

QOL (QUALITY OF LIFE) OF COPD PATIENT IN MADHYA PRADESH

Dissertation submitted to



The IIHMR University, Jaipur

For the partial fulfilment for the award of the degree of

Master of Business Administration

In

Pharmaceutical Management

By

Vidhi Shukla

Under the supervision and guidance of

Ashok Peepliwal

2021

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DECLARATION BY STUDENT

I hereby declare that this dissertation titled **QOL OF COPD PATIENT IN MADHYA PRADESH** is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

(Signature)

Name of Student - Vidhi Shukla

Date – 22 June 2021

Completion Certificate

CERTIFICATE

This is to certify that (Vidhi Shukla) in partial fulfilment of the requirements for the award of the degree of **MBA (Pharmaceutical Management)** from the IIHMR University, Jaipur has successfully completed **her**/his internship at (IIHMR UNIVERSITY JAIPUR) during March 22, 2021 to June 19, 2021.

Place: Jaipur

Preceptor/Head of the Organization: Saurabh

Kumar banerjee

Date: 22 June 2021

Name of the organization: IIHMR University

Certificate from Faculty Guide and School Dean

CERTIFICATE

This is to certify that dissertation titled QOL of COPD patient in Madhya Pradesh is a record of the research work undertaken by Vidhi Shukla in partial fulfilment of the requirements for the award of the degree of MBA (Hospital and Health Management)/MBA (Pharmaceutical Management)/MBA (Rural Management) from the IIHMR University, Jaipur under my guidance and supervision and his/her approach to the research study has been sincere, scientific, and analytical.

Faculty Guide: Ashok Peepliwal

IIHMR University, Jaipur

Date: 22 June 2021

School Dean: Saurabh Kumar Banerjee

IIHMR University, Jaipur

Date: 22 June 2021

Abstract

COPD is a chronic disease that can have a negative impact on one's health and quality of life (QOL). Individuals' quality of life (QoL) is influenced by COPD difficulties, comorbidities, and treatment costs. In chronic disease management, the Quality of Life (QoL) assessment is regarded as an important outcome metric. As a result, the goal of our research was to discover the relevant factors (such as disease-associated characteristics, lifestyles, and mental health aspects) of QOL COPD patients. A prospective descriptive study was done over a period of seven months, with 100 patients being chosen based on pharmacy and hospital inclusion criteria. We gathered information on demographics, health status, and therapeutic control. MS Excel and SPSS version 22 were used to analyse the data. The sufferers were mostly men (54 percent). The majority of the participants in the study were over the age of 18. In 60 percent of the subjects, T2DM had a negative impact on QoL, while 40 said their lives would have been better without COPD. Patients with no complications had a higher quality of life. The quality of life decreased as the number of problems increased. The presence of comorbidities reduced QoL as well. There was a statistically significant relationship between age, the number of complications, and the kind of complication vs COPD patients' QoL. The findings show that COPD has a major impact on QoL, and that assessing it is an important tool in the disease's management. The negative values represent COPD's overall harmful impact. These findings are critical for health professionals and policymakers to develop and implement relevant interventions in order to improve disease management and, as a result, improve the QoL of COPD patients.

ACKNOWLEDGEMENT

With great pleasure, I, Ms Vidhi Shukla, deliver the dissertation report "Quality of life of COPD patients in Madhya Pradesh" as part of the "MBA in Pharmaceutical Management" curriculum. I'd like to express my gratitude to everyone who has been so supportive of me.

Mr. Ashok Peepliwal, my dissertation mentor, and all those who have indirectly mentored and assisted me in the preparation of this report deserve my heartfelt gratitude.

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Abbreviations: -

HRQOL: - Health related quality of life

QOL: - Quality of life

WHO: - World Health Organization

CD8+: - Cytotoxic T cells

COPD: - Chronic obstructive pulmonary disease

GPs: - General Practitioner

FEV1: - Forced Expiratory Volume air exhaled measured during the first forced breath.

INTRODUCTION: - COPD stands for chronic obstructive pulmonary disease, which is a group of liberal lung disorders.

The most common of these diseases are emphysema and chronic bronchitis. Many patients with COPD experience one or more of these symptoms.

Emphysema causes air bags in your lungs to slowly die, obstructing the flow of air outside. Bronchitis is a condition in which the bronchial passages become inflamed and constricted. In the United States, COPD affects an estimated 30 million people. Half of them is completely uneducated that they suffers from COPD.

COPD, if left untreated, can hasten the onset of sickness, cause heart attacks, and aggravate respiratory infections. Breathing becomes more difficult as a result of COPD. At initially, the symptoms may be modest, such as coughing and shortness of breath. As the symptoms grow, they can become more consistent, making breathing more difficult.

SYMPTOMS: -

You may have wheezing and tightness in your chest, as well as an increase in sputum output. Acute exacerbations, or significant symptom flare-ups, occur in some patients with COPD.

Early signs and symptoms include:

COPD symptoms can appear to be extremely mild at first. You could be mistaken for someone who has a cold.

The following are early warning signs: Shortness of breath on occasion, especially after exercise

Coughing that is milky but persistent

Sometimes, especially first thing in the morning, you need to clear your throat.

You could begin by making minor adjustments, such as avoiding stairs and foregoing physical activity.

Symptoms are getting worse:

Symptoms are getting worse: Symptoms can become progressively severe and harder to ignore. As your lungs deteriorate, you may notice the following symptoms:

Even minor forms of activity, such as going up a flight of stairs, can cause shortness of breath.

Swelling is a type of noisy, high-pitched breathing that occurs mostly during exhalations.

Chest constrictions

a lack of energy

CAUSE:

Many persons with COPD are at least 40 years old and have smoked at some point in their lives. The longer you smoke tobacco, the more likely you are to get COPD.

COPD can be caused by cigarette smoke, cigar smoke, pipe smoke, and second-hand smoke, in addition to cigarette smoke. If you smoke and have asthma, your chances of developing COPD are substantially higher.

If you are exposed to chemicals and fumes at work, you may get COPD. Long-term exposure to air pollution and dust inhalation can also cause COPD

Along with cigarette smoke, dwellings in underdeveloped countries are commonly under-ventilated, causing residents to breathe smoke from the burning of fuel for cooking and heating.

There may be a hereditary component to the development of COPD. A protein shortage known as alpha-1-antitrypsin affects up to 5% of persons with COPD, according to one estimate.

This shortage wreaks havoc on the lungs and can also harm the liver. Other genetic variables that are similar to these could potentially be at play.

RISK FACTORS INCLUDE: - The courting among genetic predisposition and environmental elements is at once related to chance elements. The presence of comorbidities also can regulate the scientific manifestations of this association. Smoking, each energetic and passive: Active smoking is the main reason of COPD. Active smoking has been proven to elevate the chance of COPD via way of means of 40% to 70%, relying at the region. People who smoke and people who're older are much more likely to increase continual bronchitis. It's really well worth noting that, notwithstanding now no longer smoking, a tiny percent of sufferers had continual bronchitis on the time of this report. Active smoking via way of means of pregnant ladies can damage the foetus's lungs and cause bronchial allergies in kids who're vulnerable to it. Furthermore, passive smoking reasons the foetus's lung boom to be delayed. The additives of cigarette smoke have lots of outcomes on lung tissue and parenchyma. Many in vitro and ex vivo research advocate that the mobileular and molecular elements that reason airway infection aren't similar to people who reason bronchial allergies. The presence of CD8+ lymphocyte infiltration withinside the proximal airlines turned into histologically evaluated in bronchial samples from people with slight to excessive COPD. COPD sufferers' sputum consists of a excessive attention of neutrophils. Cigarette smoke additionally turns on some of cells, which include macrophages and airway epithelial cells, ensuing in an growth withinside the synthesis of mediators and cytokines that help withinside the restoration process. On the idea in their interplay with the epithelium and the extracellular matrix, bronchial clean muscle cells play a primary function withinside the airway remodelling visible in COPD. While cigarette smoking is the maximum not unusualplace reason of COPD, now no longer all the people who smoke withinside the uk, and the purchase of the sickness at some stage in their lifetime, suggesting that genetic elements can be involved. In general, it seems that a baby is in breathing characteristic is suffering from the respiration of the 2 dad and mom. As a result, handiest 37% of kids withinside the lowest profits bracket to have awful breath while their dad and mom are in a awful breath. The kids of dad and mom who've a medium-excessive or a excessive stage of breathing characteristic, on the alternative hand, are at a better chance. It's going to be a everyday lung characteristic, and 41% of the time. Compensation: publicity to a 19% growth withinside the chance of COPD in people who smoke, and elevated with 31% of non-people who smoke. Non-people who smoke had been the maximum possibly to arise in rural regions in which they may be uncovered to

excessive ranges of natural be counted (natural be counted, in addition to a bacterial or fungal infection, toxins), in addition to withinside the fabric enterprise, in which they may be uncovered to excessive ranges of plant-primarily based totally fabric, cotton canvas, which is, for example, in mines, smelting works, and the flora withinside the iron and metal enterprise, the wooded area merchandise enterprise and the constructing trade).

Occupational publicity limits were undervalued, and, specifically, at the ratio of the radiation. Air pollutants-Pollutants withinside the home, it's far an vital chance component for COPD, accounting for 35% of the cases), and specifically withinside the poorest nations of the world, due to publicity to smoke, cooking and heating, is a way this is utilized in a poorly ventilated house. COPD is projected to emerge as greater common in non-smoking ladies in rural regions of China, and then, for the women residing in city regions who've now no longer been uncovered to. The outcomes of air pollutants at the chance elements are poorly understood. During intervals of excessive pollutants, air pollutants, and it's far indexed as an demanding component for the humans with the maximum excessive shape of COPD. According to a large-scale examine carried out in numerous towns the aged forged of existence after a COPD hospitalization, long-time period publicity to particulate be counted withinside the air, and it is had a tremendous effect at the possibility of death. To the understanding of the individual's familiarity with the manner of delivery of air pollutants dispersion modelling will remain a primary hassle in epidemiological research. The age of COPD is turning into greater not unusualplace as humans become old is to be a parent. Starting across the age of 30-to 40-year-old, is a physiological decline in lung characteristic were developed. In growing nations, in addition to the existence expectancy increases, so too does the quantity of older people and people with a analysis of COPD. Sex at the Basis in their smoking, and guys, have, withinside the past, all of which can be at a better chance of growing COPD than in ladies. Women who smoke simply as plenty as guys do have a tendency to have a comparable chance of growing COPD, long-time period, relying at the country. Women are greater prone to the COPD of the smoke withinside the equal manner as their male counterparts. it's far nevertheless a be counted of debate.

Infection: - Infections have a tendency to play a sizeable have an effect on withinside the improvement of COPD, relying on age. Infections can effect a baby's breathing characteristic if they may be uncovered to them at the same time as they may be young. As an adult, the incidence of infectious or bacterial exacerbations on a common foundation

would possibly compromise lung characteristic. Bronchial Hyperreactivity: -Asthmatic people who smoke are much more likely than non-asthmatic people who smoke to have their breathing characteristic deteriorate. The function of bronchial hyperreactivity withinside the development of COPD continues to be a subject of dispute.

Social and economic factor: - When smoking is taken into consideration, those who live in low social and economic situations are more likely to get COPD. However, these criteria are likely to encompass a variety of risk variables such as diet, infection risk, and occupational exposure. These substances, which have been present since childhood, have the potential to affect adult respiratory function.**(Raheison & Girodet, 2009)**

TREATMENT: -

Oxygen Therapy

Surgery

Lifestyle Changes

STAGES OF COPD: -

Spirometry grading is one way to measure COPD.

One of these grading methods is incorporated in the GOLD categorization system. The GOLD classification is used to assess the severity of COPD and to help establish a prognosis and treatment approach.

Spirometry test determines one of four GOLD grades:

Grade 1: Intermediate

Grade 2 is a moderate level.

3rd Grade: Extreme

Grade 4: Extremely difficult

The GOLD classification also considers your specific symptoms as well as a history of acute exacerbation. Your doctor can assign a letter group to help you identify your COPD grade based on this information.

You become more vulnerable to complications as the condition worsens, such as:

Colds, flu, and pneumonia are all respiratory illnesses.

The heart's problems

The coronary arteries have high blood pressure (pulmonary hypertension)

lung cancer is a type of cancer that affects

Anxiety and depression

BACKGROUND: -

Literature has little on the variables that affect COPD patients' life quality (QOL) and their effects on life quality, and in particular, the industrial population, who are predestinations to this chronic illness, of co-morbid depression and anxiety. The purpose of this study was to investigate anxiety and/or depression prevalence in COPD patients as well as its association with quality of life. In COPD patients the research also examined additional QOL variables. Between 1990 and 2017, the worldwide death rate for maternity and nerve disorders, intestinal and TB (tb) from illnesses decreased, albeit, from the disease to communicable diseases. The Global Burden of Disease (2017) study of the global health organisation the primary causes of non-communicative illnesses early death are ischemic heart disease, stroke, and the chronic obstructive pulmonary disease, according to the study (COPD). CPD is frequent and, if necessary, can be avoided and managed by chronic respiratory difficulties and reduces the airflow due to airways and/or alveolar abnormalities. According to the report, over 250 million COPD were found around the world in 2016. Global COPD prevalence grew 44.2% of the time between 1990 and 2015. The group prevalence of COPD was 7.6 percent of the 37 studies, whereas the group prevalence of the 26 estimations for spirometry was 8.9 percent., according to a organized evaluation and meta-analysis. According to a meta-analysis, the prevalence of COPD among persons 30 years of age and beyond was 11.4 percent of the time on 123 internationally sought-after goods. Over 3,2 million premature deaths (approximately 5 percent of all fatalities) were reported by COPD globally in 2015, an increase of 11.6 percent compared with the 1990s. In 2015, the COPD was responsible worldwide for 63.9 million (Daly's) years of adjusted life. Daly is the total of potential life-years lost because of early mortality and the greatest productive years lost because of incapacity. In other words, 2,6% of the world illness burden. The COPD has a direct influence on the wellbeing linked to health in the COPD patients in addition toward Daly. Apart from the medical expenditures of COPD, the financial burden is also contributed by the cost of manageable diseases directly and indirectly. The direct and indirect cost of COPD patients at the work age (18 to 65 years old) is increased and resources are obtained. In low- and middle-income nations (laity), the COPD was 9.2% according to the previous research (1.2 percent to 15.4 percent). In nations with a lower average income for those 30 years old and older, a meta-analysis of lifetime prevalence estimates of COPD was 10.6 percent. Over 90% of lay fatalities associated with COPD occur. India has a population of around 1.2 billion across 36 countries and territories of the Union. The prevalence of COPD, which implies that it is a significant public health concern, varies greatly in several trials carried out in India to describe the stress of the disease caused by COPD.

Epidemiology Of COPD: - According to the World Health Organization (who) study, COPD affects between 4 and 20 per cent of Indians. In other national studies in India the prevalence rate in rural regions in India ranges from 6.5 to 7.7 per cent to about 9.9 per cent of towns and towns in India, in line with the in-search results. The incidence of COPD has grown by 3.3 percent to 28.1 million in the 1990s in accordance with an overall impact on the Indian market, to 4.4 percent (55.3 million in 2016).

COPD is a pulmonary disease leading to early infancy death and has a high mortality rate and a lot of money for healthcare. By 2020 (from the age of seven in 1990 and the fifth most frequent cause by year lost by early mortality or disability (deficiency-adjusted life-years) by 2020, COPD is predictable to become the third-largest international cause of mortality. The incidence of COPD varies between regions, ages and sex. It was also associated with many co-morbidities. COPD is a large-scale illness symptom, which is explained in the next button. The following are the following. The key issue in the next several years is to ensure that most individuals smoke as well as the early diagnosis of the disease in the society at large. (Rajkumar et al. 2017)

The Global Burden of Disease Report states that the COPD affected 251 million individuals worldwide in 2016. In 2015, 3,17 million individuals worldwide died in the disease (that is, 5% of the fatalities worldwide during the course of the year). COPD is a significant cause of death, accounting for more than 90% of all deaths in poor and middle-income nations. (Mathers & Loncar, 2006)

COPD is affecting 210 million individuals globally and kills around 4 million people a year, with over 9% of the fatalities. In low- and middle-income nations ninety per cent of these fatalities occur. The third biggest cause of mortality is projected to occur by 2030. It is chronic in nature, interferes with normal social responsibilities, reducing the usefulness of the system and putting both direct and indirect expenses at considerable financial burdens. Various COPD criteria are believed to be difficult to use for epidemiologic research to calculate the prevalence of a language. In a community-based research COPD was utilised for the assessment of the facility of measurement and chronic bronchitis (CB).

The predominance of COPD is not now obvious in India, but pre-digital technology has to be used to identify the accurate measurement of COPD and to design the most effective means of combatting this disease.

‘Quality of Life’ (QOL): -

The World Health Organization defines quality of life as "an individual's assessment of their situation in life in relation to their ambitions in the context of the culture and value systems in which they live." A five-point Likert scale is used to measure quality of life based on a variety of factors such as physical health, psychological health, and social connections.

Anxiety: A mental health condition is defined as concern, nervousness, or distress that is strong enough to interfere with one's daily activities.

Dyspnea: - Shortness of breath, sometimes called dyspnea, is a medical term for what is commonly referred to as "air hunger." It's a repulsive experience. Shortness of breath might be mild and fleeting or severe and persistent.

Depression: - Depression and other mood disorders are classified as such. It's marked by feelings of sadness, grief, or wrath that interfere with day-to-day activity.

LITERATURE REVIEW: -

On the monitor. On the screen. George's metabolism form for COPD patients utilised in a major cross-sectional research to assess the prevalence of COPD for all 100 COPD patients for various standards of life (SGRQ-C). COPD diagnosis, respiratory organ function assessment, spirometry worked. The diagnostics worked. As a measurement of the amount of the breath shortness and the medical analysis questionnaire, the index level is used on the way to evaluate the level of the symptoms with chronic pulmonary unwellness (CLD). The patients have also gained social and demographic knowledge. (Blumenthal et al. 2014)

Demographical information, function of respiratory organs, speed of walking, and health care were also evaluated, the employment of positive/negative COPD outcomes, skills, and breathability. However, once the connection is made, the positive and negative effect is the multiple return towards the medium models and the mediation analysis is that it works as an intermediate between the QoL). (Benz et al. 2016)

This study revealed a vital drop in the wellbeing and the independent function of the lungs, offering high-performance, patient-centric results in an examination of the useful effect on COPD patients influenced by psychological and behavioural assistance. (HONEY SUCKLE, 1993), and (Brien et al. 2016) The depressive symptoms of a patient have statistically vital effects on their quality of life, in the model to investigate the impact of tension and depression on their physical quality of life; furthermore, the effects of the 2 partners are negative for the healthcare providers 'fearing the deterioration of their physical quality' and the 'depression' of the caregiver. (Ivziku, et al. 2019)

COPD sufferers' quality of life: - The quality of life of COPD patients is lower, typically exacerbated by gradual discomfort. The rise in the severity of the issue is linked to an improvement in the SGRQ C score. This is the next smoking index that impacts the quality of life, particularly in its ills and symptoms, of COPD patients. In order to enhance COPD symptoms, quality of life and to detect and treat the over-layer of mental disorders that might increase the symptoms of COPD and impact quality of life are also needed for mental assessment, research and medical guidance. (Naito et al. 2002) Although they need COPD, the related metabolic symptoms, care skills in COPD patients and depression may be

sensitive in terms of FEV1. This emotional state appears to be further prevalent among women, who adore shortness of breath according to clinical choices. COPD patients, particularly women, with psychosocial problems and must be examined thoroughly. Pulmonary rehabilitation (Di Marco et al. 2006) has become a proven treatment for those with severe chronic pulmonary prevention (COPD). In patients with mild to severe COPD, on the other hand, their practitioners might be seen in large numbers (GPs). To promote compliance, it should be succinct, reasonable and adequate to suggest to patients in general practise. This is typically the case for the advice of the GP to patients on walking, hiking, cycling, or swimming, as demonstrated in their COPD and care guide from the Netherlands School of General Practitioners. (Chavannes et al. 2002)

PURPOSE OF STUDY: -

Study of analysis of COPD is important to find out the better way to cure the COPD with long term goals.

OBJECTIVE OF STUDY: -

COPD measurement that is objective and accurate could be useful in some clinical situations, such as monitoring a treatment trial in patients with chronic COPD or for research purposes to determine the efficacy of COPD bronchodilators. The objectives are as follows:

1. To study the quality of life of patient suffering from COPD.
2. To study the impact and side effects of drugs or medicines administered by COPD patients.
3. To analyse the choice of medicine by patient suffering from COPD.
4. To study the patient's psychological response towards COPD.
5. To create awareness about the COPD.

RESEARCH METHADODOLOGY: -

RESEARCH INSTRUMENT: The tool is a questionnaire checklist that collects the required information. The questionnaire's draught was created using readings, past studies, and professional literature. The prerequisites for creating good data collecting are taken into account when preparing the instrument. To accommodate free formatted perspectives related to the topic or subject, open ended options were supplied. Several research assumptions underpin the preference for structured questionnaires. This proposal includes a questionnaire at the end.

DATA COLLECTION: Online google form was used for the collection of data in google sheet, which was later imported to excel sheet.

TOOLS OF DATA COLLECTION

The prerequisites for constructing a good data collecting are taken into account when creating the tool. For the measurement of QOL in COPD patients, a standardized adapted WHO QOL form (version December 1996) was utilized. Open ended alternatives were established to acclimatize to free organizes perspectives relating to the topic or issue. The preference for structured questionnaires is based on a number of research assumptions.

QUESTIONNAIRES ADMINISTRATION

The administration of questionnaire to the units of analysis is either though face to face appointments or though sending it via the electronic mail. The purpose of the initial cover letter is to inform respondents about the study's goal and their importance in it. Primary data is collected from major hospitals and clinics from 100 patients. Sample size of 100 people is considered as sample from the population for the study. The time period so the study is around three months.

INCLUSION CRITERIA

Patient age over 18 years suffering from “COPD” of either sex. Study criteria permit inclusion of only patients who were suffering from COPD in this study.

EXCLUSION CRITERIA

Patients below 18 years of age, who are experiencing COPD were excluded from this study.

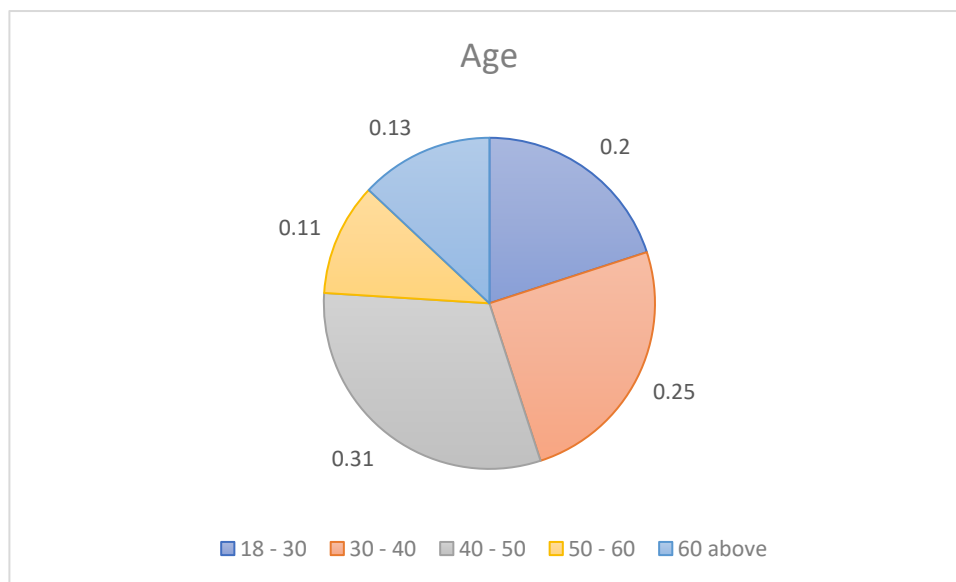
QUESTIONARRIES ADMINISTRATION: The administration of questionnaire to the units of analysis is either though face to face appointments or though sending it via the electronic mail. Initial cover letter is introduced to respondents understanding of the objective of the study and their importance in the study. Primary data is collected from major hospitals and

clinics from 100 patients. Sample size of 100 people is considered as sample from the population for the study. The time period so the study is around three months.

METHOD OF ANALYSIS: Statistical analysis is done through univariate and multivariate analysis. Frequency tallies, histogram and descriptive statistics are done in univariate analysis where MS-Excel is used. Multivariate analysis is done by combination of data to arrive at a meaningful.

Result: -

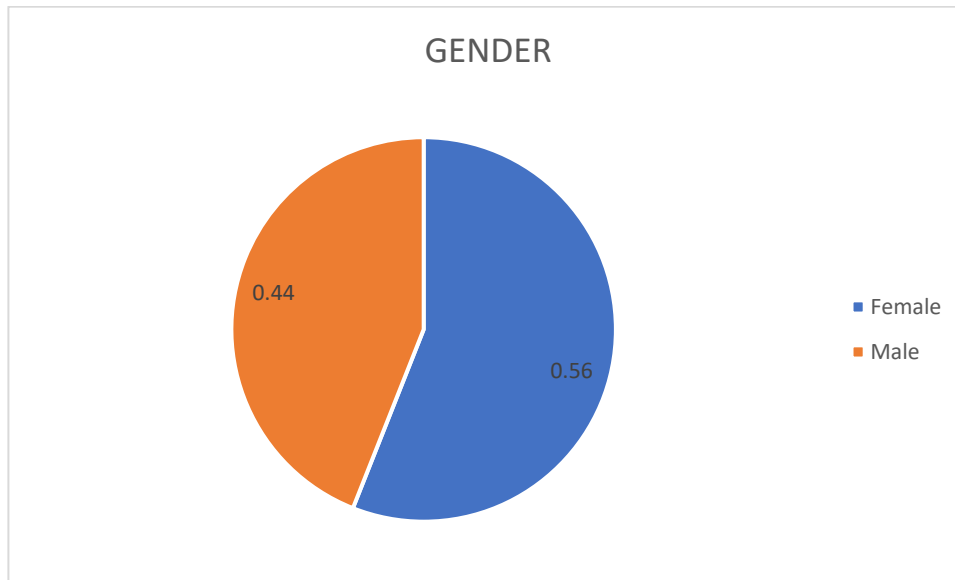
FIGURE 1: Age group segmentation of the sampled population (n=100)



INTERPRETATION: -

Most of the people who suffer from COPD they are in between 40 – 50 year.

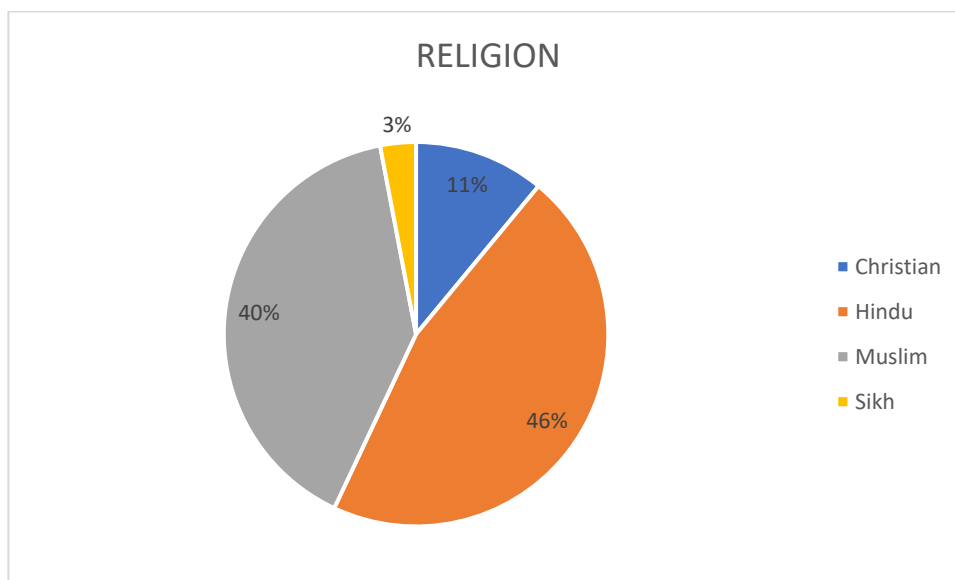
FIGURE 2: Gender group segmentation of the sample population (n=100)



INTERPRETATION: -

In this chart, females are suffering from COPD more as compare to male.

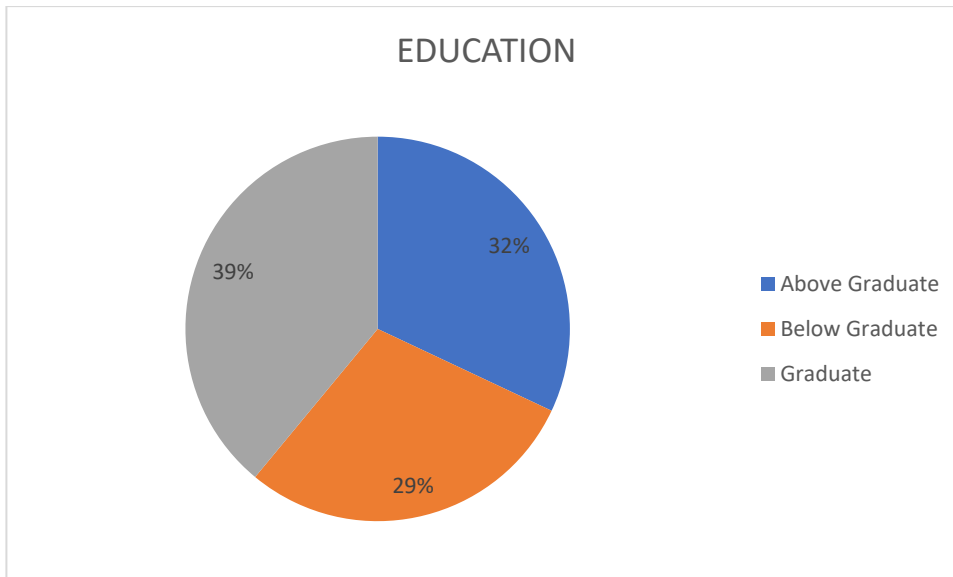
FIGURE 3: Religion group segmentation of the sample population (n=100)



INTERPRETATION: -

In this chart in Madhya Pradesh most of the people who are suffering from COPD but on that 46% are from Hindu religion, and 40% are from Muslim religion, and 11% are from Christian region, and 3% are from Sikh region.

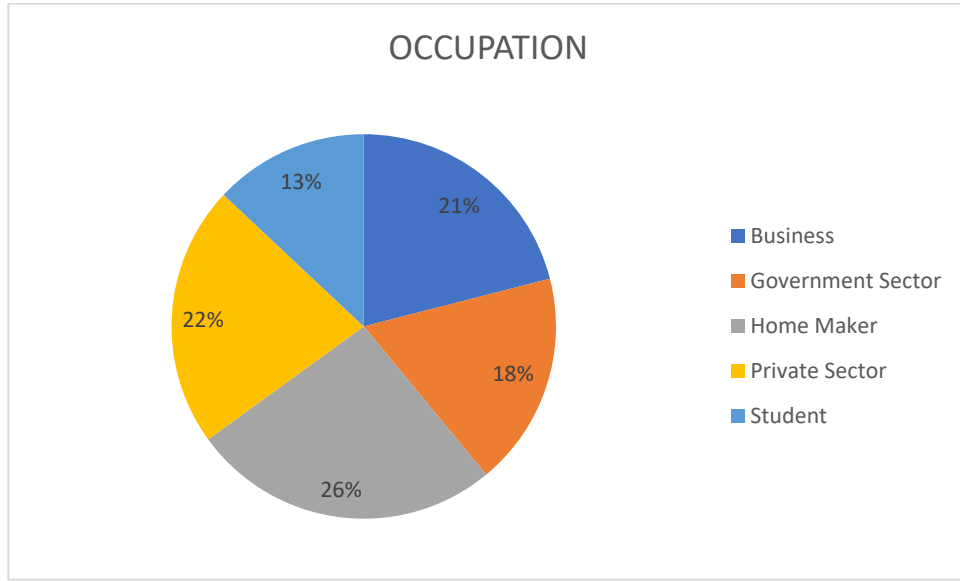
FIGURE 4: Education group segmentation of the sample population (n=100)



INTERPRETATION: -

in this chart most of the people are graduate (39%) then (32%) are above graduate and (29%) are below graduate. In Madhya Pradesh most of the people are graduate.

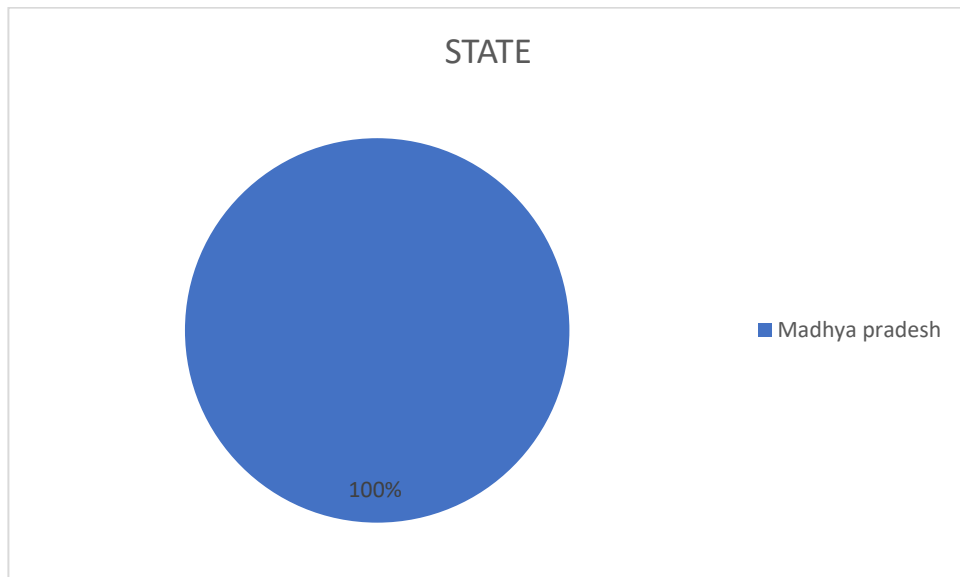
FIGURE 5: Occupation group segmentation of sample population (n=100)



INTERPRETATION:

In this chart 26% are home maker and 22% are from private sector and 18% are from government sector and 21% are from business sector and 13% are from student background.

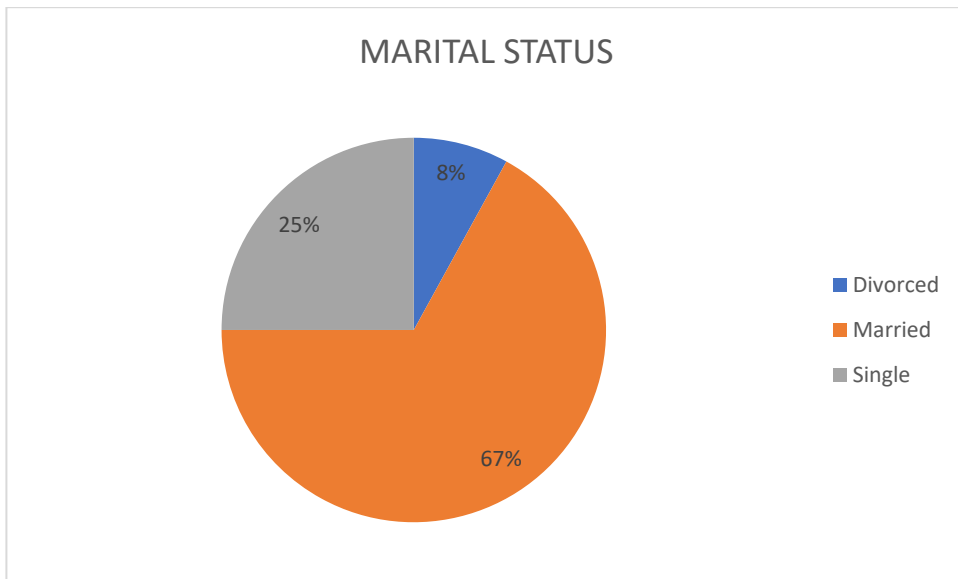
FIGURE 6: State group segmentation of sample population (n=100)



INTERPRETATION:

Sample size taken from Madhya Pradesh only that's why it 100%.

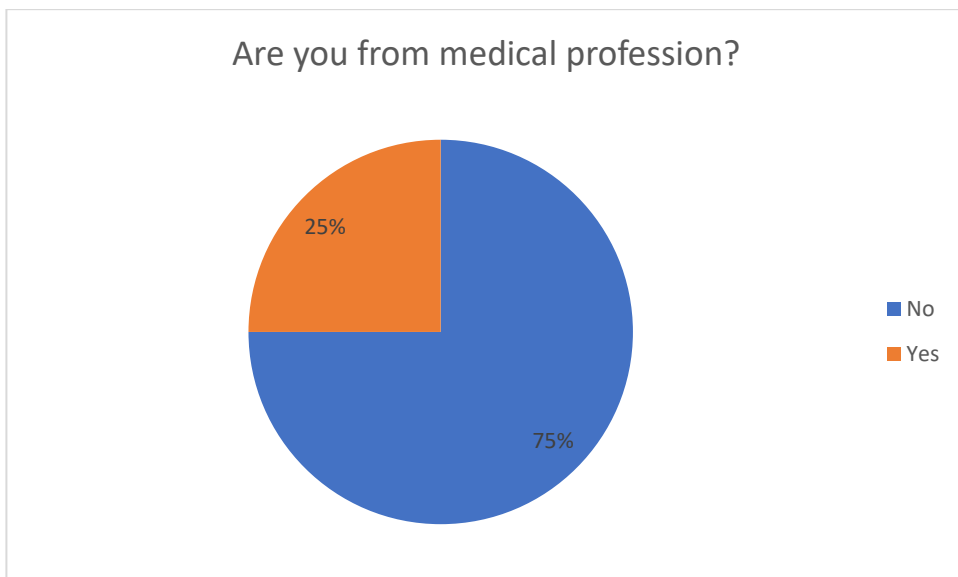
FIGURE 7: Marital group segmentation of sample population (n=100)



INTERPRETATION:

In this chart most of the patient who suffers from COPD they are married. Our sample size was 100 out of which 67% are married and 25% are single and 8% are divorced.

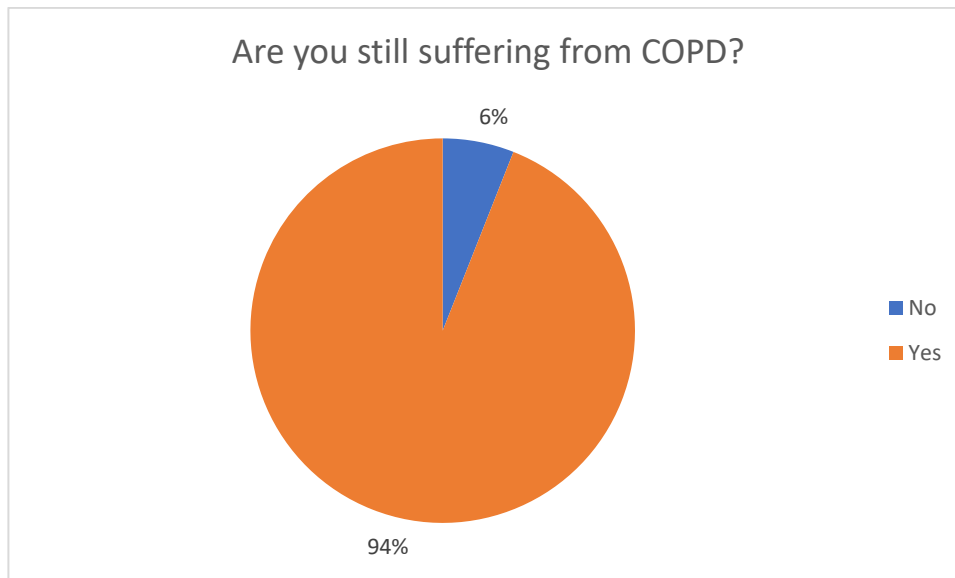
FIGURE 8: medical profession segmentation of sample population (n=100)



INTERPRETATION:

In this chart 75% are non-medical profession background and 25% are from medical background.

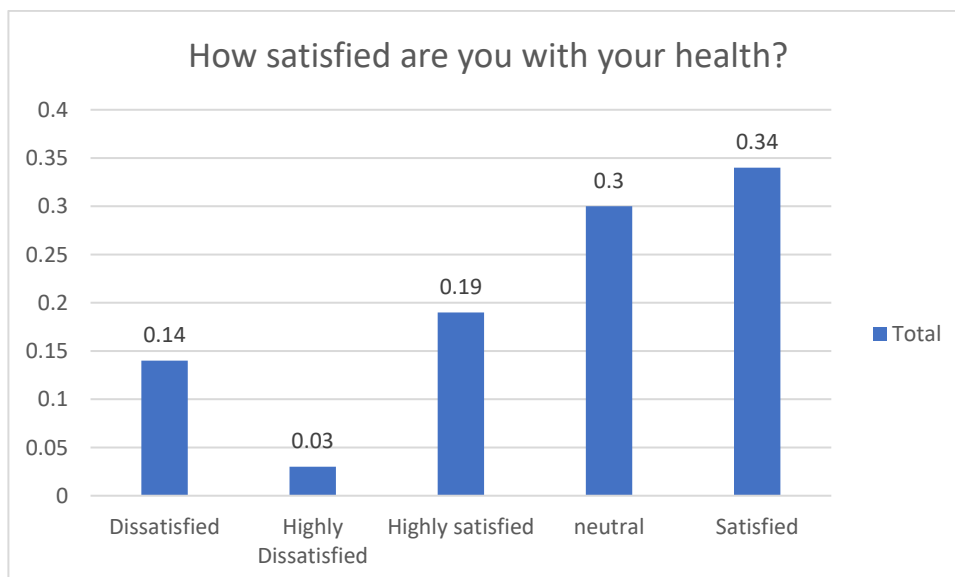
FIGURE 9: still suffering from COPD segmentation of sample population (n=100)



INTERPRETATION:

In this chart 94% are still suffering from COPD and 6% are not suffering from COPD but previously they were medical history of COPD.

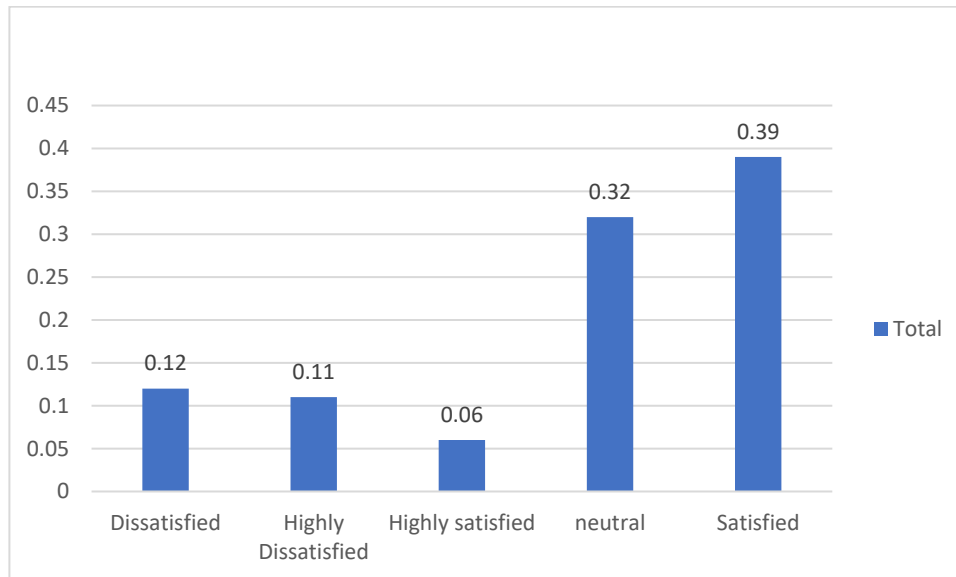
FIGURE 10: how satisfied with your health is segmentation of sample population (n=100)



INTERPRETATION:

In this chart 34% are satisfied by their health and 14% are dissatisfied and 30% are neutral it means most of the patients are confused related to their health issues.

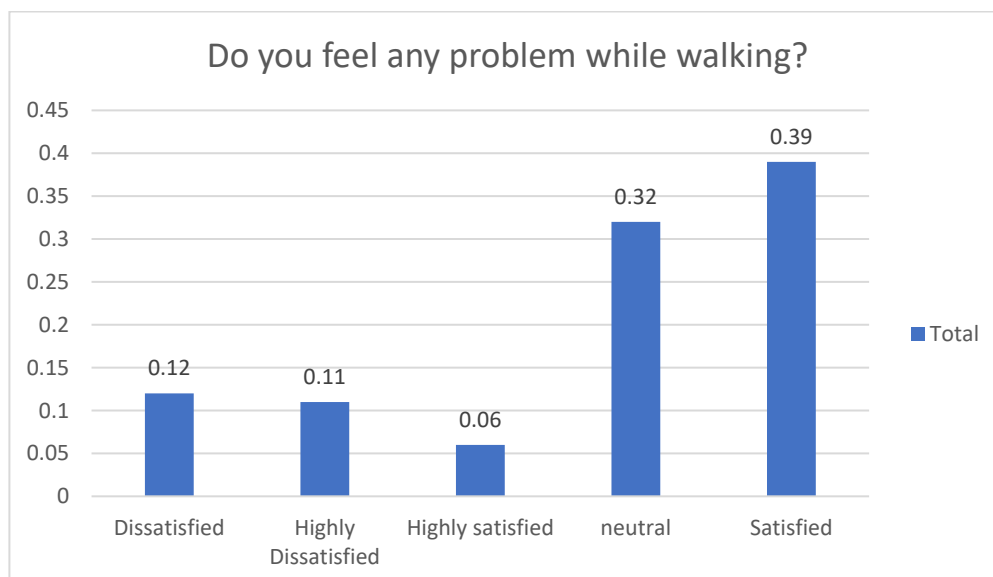
FIGURE 11: *To what extent do you feel that physical pain prevents you from doing what you need to do segmentation of sample population (n=100)*



INTERPRETATION:

In this chart 39% patients are satisfied and 12% are dissatisfied and 32% are Neutral it means it shows that most of the patients faces the physical pain and they feel problem while doing work.

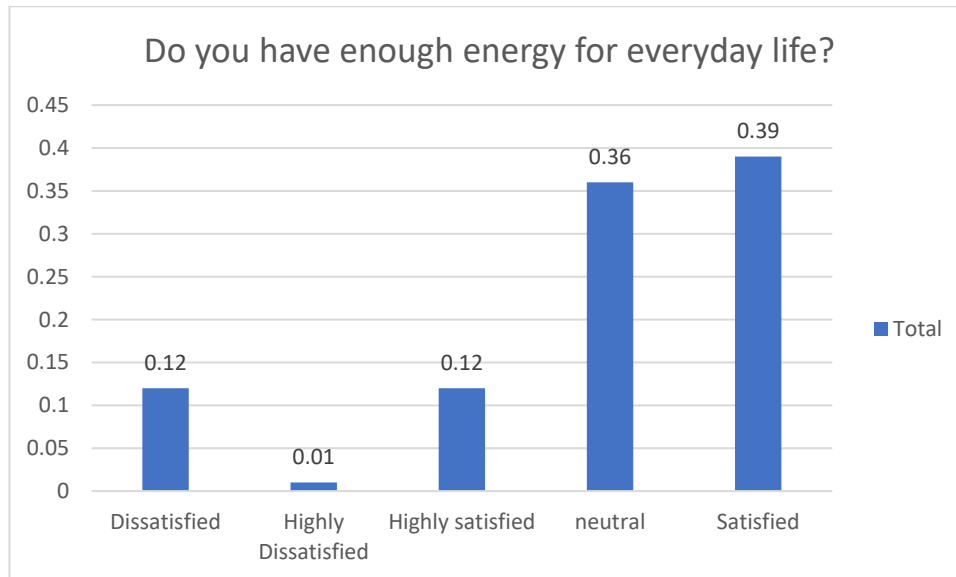
FIGURE 12: *Do you feel problem while walking segmentation sample population (n=200)*



INTERPRETATION:

In this chart it represents 39% patients were satisfied by feeling problem while walking and 12% were dissatisfied that they were not feeling problem while walking and 32% were neutral it means they were confused. Here, it is cleared that most of the patients were satisfied by feeling problem while walking.

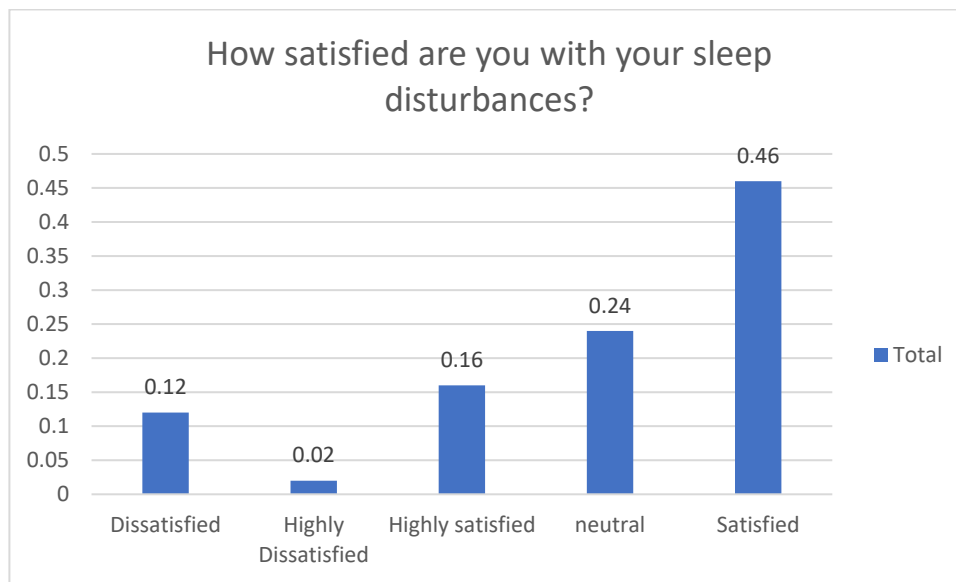
FIGURE 13: *do you have enough energy for everyday life segmentation sample population (n=100)*



INTERPRETATION:

In this chart it represents that 39% patients have enough energy for every day and 12% patients were dissatisfied that they don't have enough energy for every day and 36% patients were neutral. Here, it is clear that less people were dissatisfied and most of the patients were satisfied that they have enough energy.

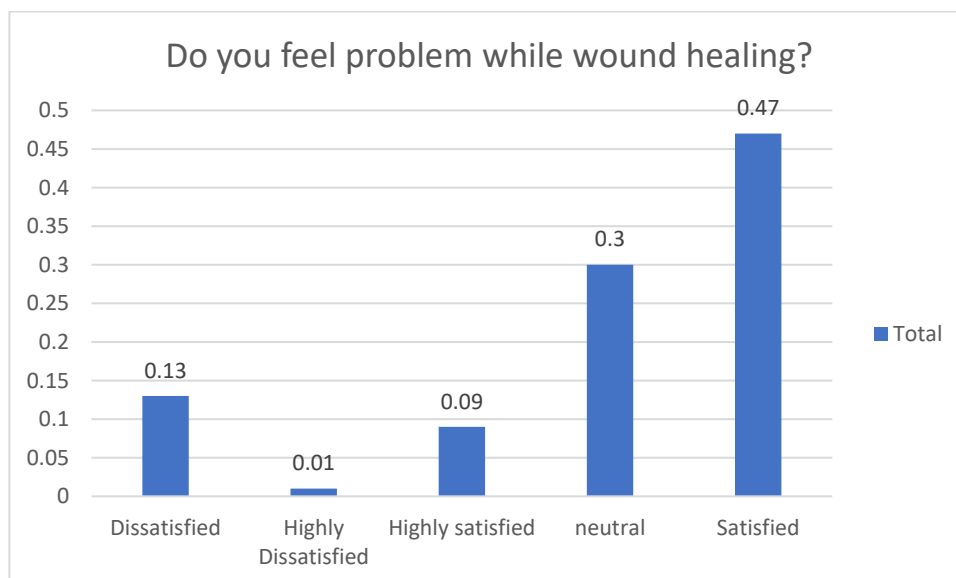
FIGURE 14: how satisfied are you with your sleep disturbances segmentation sample population (n=100)



INTERPRETATION:

In this chart it represents that 46% of the patients were satisfied that they don't feel any sleep disturbances and 24% were neutral and 12% were dissatisfied that they have sleep disturbances issues.

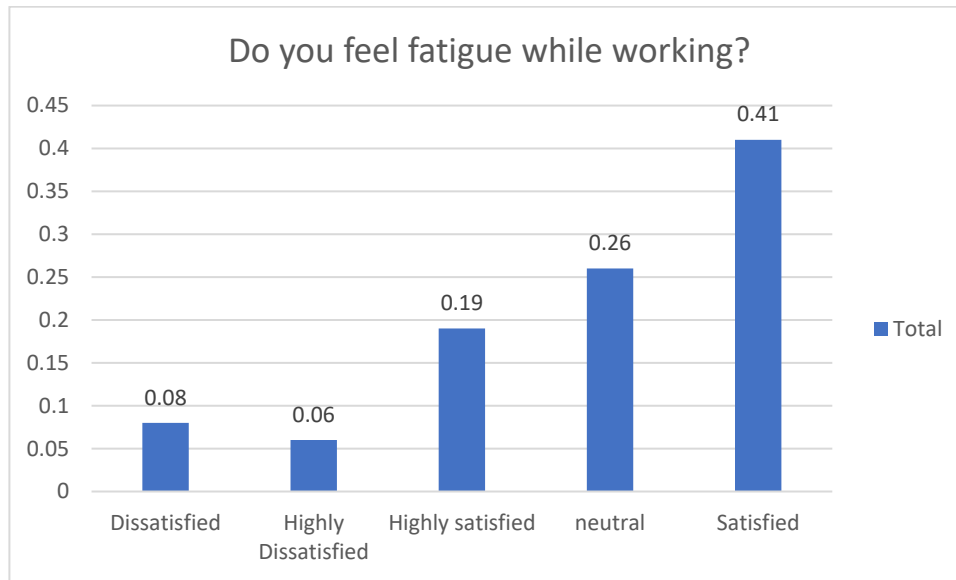
FIGURE 15: Do you feel problem while wound healing segmentation sample population (n=100)



INTERPRETATION:

In this chart it represents that 47% patients were satisfied by this statement but 13% were dissatisfied. It means in COPD patients they feel problem while wound healing.

FIGURE 16: Do you feel fatigue while working segmentation sample population (n=100)



INTERPRETATION:

In this chart it represents that 41% were satisfied by this statement that they feel fatigue while working and 8% were dissatisfied by this statement. Here it is clear that in COPD most of the patients feel fatigue while working.

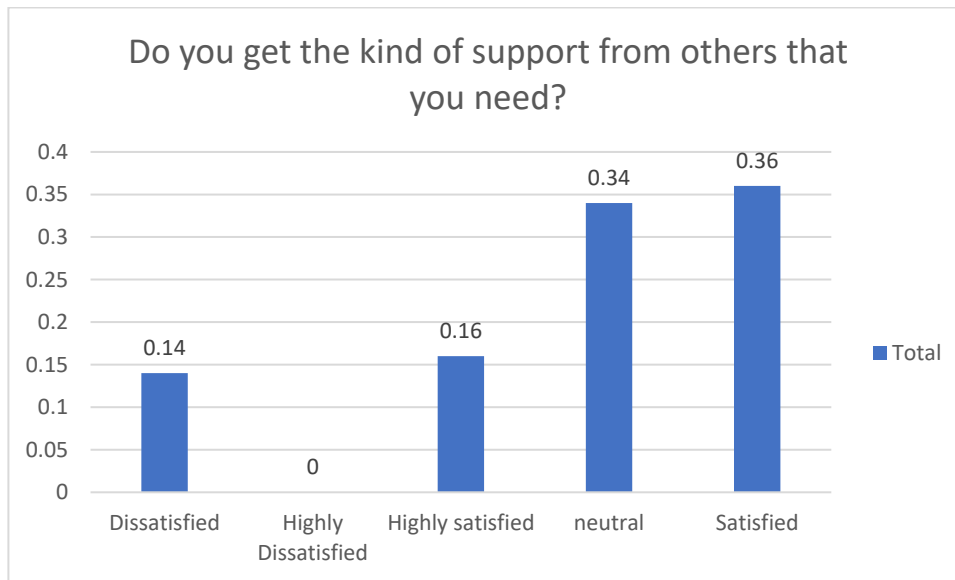
FIGURE 17:How satisfied are you with your personal relationship segmentation sample population (n=100)



INTERPRETATION:

In this chart it represents that 41% patients were satisfied by this statement that they are satisfied with their personal relationship but 8% of the patients were not satisfied. Here it is clear that most of the people they don't feel any problem in their relationship.

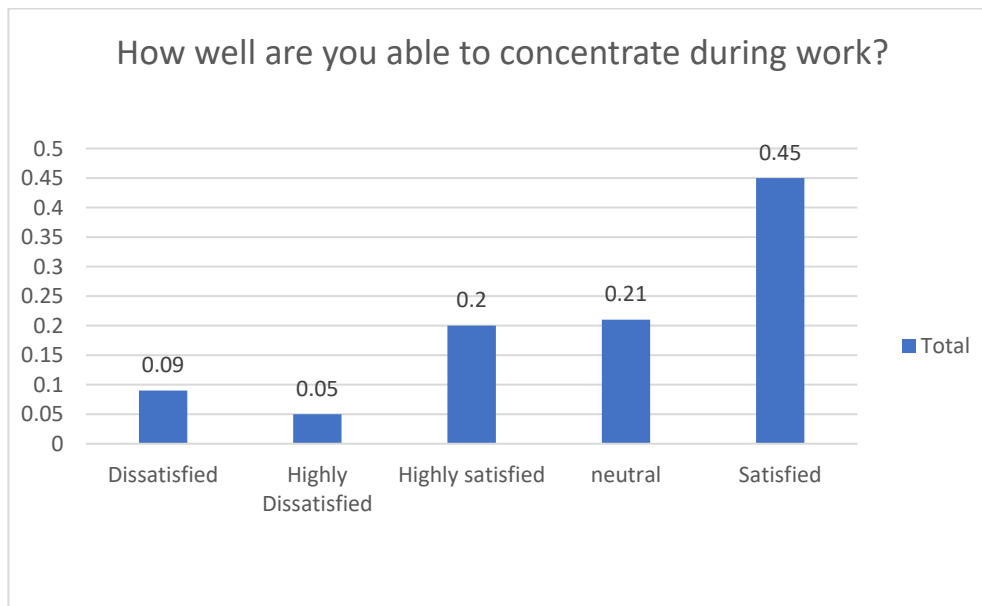
FIGURE 18: Do you get the kind of support from others that you need segmentation sample population (n=100)



INTERPRETATION:

In this chart it represents that 36% patients get kind support with family and 14% patients were dissatisfied by this statement. Here it is clear that most of the patients get the kind support with family and friend while suffering with COPD.

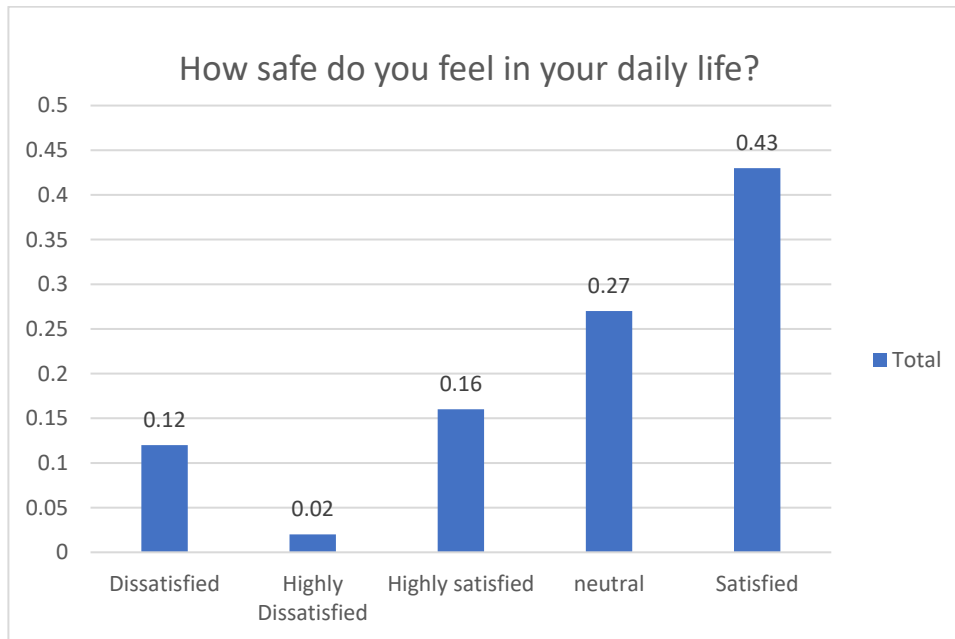
FIGURE 19: How well are you able to concentrate during work segmentation sample population (n=100)



INTERPRETATION:

In this chart it represents that 45% patient were satisfied by this statement and they feel concentrating during work. But 9% patients were dissatisfied by this statement.

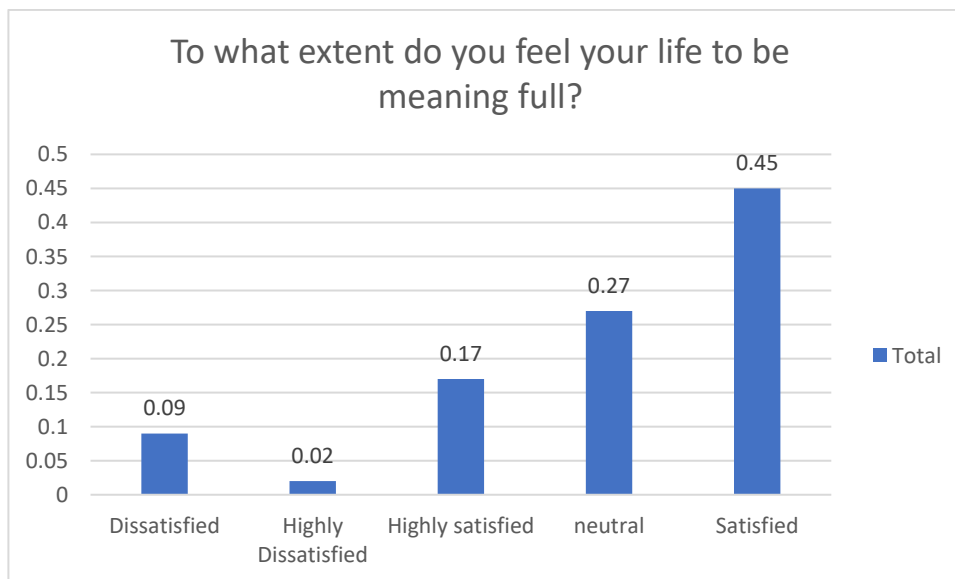
FIGURE 20: How safe do you feel in your daily life segmentation sample population (n=100)



INTERPRETATION:

In this chart it represents that 43% of patients were satisfied by this statement and 12% were dissatisfied. Here it is clear that most of the people feels safe in their daily basis.

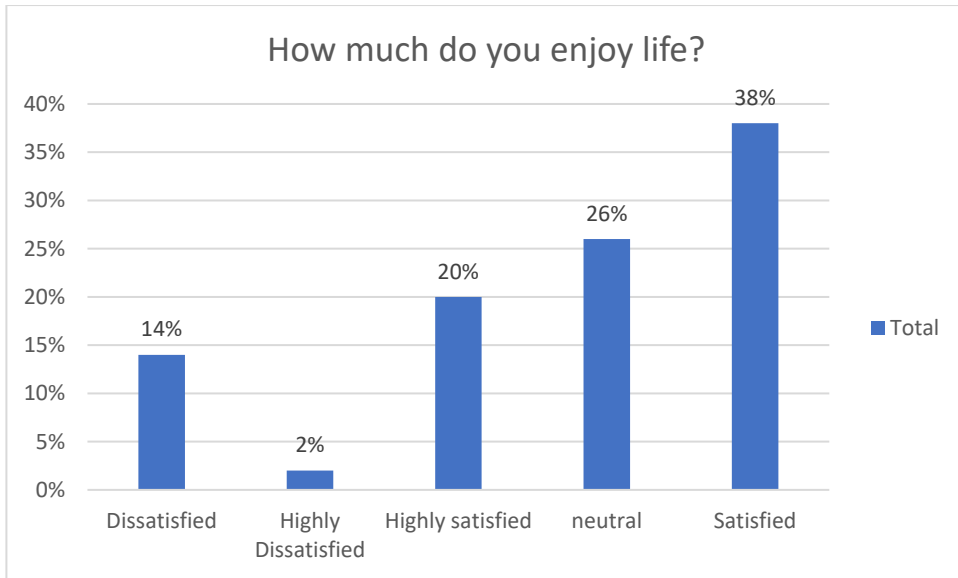
FIGURE 21: To what extent do you feel your life to be meaning full segmentation sample population (n=100)



INTERPRETATION:

In this chart 45% were satisfied by this statement and 9% were dissatisfied hence it is clear that 45% patients they mean to their life should be meaningful.

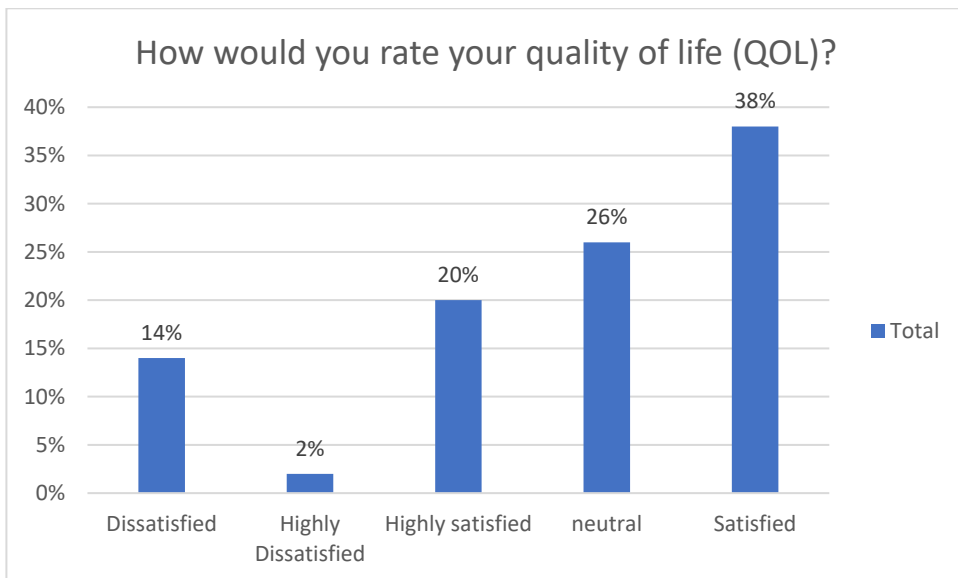
FIGURE 22: How much do you enjoy life segmentation sample population (n=100)



INTERPRETATION:

In this chart 38% patients were satisfied that they are enjoying their life though suffering from COPD but 14% were dissatisfied by this statement.

FIGURE 23: How would you rate your quality of life (QOL) segmentation sample population (n=100)



INTERPRETATION:

In this chart it represents that 38% patient rate their QOL that they satisfied and 14% patients were dissatisfied that means their QOL is not good. Here it is clear that most of patients are happy with their QOL.

Discussion: -

Long-term gas medical aid for patients who are additional probably to suffer from mental state issues than within the commonplace of health take care of the patients, they were excluded from the analysis, the results are even more of a shock. though there was a trend of hysteria and depression, impaired in patients with severe cartilaginous tube obstruction, and also the importance of the analysis of the psychological standing of patients with gentle or moderate COPD, is highlighted by the comparison of the occurrence of concern and unhappiness in affected role with completely different severity of the disease. during this study, the variable of the distribution according to sex, females according higher levels of distress, fear, anxiety, shortness of breath, and worse symptom-related quality of life (QoL), however no vital distinction within the level of respiratory organ function. 5 of the HR-QoL of trends was observed. At the start of the study, the age of the prognosticate (Body mass index, obstruction of the flow of air, shortness of breath, and exercise capacity) index, and sleep disorders, past-year exacerbations, and depression levels were all considerably involving HR-QoL. The HR-QoL of the score, and also the frequency of metabolic process symptoms and the severity of the nice depression have all been related to a much better read of us, a deterioration in HR-QoL of the pattern. although they need COPD, it' gentle in terms of FEV1 and metabolic process symptoms in patients with COPD typically have the burden of worry and despair. it's the fear, and grief, each of that are associated with poor quality of life. feminine patients have higher levels of mental state issues which will be involving the number of the state, and also the specific clinical features, such as, for example, shortness of breath. Since girls have a higher prevalence of COPD, and these factors are of nice importance. COPD patients with psychological factors, significantly in girls, and it must be fastidiously examined. The factors related to the QoL of COPD patients with mild-to-severe sickness vary by sex, in keeping with research. Men are the most measures were dyspnea, exercise capacity, and also the degree of hyperinflation, and the co-morbidity of women, the foremost necessary markers embrace shortness of breath, and the blood vessel gas round the body. additionally importantly, our results recommend that the assessment of the QoL in women with COPD prognostic variables for the non-traditional, it ought to be investigated, still because the ancient prognostic markers don't accurately predict the health-related quality of life scores. Self-management is related to a disease-specific quality of life in COPD. The influence of the Proportion mediate the link between self-management and quality of life in each a positive and a negative purpose of view. Self-efficacy, and investment, in practice,

there are 2 main self-management are the most factors within the COPD. the flexibility of the management of COPD on their own, one that has nothing in the least to try to to with the age or level of respiratory organ function. COPD is one in every of the foremost common diseases of the metabolic process system. COPD patients are long-faced with a good vary of physical and mental state problems. The aim of this study was to spot symptom clusters and their result on COPD patients ' quality of life (QOL).

Conclusion: -

COPD patients had a massive illness assessment, and adverse quality of life, however they appear to be superb at active management. As expected, the CSM, illness perceptions, coping, and QoL were all related. COPD patients showed a more negative read of their disease than those that have colds or cartilaginous tube asthma. COPD patients have according feeling less au fate of their own medicine, additionally because the more physical symptoms than that of the T2, patients with diabetes, whereas it's less involved concerning his health. this is often a self-management intervention, that targeted on the patients with negative illness perceptions, during this case, it might improve their Wellbeing. In matter of the standard of lifetime of COPD patients are at a high risk of complications. To the bulk of people' quality of life is affected adversely suffering from COPD, and therefore the consequences is dire. If it absolutely was up to the challenge states, there was a major left-side of the tail, within the final problem. The overwhelming majority of patients say that their lives were fantastic, and whereas the vast majority of patients say that their life is horrible, and the others were indifferent, and neutral. COPD patients have a lower quality of life, that worsens because the illness progresses. The rooms within the index contains a direct impact on the standard of life in COPD patients, particularly in terms of their symptoms and disease impact. In addition, as the identification of the higher mental illness that can aggravate COPD symptoms and can have a undesirable influence on the quality of life of the patient, a psychological evaluation and mental sessions are important in the development of COPS symptoms and quality of life (QOL). Often this is especially the case with physicians signing off at foot, by bike or by swimming, which might form part of COPD therapy, as in the context of the COPD treatment guidelines, the Dutch School of General Practitioners. The tolerance, dyspnoea and quality of life of exercise might affect the physical activity of those with mild to severe COPD. A review of the literature examining the results of physical activity on exercise tolerance, dyspnoea and wellbeing in individuals with mild-to-moderate COPD.

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Annexure: -

RESEARCH QUESTION:

Q.1 Age

.....

Q.2 Gender

☐ Male

☐ Female

☐ Other.....

Q.3 Religion

.....

Q.4 Education

☐ Below Graduate

☐ Graduate

☐ Above Graduate

Q.5 Occupation

☐ Government Sector

☐ Private Sector

☐ Business

☐ Student

☐ Home Maker

☐ Other.....

Q.6 State

.....

Q.7 Marital Status

- ☐ Single
- ☐ Married
- ☐ Divorced
- ☐ Widowed
- ☐ Separated

Q.8 Are you from medical profession?

- ☐ Yes
- ☐ No

Q.9 Are you still suffering from diabetes?

- ☐ Yes
- ☐ No

Q.10 How satisfied are you with your health?

- ☐ 1(Unhappy)
- ☐ 2(Highly Unhappy)
- ☐ 3(Highly satisfied)
- ☐ 4 (Neutral)
- ☐ 5 (Satisfied)

Q.11 To What extent do you feel that physical pain prevents you from doing what you need to do?

- ☐ 1(Unhappy)
- ☐ 2(Highly Unhappy)

- 3(Highly satisfied)
- 4 (Neutral)
- 5 (Satisfied)

Q.12 Do you feel any problem while walking?

- 1(Unhappy)
- 2(Highly Unhappy)
- 3(Highly satisfied)
- 4 (Neutral)
- 5 (Satisfied)

Q.14 Do you have enough energy for everyday life?

- 1(Unhappy)
- 2(Highly Unhappy)
- 3(Highly satisfied)
- 4 (Neutral)
- 5 (Satisfied)

Q.15 How satisfied are you with your sleep disturbances?

- 1(Unhappy)
- 2(Highly Unhappy)
- 3(Highly satisfied)
- 4 (Neutral)
- 5 (Satisfied)

Q.16 Do you feel problem while wound healing?

- 1(Unhappy)
- 2(Highly Unhappy)
- 3(Highly satisfied)
- 4 (Neutral)
- 5 (Satisfied)

Q.17 Do you feel fatigue while working?

- 1(Unhappy)
- 2(Highly Unhappy)
- 3(Highly satisfied)
- 4 (Neutral)
- 5 (Satisfied)

Q.18 How satisfied are you with your personal relationship?

- 1(Unhappy)
- 2(Highly Unhappy)
- 3(Highly satisfied)
- 4 (Neutral)
- 5 (Satisfied)

Q.19 Do you get the kind of support from others that you need?

- 1(Unhappy)
- 2(Highly Unhappy)
- 3(Highly satisfied)
- 4 (Neutral)
- 5 (Satisfied)

Q.20 How well are you able to concentrate during work?

- ☐ 1(Unhappy)
- ☐ 2(Highly Unhappy)
- ☐ 3(Highly satisfied)
- ☐ 4 (Neutral)
- ☐ 5 (Satisfied)

Q.21 How safe do you feel in your daily life?

- ☐ 1(Unhappy)
- ☐ 2(Highly Unhappy)
- ☐ 3(Highly satisfied)
- ☐ 4 (Neutral)
- ☐ 5 (Satisfied)

Q.22 To what extent do you feel your life to be meaning full?

- ☐ 1(Unhappy)
- ☐ 2(Highly Unhappy)
- ☐ 3(Highly satisfied)
- ☐ 4 (Neutral)
- ☐ 5 (Satisfied)

Q.23 How much do you enjoy life?

- ☐ 1(Unhappy)
- ☐ 2(Highly Unhappy)
- ☐ 3(Highly satisfied)
- ☐ 4 (Neutral)
- ☐ 5 (Satisfied)

Q.24 How would you rate your quality of life (QOL)?

- ☐ 1(Unhappy)
- ☐ 2(Highly Unhappy)
- ☐ 3(Highly satisfied)
- ☐ 4 (Neutral)
- ☐ 5 (Satisfied)