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THE QUALITY OF LIFE AND COPING STRATEGIES AMONG PATIENTS WITH PULMONARY TUBERCULOSIS RECEIVING DOTS THERAPY

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ABSTRACT

A study was conducted on 100 patients with Pulmonary Tuberculosis receiving Directly observed therapies in selected DOTs Center Waghodia Taluka, Vadodara, Gujarat. The objective of the study was to assess the Quality-of-Life patients with pulmonary tuberculosis receiving DOTs therapy, to assess the Coping Strategies of patients with Pulmonary Tuberculosis receiving DOTs therapy, the Co-relationship between Quality of Life and Coping Strategies of patients with Pulmonary Tuberculosis receiving DOTs therapy and find out the association between Quality of Life and Coping Strategies with selected demographic data. Descriptive survey method design chosen for conducting this study. The data was analyzed in terms of descriptive and inferential statistics. The result of the study showed that the quality of life of majority of the patients with pulmonary tuberculosis receiving DOTs therapy good to fair, with an average mean and SD of 58.76±10.36 and majority 72% of patients had good coping, 19% of patients had very good coping and 9% of patients had average coping with obtained minimum score of 20 and maximum score of 49 with score range of 29 and an average mean score of 34.22 and SD=6.227.

Keywords: Knowledge, attitude, quality of life, coping strategies

INTRODUCTION

Tuberculosis results in an estimated 1.7 million death each year and the world-wide number of new case (more than 9million) is higher than at any other time in history. Low income and middle-income countries account for more than 80% of the active case in the world. Due to the devastating effect of HIV on susceptibility to tuberculosis [1]. A patient with tuberculosis faces several physiological, psychological, financial, and social problem. These problems have a great impact on the well-being of the patients and impair the quality-of-life patients suffering from tuberculosis. Consideration the fact that improvement in HRQoL is in important factors for batter response to treatment among TB patients [2, 3].

METHODS

A descriptive study was conducted among 100 patients with pulmonary tuberculosis receiving DOTs therapy who were selected by non-probability convenience sampling technique. The Data was collected through BREEF scale of quality of life and coping strategies checklist. The data obtained was tabulated and inferential statistics.

RESULTS

"The bulk of the respondents in this study were between the ages of 21 and 30, according to the findings." Furthermore, the male-to-female ratio was 63 percent for men and 37 percent for women, with Hindu's accounting for 95% of the patients, Muslims for 4%, and Christians for 1%. The majority of patients had completed high school or had no formal education, with about 14% having no formal education. The majority of patients' occupations were farmers (29%), with a minimum of 7% doing business; the majority of patients' incomes were Rs 10001-20000 per month, with a minimum of Rs 30000 per month; and the majority of patients' incomes were Rs 10001-20000 per month, with a minimum of Rs 30000 per month. The majority of patients (66%) were part of a nuclear family, whereas only 34% were part of a combined family. The majority of the patients (61%) had been sick for at least five months. and a minimum of 8% had been sick for more than a year. The majority of the patients (61%) did not have any additional illnesses, while at least 18% had hypertension. The majority of the patients (56%) received information from the media, whereas only 9% received information from relatives and friends.

The present study is supported by a study conducted on factors influencing quality of life in patients with active tuberculosis in Pakistan shown that 59.2% are males and 40.8 are females and the majority i.e. 57.5% of them belongs to rural areas while 42.5% are from urban sector, 12.5% are

those who completed their primary level, 10.8% patients completed their middle level, 6.7% completed their matriculation, 2.5% completed their intermediate and 0.8%are those who have completed their bachelors as well as masters level education [4].

(I)   Description of Quality of life of the patients with pulmonary tuberculosis receiving DOTs therapy

The domain wise Quality of life among patients receiving DOTs therapy that in physical health domain, majority 73% had good quality of life, 24% had fair quality of life, and 3% had very good quality of life with an average mean and SD of 58.76±10.36. As per psychological domain, majority 55% had good quality of life, 40% had fair quality of life, and 5% had very good quality of life with an average mean and SD of 56.12±13.61. with regard to social domain, majority 53% had good quality of life, 25% had fair quality of life, and 22% had very good quality of life with

an average mean and SD of 64.43±17.66. According to environmental domain, majority 62% had good quality of life, 27% had fair quality of life, and 11% had very good quality of life with an average mean and SD of 61.36±14.49. Findings on quality of life of patients with pulmonary tuberculosis receiving DOTs therapy revealed that majority 61% had good quality of life, 25% had fair quality of life, and 14% had very good quality of life with an average mean and SD of 240.67±55.25.

The present study is supported by a study conducted on factors influencing quality of life in patients with active tuberculosis in Pakistan, where it revealed that HRQOL score depicts that TB patients enjoy poor quality of life, where there mean score is below 50%. Domains scores explores the fact that TB patients have somewhat better score in some domains like energy fatigue, emotional wellbeing, social functioning and pain. Whereas, patient's physical health is the at worst condition [4].

Table 1: Quality of life of the patients with pulmonary tuberculosis receiving DOTs therapy

Quality of Life	Physical Health Domain	Psychological Domain	Social Relationships Domain	Environment Domain	Overall Quality of life
	f (%)	f (%)	f (%)	f (%)	f (%)
Poor	0	0	0	0	0
Fair	24	40	25	27	25
Good	73	55	53	62	61
Very Good	3	5	22	11	14
Score Range	50 (31-81)	68 (31-81)	69 (31-100)	69 (31-100)	256 (106-362)
Mean±SD	58.76±10.36	56.12±13.61	64.43±17.66	61.36±14.49	240.67±55.25

(II)   Coping Strategies of patients with pulmonary tuberculosis receiving DOTs therapy

Results revealed that majority 72% of patients had good coping, 19% of patients had very good coping and 9% of patients had average coping with obtained minimum score of 20 and maximum score of 49 with score range of 29 and an average mean score of 34.22 and SD=6.227. The study find there was an association between quality of life and age, family monthly income, duration of illness and source of information, and also there was an association between coping strategies and age, family monthly income, duration of illness and source of information.

the study conducted on assess the quality of life and coping pattern of patients with tuberculosis who are receiving DOTS therapy in Mangalore shown that with regard to the assessment of quality of life, the mean percentage of response was 45.42% with mean and SD of 52.23 and 8.82. Regarding coping pattern, it was 49.14% with mean and SD of 49.14 and 7.25. The findings showed that majority of the patients had moderate quality of life and coping pattern **[5]**.
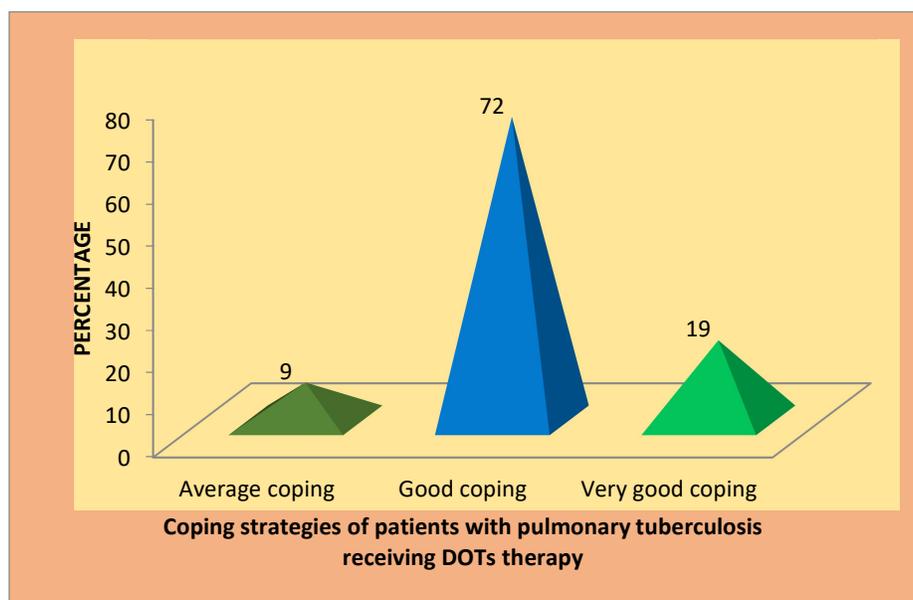

Figure 1: Coping Strategies of patients with pulmonary tuberculosis receiving DOTs therapy

Table: 2 Correlation between Quality of life and Coping Strategies of the patients with pulmonary tuberculosis receiving DOTs therapy

Correlation	Mean	SD	r value	p value
Quality of life	240.67	55.27	0.097	0.335[NS]
Coping strategies	34.22	6.227		

Table 2 shows correlation between Quality of life and Coping Strategies of the Patients with Pulmonary Tuberculosis receiving DOTs therapy.

In this study negative correlation between Quality of life and coping strategies of patients with pulmonary tuberculosis receiving DOTs therapy and was statistically not significant at p<0.05 level.

(III) Association between Quality of life of the patients with pulmonary tuberculosis receiving DOTs therapy with selected Demographical variables.

The association between quality of life of the patients with pulmonary tuberculosis receiving DOTs therapy with selected demographic variables which tested by chi-square values revealed that age, family monthly income, duration of illness and source of information were statistically associated with quality of life at p<0.05 level. The other demographical variables such as gender, religion, educational status, occupation, type of the family and any associated illness were statistically non-significant with quality of life of patients.

(IV) Association between Coping Strategies of the patients with pulmonary tuberculosis receiving DOTs therapy with selected Demographical variables.

The association between coping strategies of the patients with pulmonary tuberculosis receiving DOTs therapy with selected Demographical variables which was tested by using chi-square values revealed that age, family monthly income, duration of illness and source of information were found statistically significant association at p<0.05 level with coping strategies. The other demographic variables such as gender, religion, educational status, occupation, type of family and any associated illness were statistically non-significant with coping strategies of patients.

INTERPRETATION AND CONCLUSION

The Quality of life of majority the patients with pulmonary tuberculosis receiving DOTs therapy is good to fair, and coping strategies of the patients with pulmonary tuberculosis receiving DOTs therapy is good coping.

REFERENCES

1. Stephen D Lawn, Zulma Alimuddin. Tuberculosis. The lancet [serial online]. 2011 [cited 2016 Dec 5]; 378 (9785): 57-72. Available from: hppt//the lancet.com/journals/lancet/article/PIIS0140-6736(10)62173-3/fulltext.

2. Blumberg HM, Burman WJ, chaisson RE, Daley CL, Etkind SC, Friedman American Thoracic Society/Centers for Disease Control and Prevention Infectious Diseases Society of America: treatment of tuberculosis. Am J Respir Crit Care Med.2003;167(4):603-662

3. Marra F, Marra CA, Bruchet N, Richardson K, Moadebi S, Elwood RK, adverse drug reaction associated with first line anti-tuberculosis drug regimens. Int J Tuber Lung Dis. 2007;11(8):868-75.

4. Sarwar A, Waqas M, Amir A. Factors influencing quality of life in patient with active tuberculosis in Pakistan. MPRA [serial online]. 2012 [cited 2017 MAR 5]; 40: 1 – 10.
   Available from: https://mpra.ub.uni-muenchen.de/40043/

5. Shincy John. Assess the quality of life and coping pattern of patients with tuberculosis who are receiving DOTS therapy in Mangalore [unpublished dissertation] Bangalore: RGUHS; 2013.