

Assessment of Quality of Life of Asthma Patient

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ABSTRACT

Asthma is a prevalent hyperactive airway disease with physical and emotional impact. Severe asthma is associated with considerable health-related quality of life. The aim of this study is to assess the quality of life in patients with asthma. Descriptive non-experimental study was chosen. By using purposive sampling technique 40 asthma patients were selected, tool consist of two parts, Part I is Socio demographic variable and Part II quality of life questioner. Findings revealed that that majority 30 (75.0%) had Moderate quality of life followed 6 (15%) had Poor quality of life and 4 (10%) had good quality of life. The overall mean % of quality-of-life scores of asthma patient was 56.56% with mean score 90.51 and standard deviation 15.777.

Keywords: Asthma patient, Quality of life

INTRODUCTION

Chronic airway inflammation is a common non-communicable condition that affects both adults and children globally and is known as asthma. Apart from airflow limitation, the other distinguishing symptoms include dyspnea, wheezing, chest pain, and chronic cough, particularly throughout the night and early in the morning. Exercise, allergens, irritant exposure, weather variations, and respiratory infections can all exacerbate

asthma symptoms, however the pattern and severity of symptoms as well as the restriction of airflow alter with time. While there is no cure for asthma, appropriate patient treatment and counseling can help avoid exacerbations. Asthma is a chronic illness; thus sufferers need to take their medications as prescribed, follow written instructions for self-control, and follow medical advice.

The most prevalent chronic illness in children, asthma is a serious noncommunicable disease (NCD) that affects both adults and children. The symptoms of asthma, which can include any arrangement of cough, wheeze, shortness of breath, and tightness in the chest, are brought on by inflammation and constriction of the tiny airways in the lungs. In 2019, asthma claimed the lives of 455 000 people and impacted an estimated 262 million people. People with asthma can live normal, active lives and manage their symptoms with inhaled medicine. Reducing triggers for asthma can also aid in lessening the symptoms of asthma. The majority of asthma-related fatalities take place in low- or lower-middle-income nations, where it can be difficult to properly diagnose and treat patients. In order to lessen the worldwide burden of NCDs, WHO is dedicated to enhancing the diagnosis, treatment, and monitoring of asthma.

Clinical and physiological factors are utilized to evaluate asthma, however they

might not be sufficient to evaluate how the patient perceives their own health. Quality of life, or QoL, is therefore an important outcome as it represents the effects of the condition as seen by the patient. When asthma symptoms vary from patient to patient, improper treatment for asthma can have a significant impact on quality of life (QoL), including emotional, physical, occupational, and social effects. Quality of life (QoL) may be defined as a patient's assessment of their current status when compared to their goals, standards, expectations, and worries. The benchmark clinical outcome for evaluating quality of life and preventing morbidity from uncontrolled illness is the patient's well-being.

The Mini Asthma Condition of Life Inventory (Mini AQLQ) is used to measure QoL in asthma patients. The frequency of exacerbations affects QoL and can be expressed as effects on daily functioning, worsening academic performance, and decreased participation in social and other activities. Unknown additional asthma-related variables that adversely impact the patient's quality of life (QoL) need to be found and properly evaluated in order to enhance QoL. Poor quality of life is connected with predictive characteristics such as female gender, advancing age, obesity, and concomitant disorders like depression. Asthma patients with low quality of life (QoL) are more likely to experience negative outcomes, such as depression, behavioral and emotional problems, and subpar academic performance. Furthermore, lowering asthma triggers and improving patient quality of life are practical ways to lower morbidity and death.

Other biological or asthma clinical outcome metrics do not include QOL, a dimension that is crucial for describing patient groups and assessing therapy approaches. There isn't a single QOL instrument on the market that should be regarded as standard. To accommodate the diverse cultural backgrounds of people across the world,

numerous instruments are translated to tongues other than English. Certain instruments don't match age-related developmental skills well enough. For example, there is a paucity of information about their usefulness in the elderly, who may have several complicating comorbidities. When it comes to asthma, traditional clinical outcomes focus on preventing death and morbidity whereas QOL evaluation considers the welfare of the patients. It is evident from a component analysis that looked at the connection between asthmatic patients' quality of life and their clinical condition that patient well-being cannot be inferred from clinical results; rather, it has to be evaluated and interpreted separately. Based on the aforementioned data, researchers studied asthma patients' quality of life.

MATERIALS AND METHODS

A non-experimental descriptive design was used to assess the quality of life of asthma patients in selected hospital of Raichur, among 50 samples chosen using a non-probability purposive sampling procedure. The research variable of the study is quality of life of asthma patients and Demographic variables such as age, gender, Religion, Type of family, marital status, educational status, Occupation, Income and sources of information. Asthma quality of life questioner was constructed. After getting formal permission data collected was processed and collected data was analysed using descriptive and inferential statistics.

Sample selection criteria

Inclusion criteria:

- 1] Asthma patients from selected hospital.
- 2] Asthma patients who are willing to participate in the study
- 3] Asthma patients who available at the time of data collection.

Exclusion criteria:

- 1] Asthma patients who are dumb and deaf
- 2] Asthma patients who are confined to bed
- 5] Asthma patients who are critically ill.

RESULTS

The data were analyzed on the basis of the study objectives, using both descriptive and

inferential statistics. Findings are organized in the following headings

Section I shows the demographic variable

Graph.1: Percentage distribution of age of samples

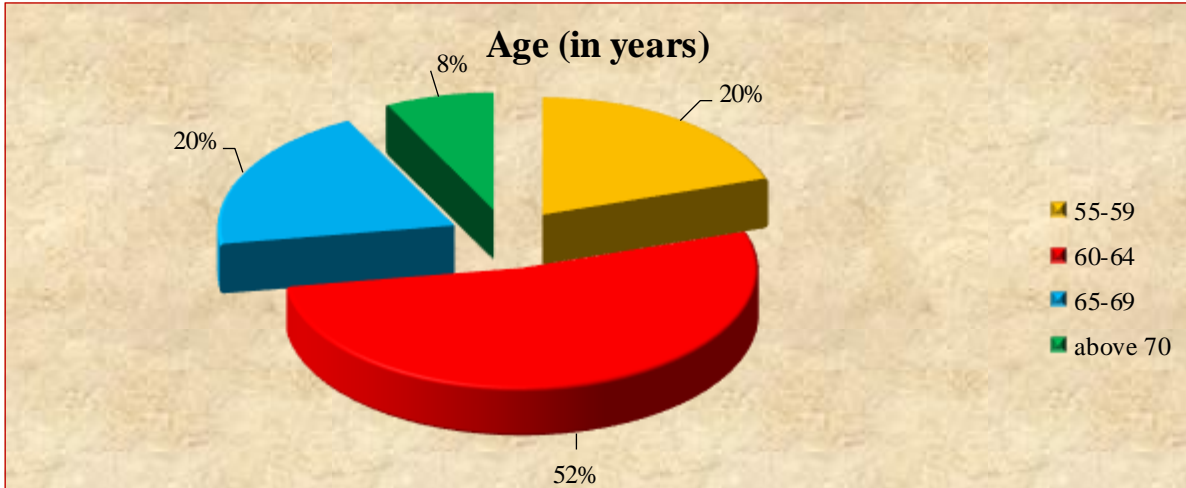


Table 1: Distribution of age of samples

Age (in years)	Number of cases (N=40)	Percentage (%)
a) 55-59	8	20.0
b) 60-64	21	52.5
c) 65-69	8	20.0
d) Above 70	3	7.5

Findings regards to age of the samples describes that majority i.e. **52.5%** of the samples belongs to age group of 60-64 years, 20% of them belongs to the age group of 50-54 & 65-69 years. The findings reveal that samples belong to each category of age groups.

Graph 2: Percentage distribution of gender of samples

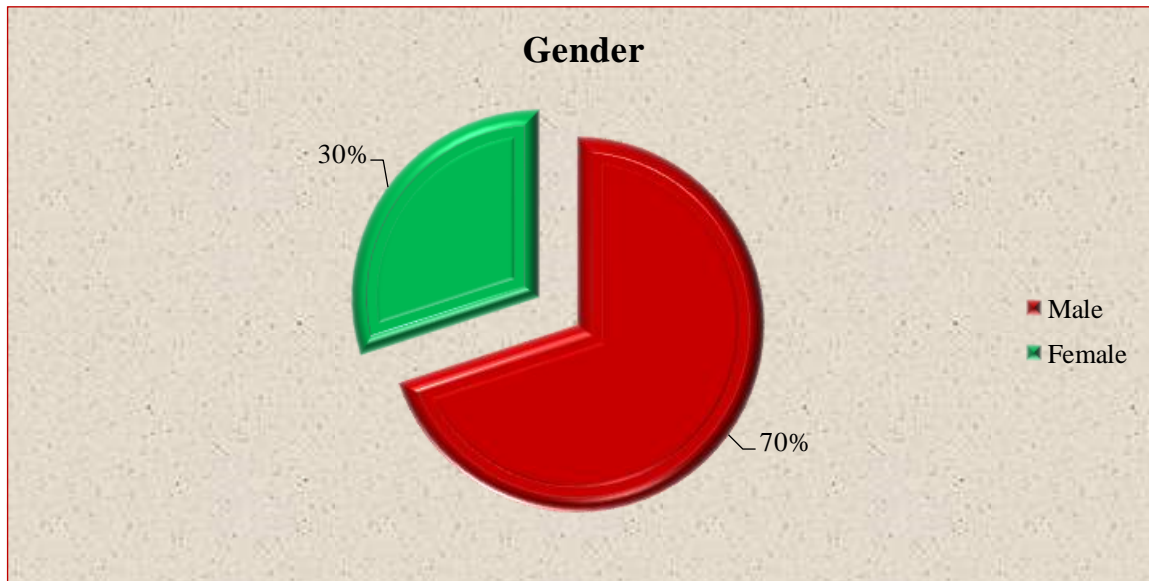


Table 2: Distribution of gender of samples

Gender	Number of cases (N=40)	Percentage (%)
a) Male	28	70.0
b) Female	12	30.0

Above findings states that among total samples majority (70%) of the senior citizens were male and 30% of them were female. Findings reveals that male samples were more compare to female samples.

Graph 3: Percentage distribution of religion of samples

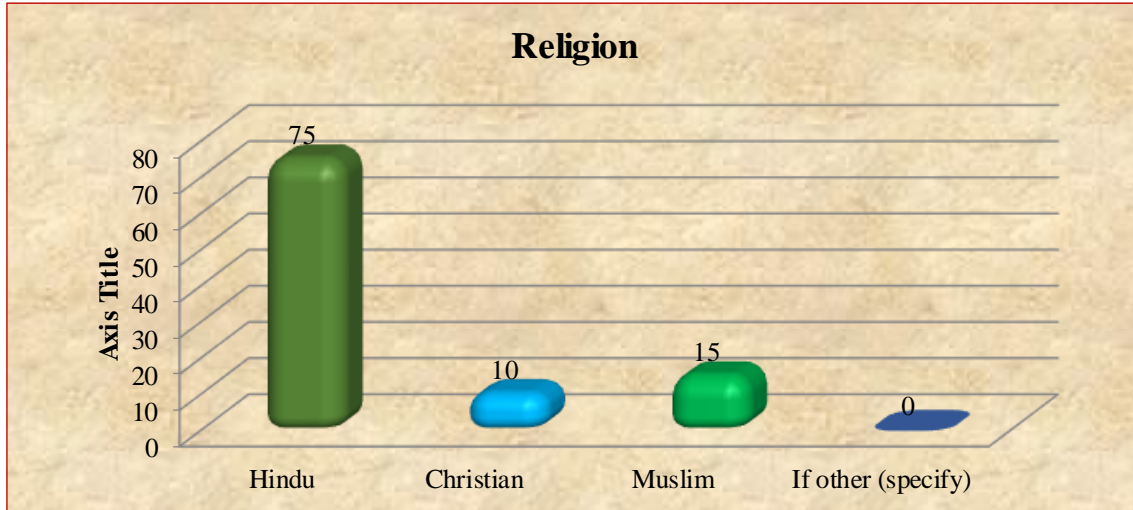


Table 3: Distribution of religion of samples

Religion	Number of cases (N=40)	Percentage (%)
a) Hindu	30	75.0
b) Christian	4	10.0
c) Muslim	6	15.0
d) If other (specify)	0	0.0

Above findings explains that majority i.e. 75% of the samples belong to Hindu religion, 15% of the sample belongs to Muslim religion & 10 % of the samples belong to Christian religion. Findings

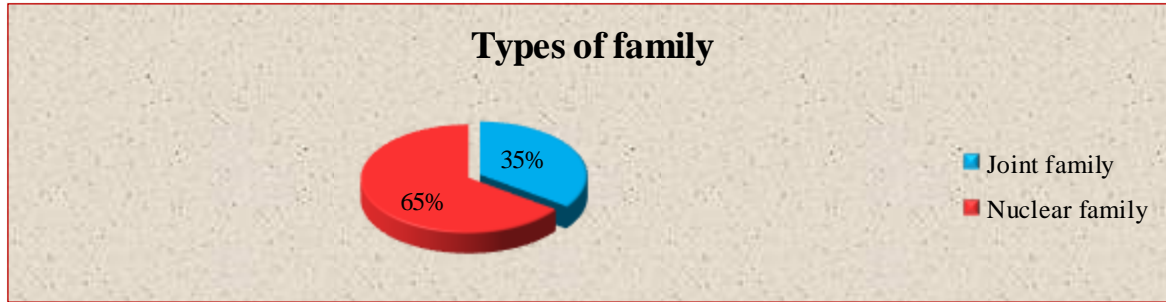
reveals that all religions were included in the study but majority of the samples were Hindu as the samples were selected from a selected place in which the majority of the family belongs to Hindu religion.

Table 4: Distribution of marital status of samples

Marital Status	Number of cases (N=40)	Percentage (%)
a) Widower	12	30.0
b) Widow	6	15.0
c) Married	19	47.5
d) Single	0	0.0
e) Separated	3	7.5

In the above findings it reveals that in total samples majority (47.5%) of the samples were married, 30 % of the samples were widower, 15 % of them were widow and 7.5 % of the samples were separated. It was not possible to get a sample from a single status.

Graph 5: Percentage distribution of type of family of samples



Graph 4: Percentage distribution of marital status of samples

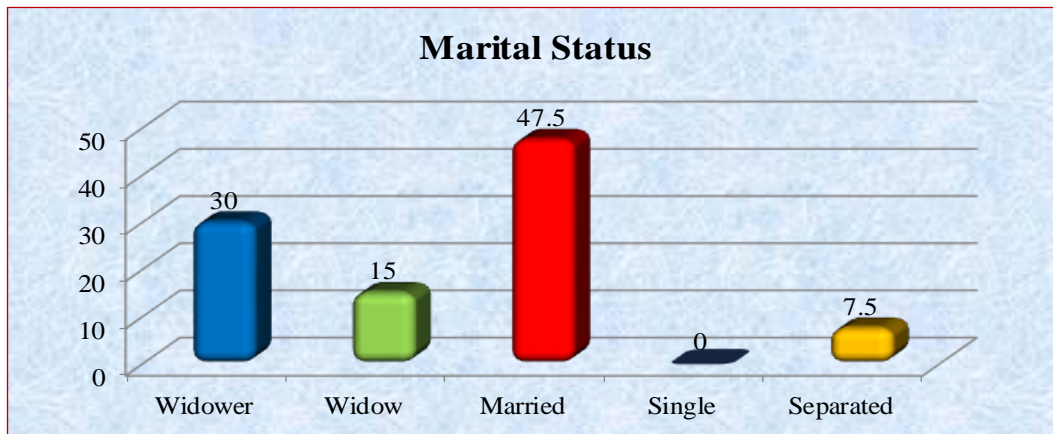


Table 5: Distribution of type of family of samples

Types of family	Number of cases (N=40)	Percentage (%)
a) Joint family	14	35.0
b) Nuclear family	26	65.0

Above findings describes that majority (65%) of the samples belong to nuclear family in which senior citizens live separately and 35% of the samples belong to joint family where senior citizens resides with their children's and grand children's.

Graph 6: Percentage distribution of members in family of samples

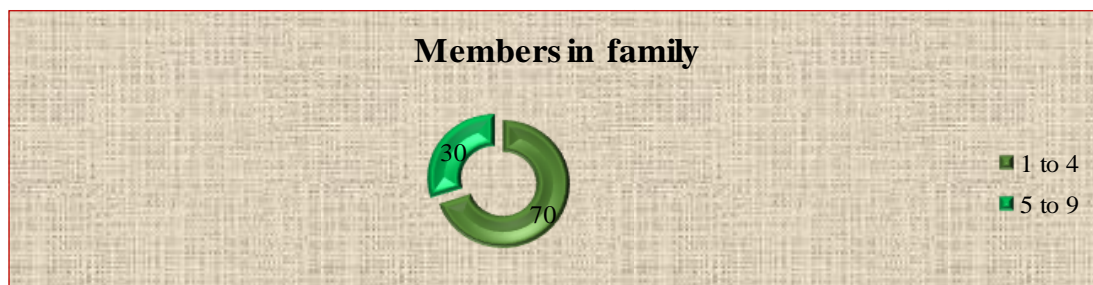


Table 6: Distribution of members in family of samples

Members in family	Number of cases (N=40)	Percentage (%)
a) 1-4	28	70.0
b) 5-9	12	30.0
c) Above 10	0	0.0

Above findings represent that among total samples 70% of the sample live with 1 to 4 family members and 30% of the samples live with 5 to 9 family members. This shows

that every senior citizen lives with minim 1 family members. Whereas no single senior citizen have the family members more than 10

Graph.7: Percentage distribution of educational standards of samples



Table 7: Distribution of educational standard of samples

Educational standard	Number of cases (N=40)	Percentage (%)
a) Illiterate	2	5.0
b) Primary education	6	15.0
c) Secondary education	22	55.0
d) Graduation	7	17.5
e) Post-graduate	3	7.5
f) Others	0	0.0

Above findings of the research describes that majority (55%) of the samples had a secondary education, 17.5% of the samples had graduation, 15% of them had primary education, 7.5% of them completed post

graduate and 5% of them were illiterate. This finding concludes that majority senior citizens in this study were literate where they can able to read and write.

Graph 8: Percentage distribution of occupation of samples

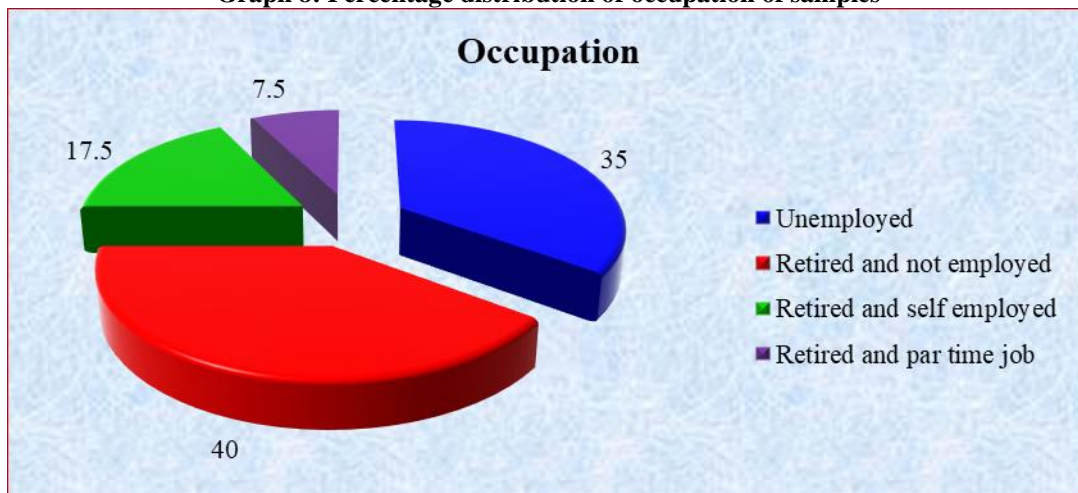


Table 8: Distribution of occupation of samples

Occupation	Number of cases (N=40)	Percentage (%)
a) Unemployed	14	35.0
b) Retired and not employed	16	40.0
c) Retired and self employed	7	17.5
d) Retired and par time job	3	7.5

Above findings explains regarding the occupation of the samples where majority of the samples (40%) were retired from their previous jobs and 7.5 % of them were retired and doing part time job to meet financial needs.

Graph 9: Percentage distribution of previous occupation of samples

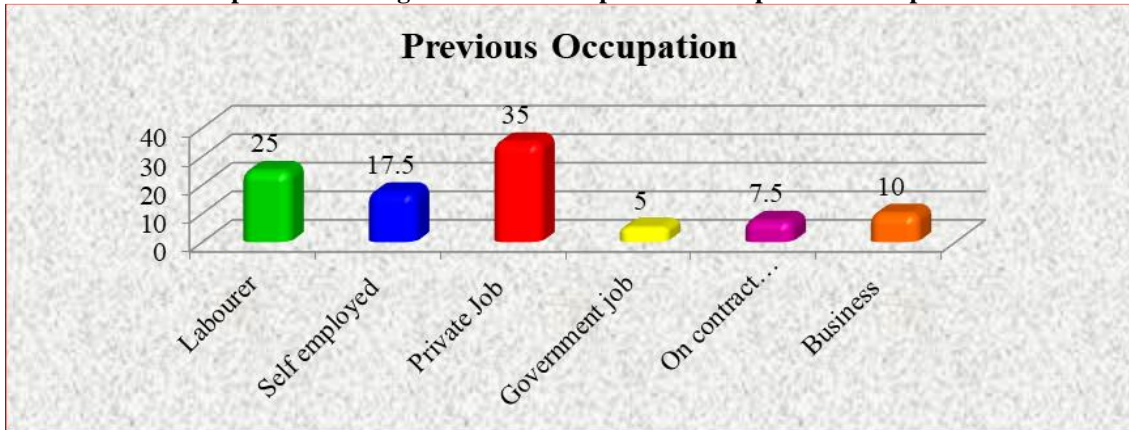


Table 9: Distribution of previous occupation of samples

Previous Occupation	Number of cases (N=40)	Percentage (%)
a) Labourer	10	25.0
b) Self employed	7	17.5
c) Private Job	14	35.0
d) Government job	2	5.0
e) On contract basis	3	7.5
d) Business	4	10.0

Above results reveals that majority (35%) of the samples had private job as a previous occupation and only 25% of them were labourer, 17.5% of them were doing self-employment, 10% of them were doing

business and only 5 of them were government employees.

Section II Shows the quality of life of asthma patients

Graph – 10: Bar diagram showing Percentage distribution of asthma patient by their quality of life. N=40

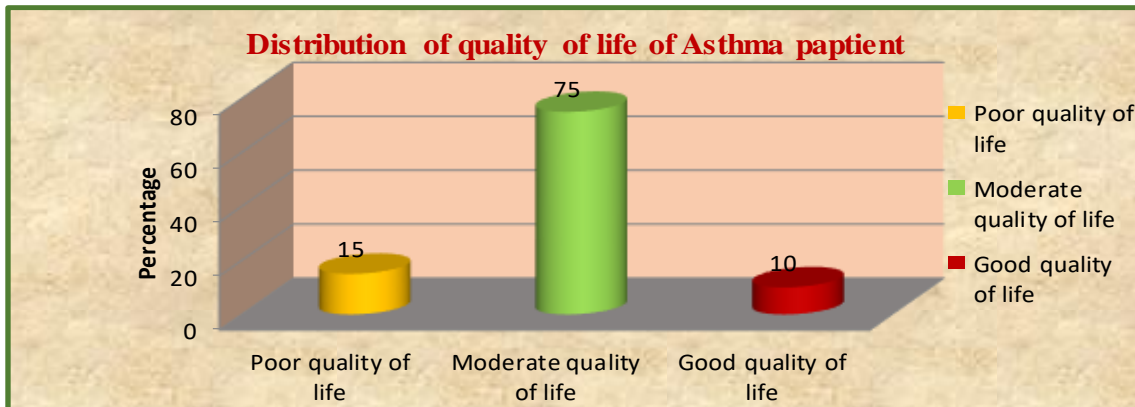


Table –10: Distribution of asthma patient on quality of life.

SL. NO	LEVEL OF QUALITY OF LIFE	FREQUENCY	PERCENTAGE
1.	Poor quality of life	6	15.0
2.	Moderate quality of life	30	75.0
3	Good quality of life	4	10.0
Total		40	100.0

Above table depicts overall level of quality of life of asthma patient majority 30 (75.0%) had Moderate quality of life followed 6 (15%) had Poor quality of life and 4 (10%) had good quality of life.

Graph – 11: Bar diagram showing Percentage distribution of mean % quality of life scores of asthma patient

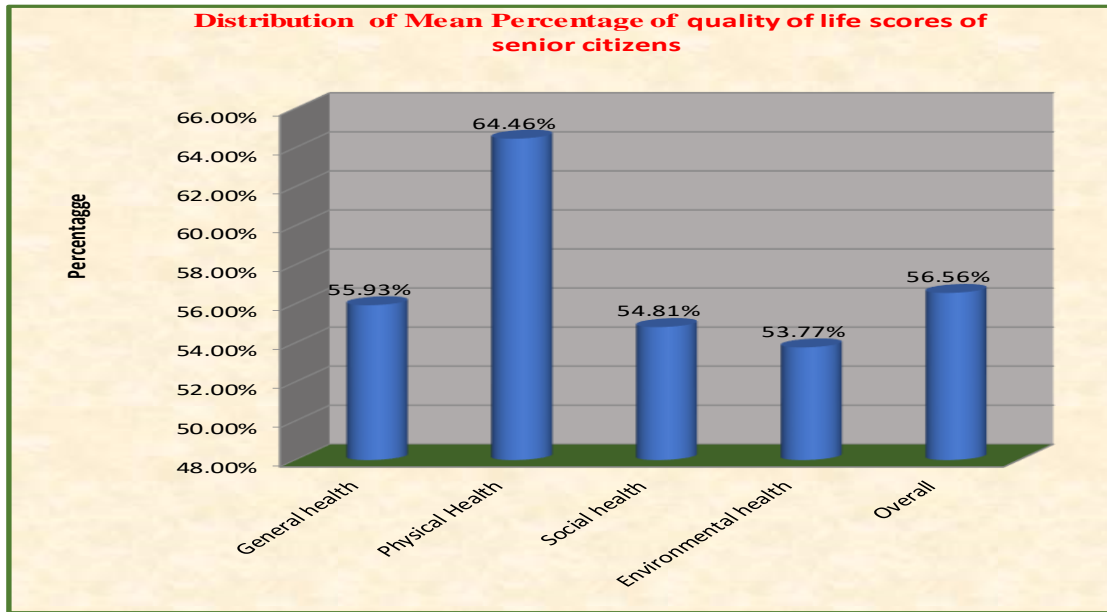


Table – 11: Mean, mean Percentage and standard deviation for the quality-of-life scores. N=40

Sl. no	Quality of life	Max Score	Mean	Mean %	Standard deviation
A.	General health	30	16.78	55.93	3.773
B.	Physical Health	30	19.34	64.46	4.819
C.	Social health	60	32.89	54.81	6.295
D.	Environmental health	40	21.51	53.77	3.952
	Overall	160	90.51	56.56	15.777

Above table depicts mean, mean % and standard deviation of quality-of-life scores regarding of asthma patient Highest mean % 64.46% with mean score 19.34 and standard deviation 4.819 was found in the aspect Physical Health followed by 55.93% with mean score 16.78 and standard deviation 3.773 was found in the aspect of general health. 54.81% with mean score 32.89 and standard deviation 6.295 was found in the aspect of social health and least mean percentage was found in the aspect of environmental health 53.77%, with mean score 21.51 and standard deviation 3.952. The overall mean % of quality-of-life scores of asthma patient was 56.56% with mean score 90.51 and standard deviation 15.777.

DISCUSSION

Study sought to determine the quality-of-life scores of asthma patient, Findings revealed that majority 30 (75.0%) had Moderate

quality of life followed 6 (15%) had Poor quality of life and 4 (10%) had good quality of life. The overall mean % of quality-of-life scores of asthma patient was 56.56% with mean score 90.51 and standard deviation 15.777.

This finding of the study was in consistent with study conducted by Kharaba et al (2022) on An Assessment of Quality of Life in Patients With Asthma Through Physical, Emotional, Social, and Occupational Aspects. A Cross-Sectional Study. study highlights that asthma affects adults' quality of life through social, emotional, physical, and occupational impacts. Improved follow-up and patient education may be essential in the future to stop disease progression and achieve ideal therapeutic outcomes.

CONCLUSION

The study demonstrated that asthma affects patient's QoL that was assessed through

physical, emotional, occupational and social negative impacts. Patient education is an important part of treatment however, to be successful, it should not only be limited to providing knowledge, but should impact behavior and lead to a consistent change in patient's behavior.

Declaration by Authors

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Conflict of Interest: The authors declare no conflict of interest.

REFERENCES

1. Boulet LP, FitzGerald JM, Reddel HK. The revised 2014 GINA strategy report: opportunities for change. *Curr Opin Pulm Med.* (2015) 21:1–7. 10.1097
2. Prasad R, Kushwaha RAS, Verma S, Kumar S, Verma A, Prakash V, et al. A study to know the knowledge, attitude, and practices of patients of bronchial asthma. *Int J Med Public Health.* (2013) 3:159. 10.4103
3. Sadatsafavi M, McTaggart-Cowan H, Chen W, Mark FitzGerald J. Quality of life and asthma symptom control: room for improvement in care and measurement. *Value Health.* (2015). 18:1043–9. 10.1016/j.jval.2015.07.008
4. Gonzalez-Barcala FJ, de la Fuente-Cid R, Tafalla M, Nuevo J, Caamaño-Isorna F. Factors associated with health-related quality of life in adults with asthma. A cross-sectional study. *Multidiscip Respir Med.* (2012) 7:32. 10.1186
5. Kharaba Z, Feghali E, El Husseini F, Sacre H, Abou Selwan C, Saadeh S, Hallit S, Jirjees F, AlObaidi H, Salameh P, Malaeb D. An Assessment of Quality of Life in Patients With Asthma Through Physical, Emotional, Social, and Occupational Aspects. A Cross-Sectional Study. *Front Public Health.* 2022 Sep 1; 10:883784. doi: 10.3389/fpubh.2022.883784.

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