

QUALITY OF LIFE IN CHRONIC DISEASES

Hamza Khalifa Ibrahim ¹, Hamza A. khalfallah ², Zahrah Meelad Eisay³, Admir Jance⁴, Aejeeliyah Yousuf⁵

Higher Institute of medical Technology, Bani Waleed, Libya¹, Faculty of Medical Technology, Bani Waleed University², Medical laboratory, Higher Institute of medical Technology, Bani Waleed, Libya³, University of Tirana, FNS, Department of Biology, Tirane, Albania⁵

Email: Hamzakhlifa2009@gmail.com

ABSTRACT

Over the past few decades, there has been a increasing prevalence of chronic diseases, live with a large number of people chronic diseases that may adversely affect them quality of life. The goal of the current work is to To investigate quality of life, particularly health-related quality of life (HRQoL) in patients with chronic diseases. HRQOL is a multidimensional structure It consists of at least three large domains – physical, mental and social functioning – affected by disease and/or treat. HRQoL usually starts with chronically ill and often impaired most. In addition, the following factors Also correlated with good and bad HRQoL Discussed as HRQoL assessment. That Estimating the relative impact of chronic diseases Necessary for HRQoL disease Better plan and allocate healthcare Resources to Improve HRQoL

KEYWORDS

Chronic Diseases, Health Related Quality of life, Quality of Life



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INTRODUCTION

The World Health Organization (WHO) defines health not only as the absence of disease or infirmity, but also as a state of complete mental, psychological and social health. The definition of quality of life (QoL) is more complex. According to the World Health Organization, quality of life is defined as an individual's perception of their place in life in the context of the culture and value system in which they live and in relation to their goals, expectations,

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standards and concerns view. QoL is a feeling of overall life satisfaction as determined by a mentally awake person who is evaluating their life. ³ This assessment is subjective and covers all areas of life, including elements of the bio-psycho-social-spiritual model. ⁴ The use of the word subjective has ". has different connotations to different people and is considered unreliable because it is not objective. Subjective can be synonymous with self-awareness, which means that a person mainly provides information about himself. Other definitions of QoL suggest that it is a global individual assessment of a single dimension that can respond causally to a variety of other different dimensions: it is a one-dimensional concept with multiple causes.

As such, it covers the full spectrum of the world of human experiences, states, perceptions and ideas that affect the life of an individual or community. Both objective and subjective quality of life can include cultural, physical, psychological, interpersonal, spiritual, financial, political, temporal, and philosophical aspects. Quality of life implies an assessment of the value of experiences by groups such as communities, families or individuals. ⁶ Finally, it is suggested that quality of life could theoretically cover a wide range of areas and components. This includes functional skills, including role functioning (functional skills for different roles, such as physical activity and achievement beliefs), extent and quality of social interactions, mental health, somatosensory, well-being, life status, life satisfaction and fulfillment needs . It also reflects life experiences, major life events and current life stage, while factors that define quality of life in this regard also include gender, socioeconomic status, age and generation. Thus, quality of life is a complex collection of interacting objective and subjective dimensions: containing an individual's perspective, assessed through the eyes of the experiencer, and possibly mediated by cognitive factors. Chronic diseases have become more common in recent decades due to improved living conditions, better prevention and management of infectious diseases, advances in medical technology, and a general aging of the population. As a result, more and more people have chronic diseases that negatively impact their HRQoL. In general, chronic diseases are slow, long-lasting and require medication. Most chronic diseases have the potential to worsen a patient's overall health by limiting their ability to live well, limiting functional status, productivity, and HRQoL, and are major contributors to healthcare costs. These diseases include cancer, heart disease, stroke, diabetes, HIV, bowel disease, kidney disease and central nervous system disease. Devin et al. (1983) argue that chronic disease disrupts a person's life, which can be explained by its impact on well-being or quality of life. Psychosocial well-being perceives two limitations: positive reinforcement of outcomes through reduced participation in worthwhile activities and a sense of personal control, and limitations in the ability to achieve positive outcomes or avoid negative outcomes. They further suggested that these effects could be assessed in terms of quality of life domains.

The health psychology literature generally supports the assumption that most patients compare themselves to more affluent patients (upward comparisons). ¹⁹ This positive focus on limitations may explain the better psychological adaptation to the disease in this group compared with patients who were compared downward. Patients tended to only make downward comparisons with those who were worse off when they were struggling, and upwardly compare

themselves with people who were healthier than themselves when setting recovery standards. In the context of chronic disease research, HRQoL is examined as a primary or secondary outcome. HRQoL is an important measure for assessing the impact of disease and the impact of medical interventions, so improvement in HRQoL was considered an underlying primary outcome and a determinant of treatment benefit, as a secondary outcome that provided researchers with hypothesis-generating data. In some cases, the outcome of interest may only affect specific domains, such as B. physical functioning or emotional functioning. Information on the impact of chronic diseases on HRQoL can make health services more patient-centred. 10 Ultimately, as the number of chronically ill patients increases, they must achieve optimal HRQoL. To achieve this, a HRQoL study was used to assess the impact of disease and the impact of medical interventions. This study will be informative, so the patient's voice should be primarily considered.

RESEARCH METHOD

The research method used in this study is a qualitative descriptive method. The type of data used in this study is qualitative data, which is categorized into two types, namely primary data and secondary data. Sources of data obtained through library research techniques (library study) which refers to sources available both online and offline such as: scientific journals, books and news sourced from trusted sources. These sources are collected based on discussion and linked from one information to another. Data collection techniques used in this study were observation, interviews and research. This data is analyzed and then conclusions are drawn.

RESULTS AND DISCUSSION

A. Quality of Life (QOL) and Health Related Quality of life (HRQOL)

Quality of life (QOL) refers to the assessment and evaluation of a person's and society's overall well-being. QOL can also be characterized as a nebulous and undefined notion. It is hard to conceive, and thus hard to quantify (1). According to the World Health Organization, QOL is described as an individual's concept of life, beliefs, principles, goals, and preferences within the context of culture (2). Health-related quality of life (HRQOL) is a broad phenomenon that is commonly used to evaluate the influence of wellbeing on quality of life. HRQOL is a useful predictive factor for determining general health since it collects data and information about individual's medical status, both physically and mentally, as well as the effects of medical status on quality of life (3). There are numerous basic and disease-specific QOL tools, resulting in various intents and objectives for assessing QOL (4). Regardless of the absence of agreement on QOL concepts, all of the numerous ideas of QOL indicate a major matter to well-being and are thus worth exploring and measuring QOL (5). Moreover, health professional self-assessment of QOL varies from individual QOL views , and thus QOL should be examined and assessed from the patient's perspective, employing surveys filled by individuals (5). According to patients' perspectives, health-related quality of life (HRQL) encompasses a variety of elements, including physiological, mental, and psychological wellbeing as well as overall wellbeing (6). Several studies have shown the significance of HRQL in numerous conditions, and it is becoming more and more common to use both disease-specific and general HRQL as a proxy for patients' perceived health in medical studies.

B. Relationship between HRQOL and Chronic Diseases

Additionally, HRQL is becoming more widely acknowledged as a crucial indicator of success after major organ transplants. In addition to notable statistical advancements in individual and allograft survival, HRQL has been recognized as another reliable outcome indicator. HRQL research examines subjectively medical problems broadly and views wellness as a conundrum of distinct well-being dimensions. Along with physical and mental health, the psychological and interpersonal facets of well-being are the parts in this picture. Some of these works are judged objectively, while others are appraised subjectively (7).

C. HRQOL and Renal Disease

The preferred line of therapy for end-stage kidney illness is organ transplant . Over the past few decades, immunosuppression medications and kidney transplantation techniques have advanced significantly; as a result, one-year donor survivor rates are now over 90% (8). Maximizing the length and quality of life while minimizing the impacts of illness and, in the case of kidney transplant, the costs associated with care is the primary goal of organ transplants. Depending on the state being assessed, different social economic words are listed in various units (9). The quality-adjusted life years acquired, disease-free life years obtained, or healthy-year equivalents per unit cost of care are a few illustrations of these measurements. The expenses of care in kidney transplant go beyond only the transplantation process and include changing costs to address negative events, some of which are brought on by immunosuppressive medication. The discovery of cyclosporine in the 1980s marked the most dramatic advancement in immunosuppressive therapy since the initial effective organ transplant in the early 1950s. The pharmacological possibilities for immunosuppressive combination treatment in renal transplantation have emerged as a result of the development of new immunosuppressant therapy. (10) (11).

D. HRQOL and Cancer diseases

According to research, cancer patients' quality of life suffers a large and unfavorable influence as soon as they are given their diagnosis, or as soon as they receive the word "cancer" (12). The quality of life (QOL) of people with cancer is impacted by a variety of elements, including physiological (pain, loss of hair, fatigue, vomiting, and diarrhea) as well as psychological (anxiety, stress, tension) and social (emotional adverse reactions) (e.g. social isolation, and function loss). The QOL of people with cancer can be enhanced by a number of elements, such as family support, financial stability, and belief in healing (13). Recent research concluded that HRQOL is affected by anaemia (14,15,16) , fatigue (17,18) . In addition, recent research indicated that covid-19 diminished HRQOL negatively (19,20).

The survival rate of kidney transplants continued to increase in tandem with enhanced care for patients and novel immunosuppressive protocols (21). Long-term QOL has received more consideration as a result of these accomplishments. Nevertheless, HRQL has only been assessed as a personal health outcome in a small number of studies to date (22). However, it is widely

acknowledged that individuals with a functional renal transplant have a better HRQL compared to those receiving dialysis (23) (24).

E. Measurement tools for HRQL

In clinical practices, assessing quality of life is becoming more and more important (25) . The development of QOL evaluation methods and levels will play a major role in the management of health care for cancer patients. Frequent and regular QOL assessments, ensure that the patient and the doctor have enough data to settle on the best course of therapy (26). According to (27) measuring QOL with reliable tools could aid medical practitioners in making the best decisions for interventions and therapies. Additionally, QOL assessments can aid medical personnel in selecting more efficient management techniques, which can reduce patient costs and mortality. The right QOL tool must be used to guarantee that results are reliable and therapeutically applicable. The European Organization for Cancer Research and Treatment of Cancer Core Quality of Life questionnaire (EORTC QLQ-C30) , the Medical Outcomes Study Short Form Survey (SF-36) , and the Functional Assessment of Cancer Therapy (FACT-G) questionnaire are the QOL measurements most frequently used in people with cancer (28). Furthermore, WHOQOL-BREF tool is a reliable instrument to measure HRQoL among warfarin patients (29) (30)

CONCLUSION

Chronic disease might also have a negative impact on HRQOL by impairing the ability to work and minimize range of motion and other physical activities. Most chronic illnesses have the capacity to deteriorate a patient's overall health by impairing their ability to live comfortably, restrict their effectiveness, creativity, and HRQoL, and are a significant driver of medical expense.

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