most patients during an asthma attack and its impact on the activities of patient the quality of life of this group of patients is of utmost importance.

The results of this study can be confirmed by Meszaros' study in which also the life quality of patients suffering from asthma is mentioned as a undesirable physical dimension (14). Mancuso also in a research on the impact of depression on the quality of life of patients suffering from asthma has reported that more depressed patients have received more lower quality of life score (15). Pedramrazi also in a research that assessed the quality of life of patients suffering from asthma reported that most of the units under research in physical, psychiatric, sleep and rest dimensions had undesirable quality were of quite desirable quality and in socio-occupational dimension and quality of life of patients was relatively desirable and undesirable (16). Abdi in a study on the quality of life of postmenopausal women has reported the quality of life of these individuals to be undesirable as well as put forward that the quality of life of housewives and women with higher income is in a more desirable level than the rest (17). Therefore, it is recommended that due to the severe pollution of Ahvaz and the increasing number of patients suffering from asthma in this city more studies are conducted on the impact of self-care education based on different patterns of teaching on the quality of life of this group of patients.

Conclusion: The results of this Study showed that the overall quality of life in asthmatic patients under research is at high and average level. Therefore, It is suggested that for improving the quality of life of these patients it is taken plans of action by the care team.

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