International Conference 'Advances in Pneumology'
Bonn, 17-18 June 2011

ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE PATIENT'S QUALITY OF LIFE

Katarzyna Kieczka[1], Emilia Świetlik[2], Anna Doboszyńska[1]

[1]Clinical Nursing Department, Medical University of Warsaw;
[2]Internal and Cardiology Dept., Medical University of Warsaw, Poland

Bronchial asthma and chronic obstructive pulmonary disease (COPD) are characterized by inflammatory process in the airways, leading ultimately to their obstruction. Both diseases belong to the most frequent chronic ailments all over the world and their incidence is increasing constantly. Complex view on these diseases is associated with patients' quality of life. It is of particular importance in the chronic respiratory diseases such as asthma and COPD, which are long-lasting and the symptoms intensify during exacerbations. Both diseases are leading to changes in the everyday life or the roles played in the social life. Therefore, evaluation of the quality of life in asthma and COPD is of utmost importance, especially in the complex assessment of therapeutical process. Objectives: this study aimed at evaluating and comparing life quality in two groups of patients, degree of dyspnea, and level of illness acceptance. Material and methods: the study involved 100 patients with diagnosed bronchial asthma or COPD (50% asthmatics, 50% patients with COPD), in stable condition, with no infections during the last 3 months. Attending physician diagnosed the disease and determined its progression. Fifty five women and 45 men were followed-up. Mean age of patients was 63 ± 13.5 years, ranging from 27 years to 86 years. Investigative material was obtained with diagnostic poll with the aid of questionnaires based on: Saint George's Respiratory Questionnaire – SGRQ, Medical Research Council dyspnea scale – MRC, and Acceptance of Illness Scale – AIS. Collected data were analyzed statistically. To determine relationships between analyzed parameters and examined groups the following tests were used: Student t test, Mann-Whitney U test, chi square test, Pearson correlation coefficient, and multifactor regression analysis. Results In the group of asthmatic patients, total score of SGRQ was 54.88 ± 17.31 and was significantly lower than that in the group of patients with COPD – 67.95 ± 15.49; $p = 0.0001$. Strong negative correlation of life quality with illness acceptance was shown in both asthmatic patients ($R= -0.9608$; $p=0.001$) and patients with COPD ($R= -0.9818$; $p=0.001$). Statistically significant relationship between respondents' life quality and severity of dyspnea ($F=117.31$; $p<0.000001$) was shown with linear regression model. This model is explicable for $R2=0.5402001$. Scale of dyspnea degree is statistically significant for the quality of life ($t=10.83102$; $p<0.0000001$). Conclusions: 1. Quality of life of examined patients differs in relation to the respiratory disease. Statistically significantly lower quality of life is seen in patients with COPD in comparison with asthmatic patients. 2. There are differences in life quality in dependence of the degree of asthma control and COPD severity. Quality of life is worsening with more severe or uncontrolled disease. 3. Quality of life of examined patients is closely correlated with level of illness acceptance.