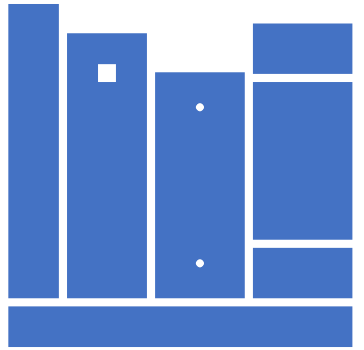
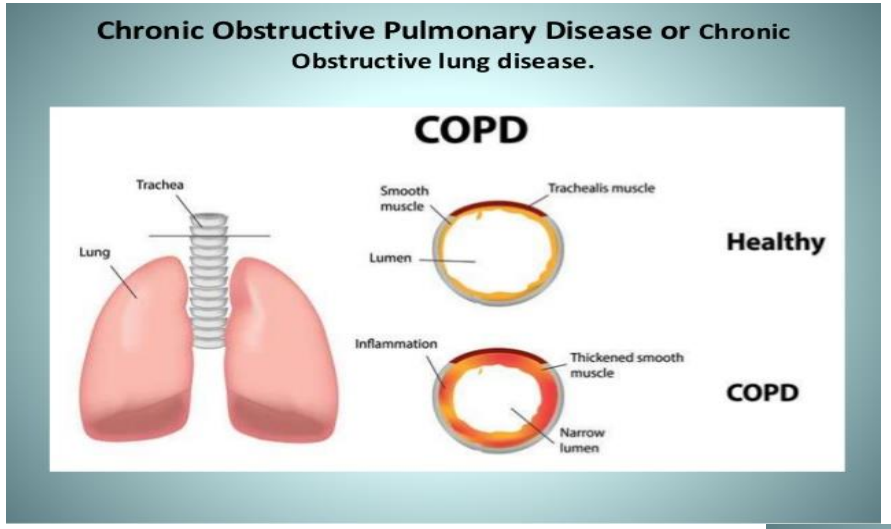


A STUDY FOR QUALITY OF LIFE OF PATIENT SUFFERING FROM COPD IN MADHYA PRADESH

Presented by: - Vidhi Shukla

Introduction

1



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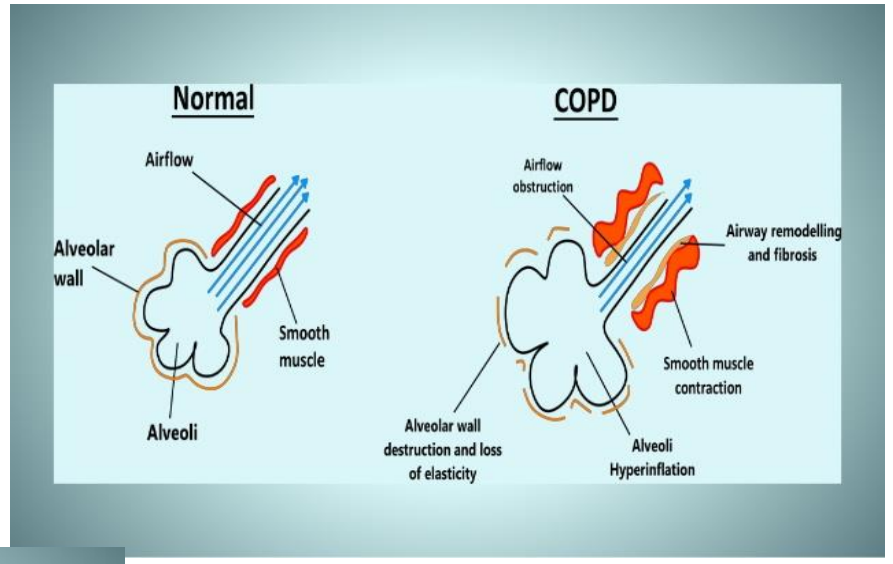

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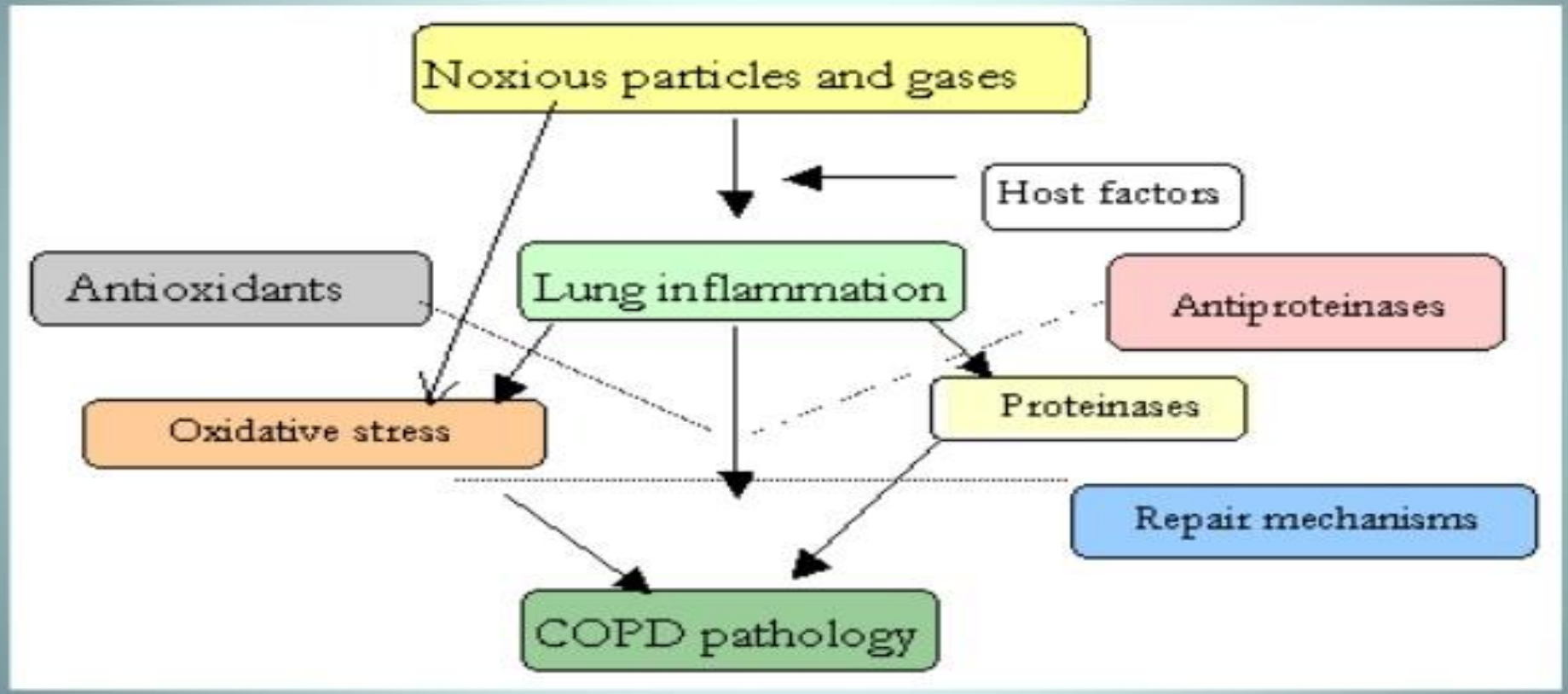
- COPD is a disease state characterized by airflow limitation that is not fully reversible. COPD may include disease that cause airflow obstruction (e.g. Emphysema, chronic bronchitis) or a combination of these disorders.
- The most common of these diseases are emphysema and chronic bronchitis. Many 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.

PATHOPHYSIOLOGY



EPIDEMIOLOGY

- 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 than90% 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

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.

AIM/OBJECTIVE

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.

LITERATURE REVIEW

- On the monitor 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)

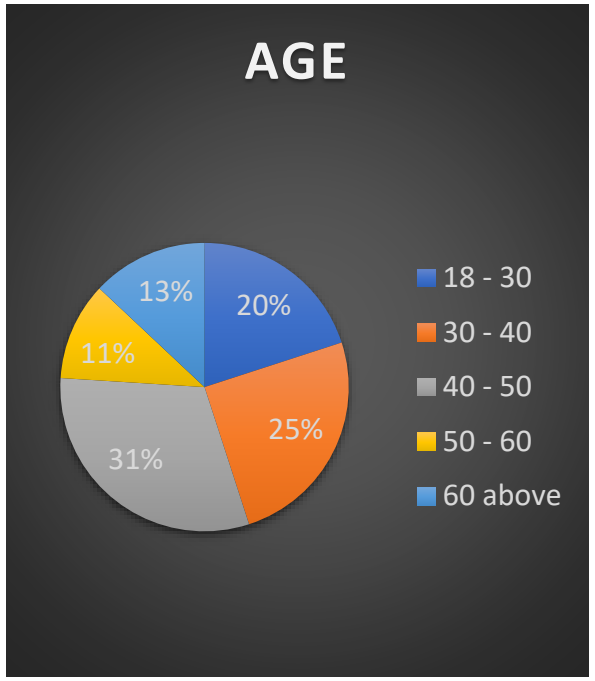
CONT……

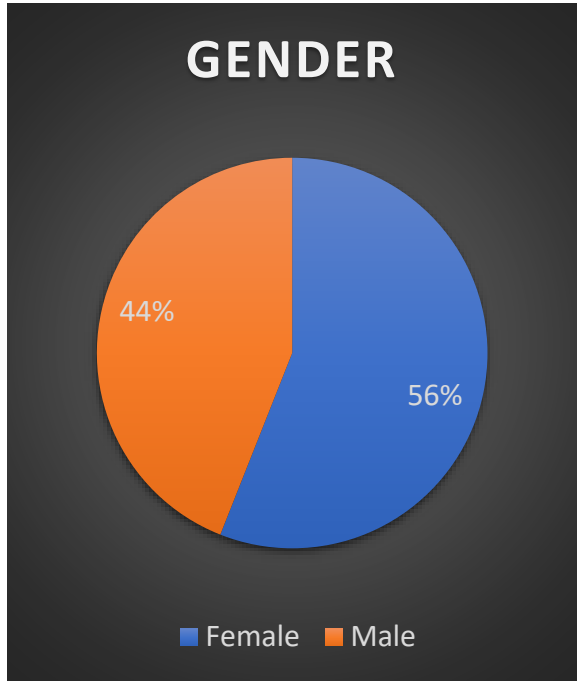
- This study revealed a vital drop in the wellbeing and the independent function of the lungs, offering high-performance, patient-centric results in an examination of the useful effect on COPD patients influenced by psychological and behavioural assistance. (HONEYSUCKLE, 1993), and (Brien et al. 2016) 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)

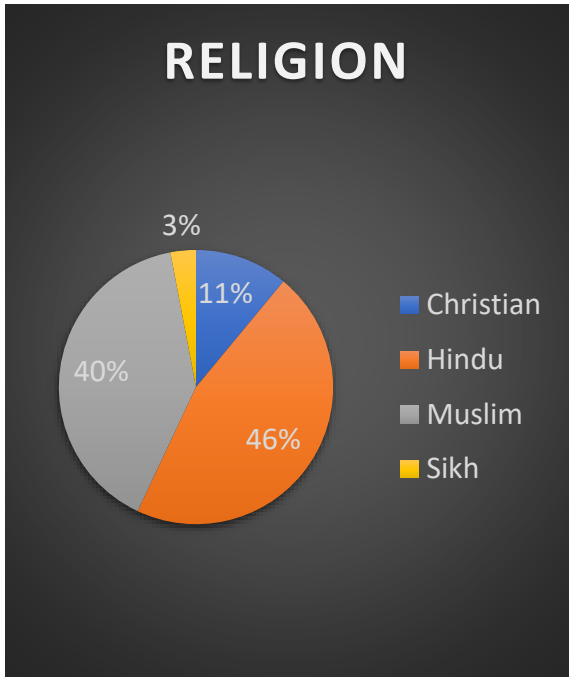
- COPD sufferers' quality of life: - The quality of life of COPD patients is lower, typically exacerbated by gradual discomfort. The rise in the severity of the issue is linked to an improvement in the SGRQ C score. This is the next smoking index that impacts the quality of life, particularly in its 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)

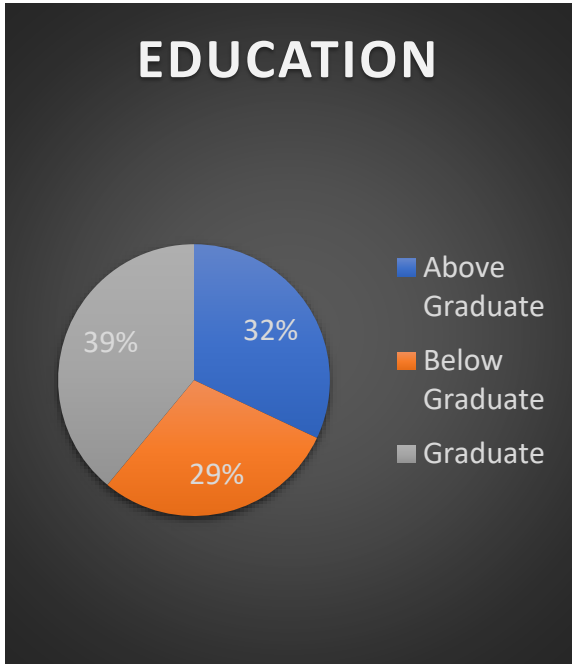
RESULT

The study reveals the demographic profile of the individuals participated in the study. The basic profile indicated the participation of male 44% and female 56% as the sample population (n=100).

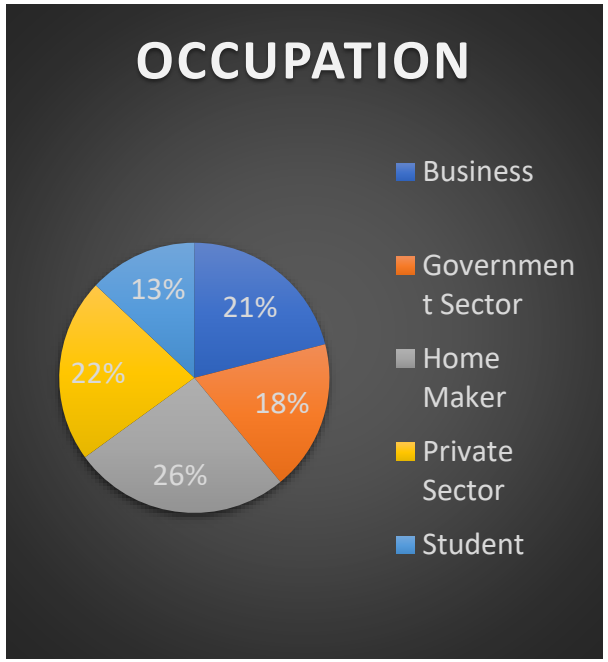


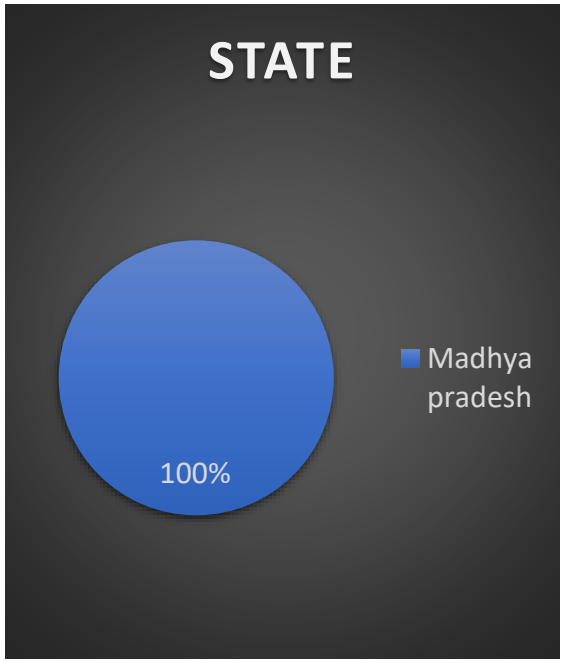


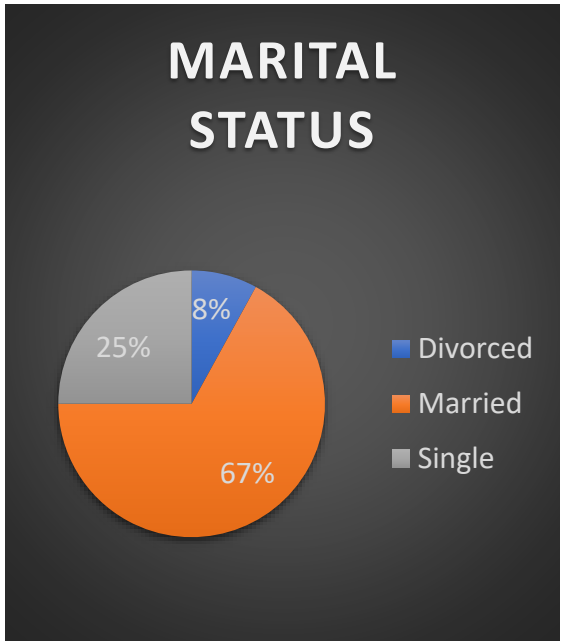


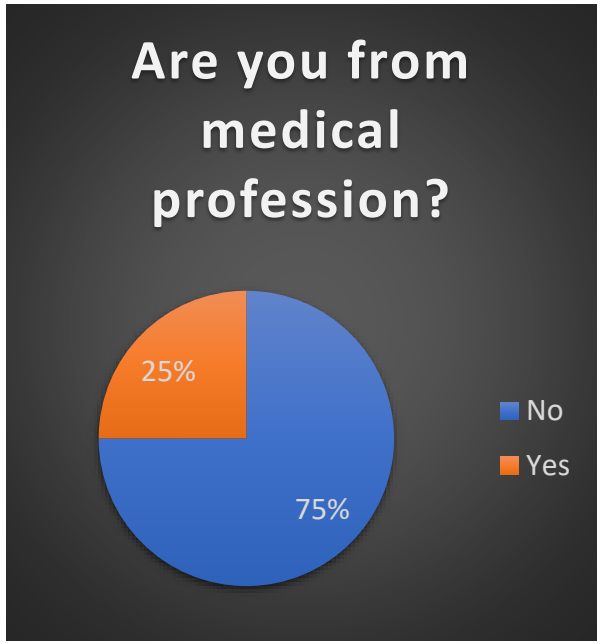


In all these chart it is clear that most of the people who suffers from COPD there age are 40 – 50 and most of the females are having COPD in which Hindu's population is high and most of the are below graduate.

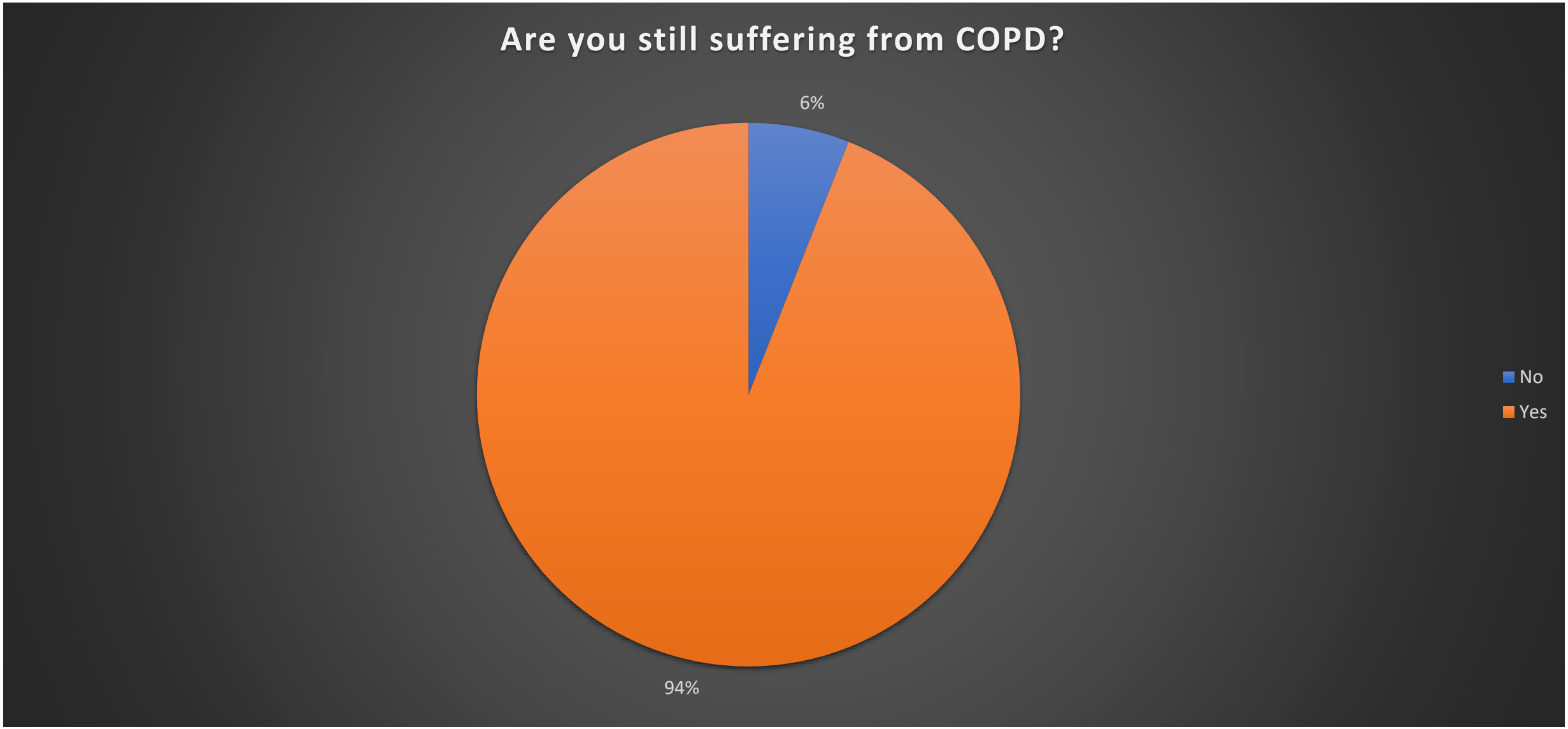




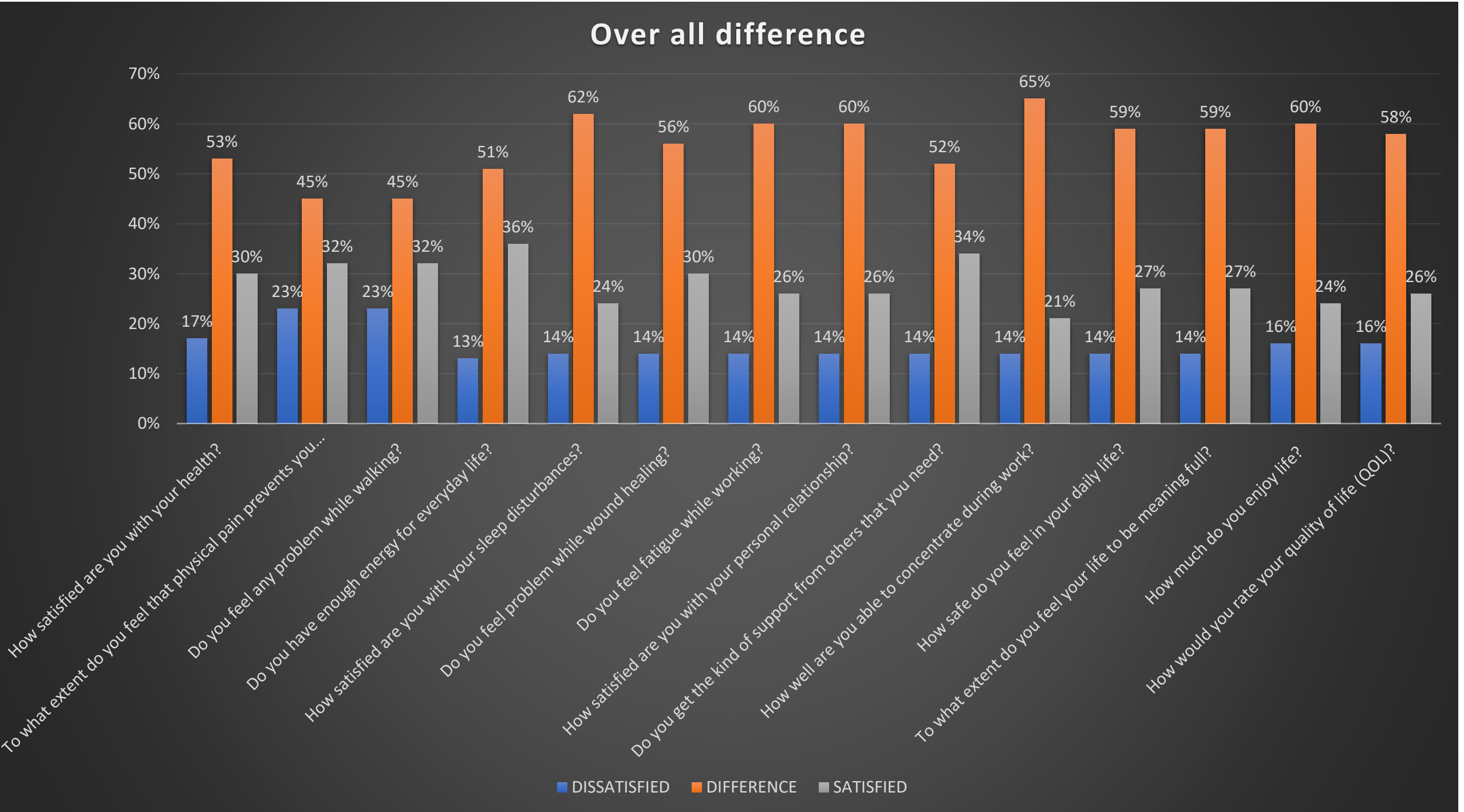




Sample has been collected from Madhya Pradesh in which most of the population were married and most of the suffering people are home maker in which 75% people were not from medical background.



Most of the sample were suffering from COPD and most of the sample controlled there condition.


Over all difference
70%
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How satisfied are you with your health?
To what extent do you feel that physical pain prevents you...
Do you feel any problem while walking?
Do you have enough energy for everyday life?
How satisfied are you with your sleep disturbances?
Do you feel problem while wound healing?
Do you feel fatigue while working?
How satisfied are you with your personal relationship?
Do you get the kind of support from others that you need?
How well are you able to concentrate during work?
How safe do you feel in your daily life?
To what extent do you feel your life to be meaning full?
How much do you enjoy life?
How would you rate your quality of life (QOL)?
DISSATISFIED
DIFFERENCE
SATISFIED

CONCLUSION

- Patients who suffer from COPD their QOL is filled with complication. Most of the people who suffers from COPD they have negative effect of QOL and these effects are equal to life. If we talk about complication COPD is a global disease, with increasing prevalence and health-related impact. The loss of FEV_1 may be slowing down, but what is really needed is an intervention that improves it in the long-term.
- Pulmonary rehabilitation reduces breathlessness, increases exercise tolerance and improves HRQoL in patients with COPD and other chronic respiratory diseases. Patients should be carefully selected in order to make the best use of resources and extract the maximum benefits from rehabilitation.

Questions & Feedback


THANK YOU