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Quality of Life of the Patients with Asthma

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Abstract: Asthma is a globally chronic disease that affects almost 300 million peoples. This disease is increased in last 30 years in developed country. Actually 10-12% of adults and 15% of children are affected by asthma. Asthma symptoms can vary from month to month. By taking control of their asthma, most people`s day-to-day lives should be free from disruption such as troubled sleep or not being able to exercise. This study is a punctual study (transversal, cross-sectional). The population in this study are the patients diagnosed with bronchial asthma of Shkodra region that came to see the family doctor for the next visit and to take the monthly medicaments. We have distributed 125 questionnaires with closed questions, dotted with cutting-edge. The questionnaire used is the international questionnaire standard for asthma control test. The questionnaire was with self-administration. The time of completion was January - February 2018. The data are calculated with the SPSS 15.00 program.

Keywords: *asthma, control test, quality of life, shortness of breath, wheezing*,

Introduction

Asthma is a syndrome characterized by airflow obstruction that varies markedly, both spontaneously and with treatment. Asthmatics harbor a special type of inflammation in the airways that makes them more responsive than non-asthmatics to a wide range of triggers, leading to excessive narrowing with consequent reduced airflow and symptomatic wheezing and dyspnea. Narrowing of the airways is usually reversible, but in some patients with chronic asthma there may be an element of irreversible airflow obstruction. Asthma is one of the most common chronic diseases that globally and currently affect about 300 million people. The prevalence of asthma has increased in affluent countries over the last 30 years but now appears to have stabilized with 10-12% of adults and 15% of children affected by this disease. In developing countries where the prevalence of asthma had been much lower, a rising incidence appears to be associated with increased urbanization (Asher et al., 2006).

The increasing global prevalence of asthma, the large burden it now imposes on patients, and the high health care costs have led to extensive research into its mechanisms and treatment. Asthma can present at any age with a peak age of 3 years. In childhood, there is 2:1 male/female preponderance, but the sex ratio equalizes by age 30. (Mc Fadden, 2005). Bronchial asthma is the most common chronic disease whose prevalence increases by 50% every decade. Asthma causes a burden in medical costs, lost school and work days, and early deaths. The commonly held belief that children "grow out of their asthma" is justified to some extent.

Bronchial asthma as a chronic disease with implications not only for the health but also for economic and social events. Often the factors contributing to its morbidity are underestimated. It causes serious losses in industry and indirect loss of children in school days. The adult patients with asthma lose the work in the first year. Asthma represents the largest percentage of admissions from chronic diseases in children. Being the most common chronic disease in children, it is associated with numerous absences in school, reduction of physical activity and not involved in sports and socio-cultural activities. These children have sleep disorders once or twice a week. A consequence is the influence on children`s learning and their limited everyday life compared to their pers. Is very important to prevents and to take a correct treatment of crises. These measures decrease the number of days of unemployment of the patients and the number of his hospital admissions. This is reflected on the hospitalized days of the patient. It is clear that the patients with asthma spend at least 3 days without counting the days they stay at home after they leave the hospital. This is the main reason for the socio-economic and financial problem. This problem influences their quality of life.

The Asthma Control Test provide with a snapshot of how well the asthma has been controlled over

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the last four weeks, giving a simple score out of 25. Asthma symptoms can vary from month to month, so it is worth keeping the test handy to see if the score changes. So the patient can also share the results with her doctor or asthma nurse to help explain just how asthma affects in the quality of life. Asthma Control Test (ACT). (Nathan *et al.,* 2004), (Schatz *et al.*, 2006) Validated for administration at home: Confirmed optimal cut-off for well-controlled > 19 and poorly controlled asthma as 16. Significantly correlated with findings on the ATAQ. (Skinner *et al.*, 2004; Vollmer *et al,* 1999 ; Mini-AQLQ; Juniper *et al.*, 1994; Juniper *et al.,* 1999a,b). Validated for administration by interactive telephone calls using speech recognition technology. Score < 16 significantly related to emergency hospital care and oral corticosteroid and beta-agonist dispensing. Concordance between (C-ACT) Childhood Asthma Control Test (Guyatt et al. 1997; Liu *et al*. 2007). Studies confirm its use as a complement, not a replacement, to such objective measures (Schatz *et al.,* 2007; Piacentini *et al.,* 2009). New tool to compute the risk of having uncontrolled asthma based on patient attitudes toward medical professionals and asthma treatment. Believed that their physician recognized lifestyle compromises due to asthma. Not satisfied with their treatment regimen. Took asthma medication more frequently than prescribed. May improve communication between asthmatic patients and their physicians by identifying patient concerns regarding their treatment and quality of life (Jones *et al.,* 2009).

Encourages guideline-based asthma evaluation respect to identifying control. Encourage patient and parent disease self-awareness. Rapid assessments are helpful measuring tools. Validation allows standardized comparisons between patients and individual patient visits. According to the NHLBI Guidelines: "Some patients, however, appear to perceive the severity of airflow obstruction poorly". (NHLBI NAEPP 2007) May unconsciously accommodate to their symptoms. May mistakenly attribute symptoms to other causes: aging, obesity, lack of fitness. Another measure may identify that the degree of airflow obstruction is poorly recognized or perceived by the patient: Spirometry, a trial of therapy with improved quality of life ("I did not realize how much better I could feel until my asthma was treated" (Bijl-Hofland *et al*., 2000; Kikuchi *et al*., 1994).

Material and Methods

This study is a punctual study (transversal, cross-sectional). In this study are included the patients diagnosed with bronchial asthma of Shkoder region that came to see the family doctor for the next visit and to take the monthly medicaments. We have distributed 125 questionnaires with closed questions, dotted with cutting-edge. The questionnaire used is the international questionnaire standard for asthma control test. Asthma Control Test is a trademark of Quality Metric Incorporated. The questionnaire was with self-administration. The sampling was simple random. The time of completion was January - February 2018. The data are calculated with the SPSS 15.00 program.

By the completion of the questionnaire estimated total scores of each patient and this stipple they are categorized. If the total score of the patient is between 0-19 points it shows that asthma is not controlled and if the total score is between 20-24 points, then say that asthma is somewhat controlled and if the total score of the patient is with 25 points then we say that asthma is well controlled.

Results and Discussion

In this study were included 125 patients diagnosed with bronchial asthma. These patients were part of this study during their monthly visit to the family doctor for the regular visit at the time to take their monthly medicaments for their illness. The population in this study was composed by 49% female patients and 51% were male. (Figure 1). The patients included were over 14 years old because they can evaluate better their health state and the answers can be more correct. So, 20% of them were from 14-24 years old, 18% of them between 25-34 years old, 25% of them 35-44 years old and 37% were 45-54 years old. (Figure 2)

32% of this population was from rural areas and 68% were from urban areas. (Figure 3) When the patients were asked how often did their asthma prevent their form getting as much done at work, school or home during the past 4 weeks, 7% of them answered "all of the time", 13% "most of the time", 28% "some of the time", 34% "a little of the time" and 18% "none of the time" (Figure 4).

About the presence of breath shortness during the past 4 weeks, 11% of them admit that they had it more than once a day, 11% once a day, 20% 3-6 times a week, 40% 1-2 times a week and 18% not at all (Figure 5). Also they refer that during the past 4 weeks they wake up at night due to asthma symptoms

such as: wheezing, coughing, chest tightness. So 11% of them face these symptoms more than 4 times a week, 14% 2- 3 nights a week, 27% once a week, 27% once or twice and 21% not at all. (Figure 6) This is a big problem because the lack of sleep reflects in their daily activities having different consequences such as: loose of their day at school or at work and lower performance at school or at work.

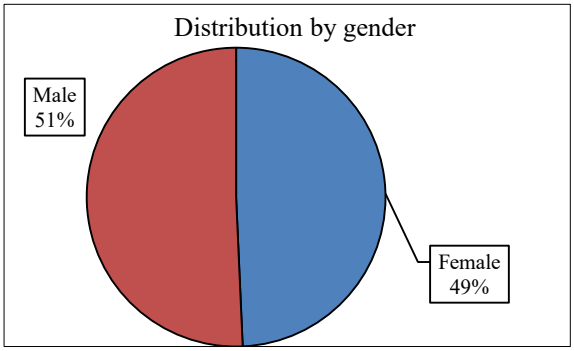


Figure 1. Gender distribution

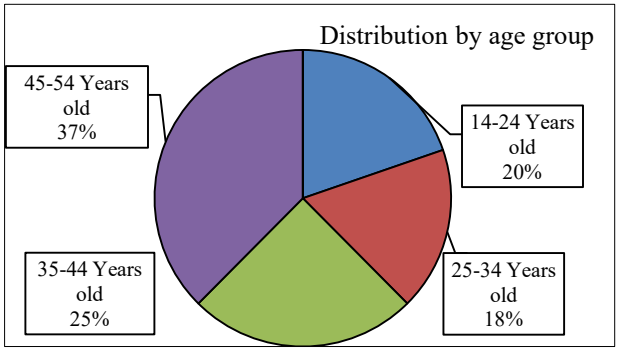


Figure 2. Age distribution

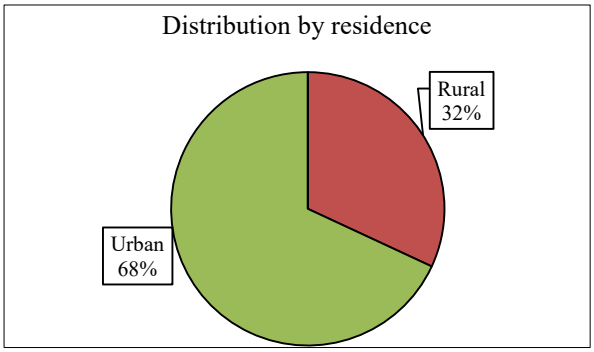


Figure 3. Residence distribution

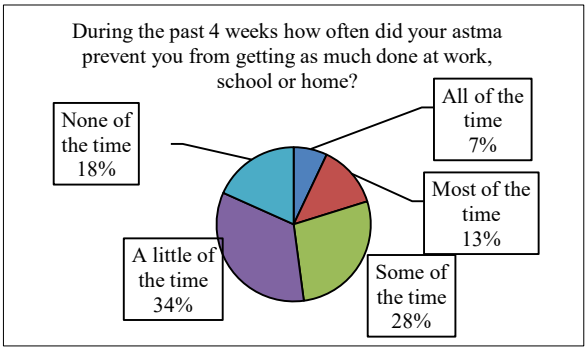


Figure 4. Lack of school, work, home

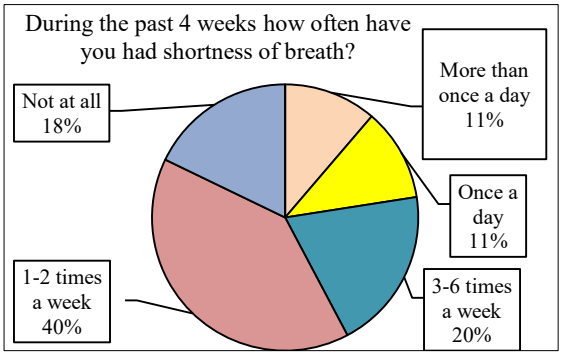


Figure 5. The frequency of symptoms

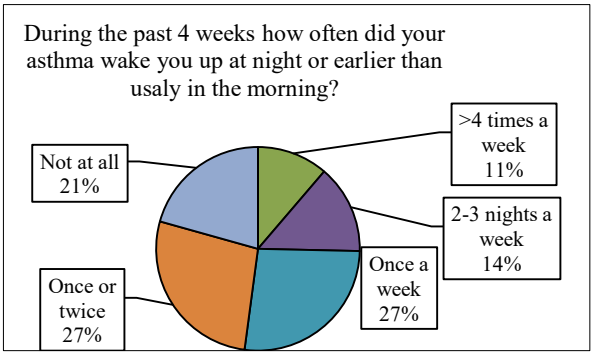
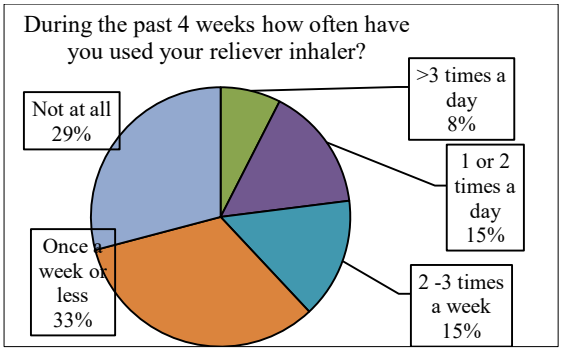


Figure 6. The level of insomnia

The patients refer that they use reliever inhaler not in a high level. We can see in the figure 7 that 29% didn't use this reliever inhaler, 33% once a week or less, 15% of them 2-3 times a week, 15% for 1or 2 times a day and 8% more than 3 times a day. About their self – evaluation we can see that the most part of the patients is not satisfied with their quality of health status related to asthma control. 19% of them rate their asthma control as "completely controlled", 34% "well controlled", 27% "somewhat controlled", 10% "poorly controlled" and 10% "not controlled" (Figure 8).

Based on the total score from the questionnaires of patients we can say that asthma is not controlled. 65% of patients are categorized between 0-19 points and it shows that asthma is not controlled. 35% of them is between 20-24 points which means that asthma is somewhat controlled and none of the patients was with 25 points, which means that they are not at their best health situation (Figure 9).



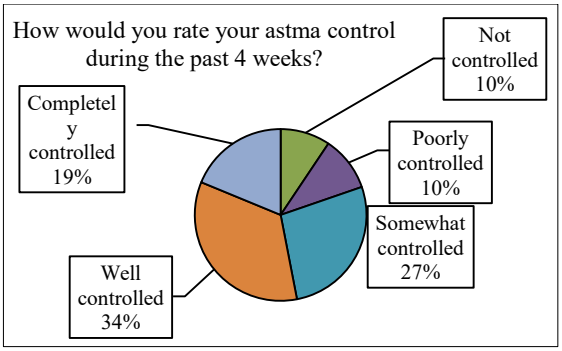


Figure7. The frequency of reliever inhaler used. **Figure 8**. Self-evaluation of asthma control

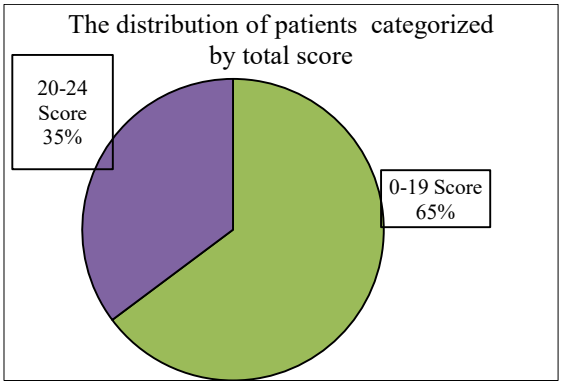


Figure 9. The distribution of patients categorized by total score

Conclusion and Recommendations

The most part of the patients is not satisfied with their quality of health status related to asthma control. 19% of them rate their asthma control as "completely controlled", 34% "well controlled", 27% "somewhat controlled", 10% "poorly controlled" and 10% "not controlled". The most part of the patients is not at their best health situation. They should go to a specialist doctor for the specialized examination and for an action plan to help improve their health, because for the last 4 weeks asthma was not under control.

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