## QUALITY OF LIFE IN PATIENTS WITH NEOPLASTIC LUNG DISEASES AND COPD

- I. Moczarna<sup>1</sup>, D.M. Krzyzanowski<sup>1,2</sup>, <u>W. Andrzejewski<sup>3</sup></u>, K. Kassolik<sup>3</sup>, D. Kurpas<sup>2,4</sup>,
- B. Mroczek<sup>5</sup>, E. Troscienko<sup>1</sup>

<sup>1</sup>Division of Medical and Social Sciences, Department of Public Health, Wroclaw Medical University, Poland; <sup>2</sup>Public Higher Medical Professional School in Opole, Poland; <sup>3</sup>Department of Physiotherapy, University School of Physical Education in Wroclaw, Poland; <sup>4</sup>Department of Family Medicine, Wroclaw Medical University, Poland; <sup>5</sup>Public Health Department, Faculty of Health Sciences, Pomeranian Medical University in Szczecin, Poland; e-mail: waldemar.andrzejewski@gmail.com

Chronic obstructive pulmonary disease (COPD) and neoplastic lung diseases are chronic disorders significantly impairing the patients' bio-psycho-social functioning. Assessment of the quality of life level and the risk for depression and anxiety disorders are the main assumptions of holistic care for patients with the above mentioned disorders. The purpose of the study was to assess and compare the quality of life of patients suffering from chronic lung diseases, including COPD and lung cancer. The measurement tools included: original questionnaire and scales evaluating quality of life, level of stress, depression and anxiety. The study group included patients hospitalized in medical treatment units of Lower Silesian Centre for Lung Diseases in Wrocław . The study included 102 patients: 61 with lung cancer (28 women and 33 men) and 41 patients with COPD (18 women and 23 men). The results of the study suggest that both disorders affect the level of quality of life. The general quality of life (QoL) in patients with lung cancer and COPD is decreased and depends on patients' subjective evaluation. OoL was not always correlated with the objective medical assessment of patients' health condition. The discussed diseases predispose the development of depression and anxiety and intensify the level of stress. Programs improving patients' quality of life should be considered in the above mentioned clinical groups as a possible prevention of depression and anxiety disorders.