INFLUENCE OF SOCIO-ECONOMIC STATUS ON QUALITY OF LIFE AND ILLNESS ACCEPTANCE AMONG PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE

B. Mroczek¹, <u>D. Kurpas^{2,3}</u>, Z. Sitko⁴, K. Augustyniuk⁵, J. Pierzak-Sominka⁶, L. Marek⁷, and B. Karakiewicz¹

¹Public Health Department, Faculty of Health Sciences, Pomeranian Medical University, 48 Zolnierska St., 70-204 Szczecin, Poland; b mroczek@data.pl

²Department of Family Medicine, Wroclaw Medical University, 1 Syrokomli St., 51-141 Wroclaw, Poland

³Public Higher Medical Professional School, 68 Katowicka St., 45-060 Opole, Poland

⁴The Prof. Alfred Sokolowski Specialist Hospital, 11 A. Sokolowskiego St., 70-891 Szczecin, Poland

⁵Department of Nursing, Pomeranian Medical University, 48 Zolnierska St., 70-204 Szczecin, Poland

⁶ Department of Hygiene, Epidemiology and Public Health, Faculty of Health Sciences, Pomeranian Medical University, 48 Żołnierska St., 70-204 Szczecin, Poland

⁷Faculty of Humanities, University of Szczecin (Poland), 22a Papieża Jana Pawła II St., 70-543 Szczecin, Poland

Socio-economic status is considered to be an independent risk factor in Chronic Obstructive Pulmonary Disease (COPD), but up to now, only a few studies on this issue have been conducted in Poland. The purpose of this study was to determine the relationship between socio-economic status and quality of life (QoL), as well as the acceptance of illness in COPD patients. Education, marital status and place of residence were all used as socio-economic status indicators. The sample included 264 adult COPD patients of general practitioners. COPD symptoms were mild in 53.4% of these patients, and moderate in 36.4%. There was a positive correlation between the QoL and acceptance of illness levels (r = 0.69, p < 0.0001). The QoL and acceptance of illness levels were most strongly influenced by education, followed by gender, age, and place of residence. Marital status had no effects on the QoL and acceptance of illness levels. Programs improving the QoL and acceptance of illness are recommended for patients with low educational attainment, male patients and those over 65 years of age. Future studies are needed to discover potential cause-and-effect relationships between the level of education level and QoL, and acceptance of illness levels.