

# Quality of life elderly osteoarthritis health and social care essay

[Life](#)



Health and quality of life are of course interrelated. This gives rise to the construct of Health-related quality of life ( HRQOL ). HRQOL is a multidimensional construct that covers a wide facet of wellness and good being of an individual both the constructive and unconstructive facets of life. . Harmonizing to Centers for Disease Control and Prevention ( 2000 ) , HRQL is regarded as the most suited facet of quality of life ( QOL ) for probe in footings of which facet of QOL have the impact of a disease or any medical status, and defined it as `` an person 's or group 's sensed physical and mental wellness over time. " . By analyzing HRQOL of a disease, it will be possible to mensurate and show the impact of wellness on quality of life scientifically. HRQOL covers many facets of good being including the emotional, physical, societal and subjective feelings that reveal patients ' appraisal and response to their unwellness. It is suited particularly in look intoing on the functional wellness position and wellbeing which are perceived and self-reported by the persons. DeSalvo, Bloser, Reynolds, He, Muntner ( 2002 ) showed that self-reporting by persons on their wellness position has proved to be an important forecaster of mortality and morbidity compared to other nonsubjective steps of wellness. Therefore, it has been recognized as a suited wellness index and service demands index in many diseases including arthritis.

Problems that are associated with arthritis are simply non merely in medical unwellness. It besides has significant impacts on patients ' functional capacity and QOL. Escalante and Del Rincon ( 1999 ) had emphasized that the joint stiffness, changeless hurting, and joint harm due to arthritis cause important physical disablement and give negative influence in many facets of the patients ' lives, including functional disablement, work, relationships,

and psychological impact. It has been shown that populating with arthritis is associated with decreased in QOL ( Nadal, 2001 ) .

Harmonizing to WHO ( 2003 ) , arthritic diseases which include degenerative arthritis ( OA ) are the chief cause of morbidity throughout the universe and the diseases have an of import influence on the single wellness and quality of life. OA is peculiarly common among older people. Longitudinal surveies have found that incidence of degenerative arthritis increased with progressing age ( Sowers, Zobel, Weissfeld, Hawthorne and Carman, 1991 ) . The bing QA continues to come on in a long tally with the rate of patterned advance increased as the person aged. No uncertainty that in both the development and developed states where the life anticipation has increased in recent decennaries and with the alterations in the life style and diet, a rise in the incidence and prevalence of non-communicable diseases which includes the OA has present. This phenomenon is markedly seen in developing states which show betterments in wellness results. Statistically, WHO ( 2003 ) claimed that the prevalence of OA is that 10 % of the universe 's population who are 60 old ages or older. It besides claimed that about 40 % of the aged age of 70 old ages and above enduring from OA of the articulatio genus, and about 80 % of patients with OA have restriction of motion in assorted grade, and worst of all, about 25 % of patients with OA can non execute their major day-to-day activities of life.

Osteoarthritis is the most common signifier of arthritis and is considered as one of the stressful, chronic unwellness and extremely prevalent in our society. Arthritis including OA is one of the major chronic unwellnesss that

affect the morbidity of Malaysian ( Doris Padmini, et al. , 2010 ) . The prevalence of OA in the Asia Pacific part is about 10-20 % of the grownup population. In all populations studied so far the prevalence of articulation genus OA is higher than that of hip OA but this is more pronounced in Asiatic populations ( WHO, 2003 ) . The similar status occurs in Malaysia in which the most common signifier of OA is the articulation genus OA ( Veerapan, Wigley and Valkenburg, 2007 ) . Although there is no exact figure of patients with knee OA, the Community Orientated Program for Control of Rheumatic Diseases ( COPCORD ) survey showed that 21. 1 % of grownup Malaysians complained of arthritic hurting and the ailment rate increased with age those as shown as the prevalence of OA was 53. 4 % in those over 65 old ages. The exact prevalence of articulation genus OA in Malaysia is non known. There is merely one survey done in primary attention putting in Malaysia and the survey showed that patient with articulation genus OA go toing the authorities wellness clinic had comparatively hapless QOL in their physical wellness but there was less in their mental wellness. ( Zakaria, Bakar, Hasmoni, Rani and Kadir, 2009 )

There is a batch of information proposing that musculoskeletal diseases including OA have a negative consequence on HRQOL. One big wellness study ( Behavioral Risk Factor Surveillance Survey ) done yearly in United States of America ( USA ) by CDC Atlanta incorporating informations from 32, 322 grownups in 11 provinces showed that those persons with arthritis had about three times higher HRQL damage compared to those without the creaky disease ( 28. 6 % vs. 8. 3 % ) . They besides accounted a significantly larger figure of yearss when usual activities were restricted and physical and

mental wellness was hapless ( Cook, Pietrobon and Hegedus, 2007 ) .

Therefore, their creaky status made it difficult for them to populate in state of affairs they wanted.

In the other states, assorted survey done on OA, for illustration in Korea in which the findings noted that OA are common in the elderly grownup population with the prevalence of 37. 3 % for radiographic OA and 24. 2 % for diagnostic OA, and significantly more in adult females ( Inje, Hyun, Yeong, Jin and Dong, 2010 ) . In Greece with prevalence of diagnostic OA of 8. 9 % showed similar findings in gender, where OA was significantly higher among adult females and it increased with age significantly. Similar state of affairs occurs in Britain, in which the most normally reported ground of morbidity among persons aged 65 old ages and over peculiarly among adult females, is the upset of the musculoskeletal system ( Brown, Bowling and Flynn, 2004 ) . Findings from the IQOLA Project Group ( 2004 ) gave groundss that legion surveies have shown that patients with musculoskeletal diseases have worse HRQOL, but the worst HRQOL was reported by patients with OA, Rheumatoid Arthritis ( RA ) , Osteoporosis and Fibromyalgia ( Picavet and Hoeymans, 2004 ) . These similar findings were seen in a survey done in Hong Kong which concluded that patients with knee degenerative arthritis had more impact on the HRQOL than other chronic diseases ( Lam and Launder, 2000 ) .

## **Problem Statement**

This survey is designed to analyze the wellness related quality of life in aged with OA go toing authorities wellness clinics in Kuala Lumpur. OA is chiefly an

unwellness of aged individuals presented as moderate to severe symptoms ( McCarty, 1989 ) . For those who have mild symptoms normally will non seek medical attention. Harmonizing to Brown et Al. ( 2004 ) , the factors that may act upon the HRQOL in patients with OA are the demographic factors such as age, gender and socioeconomic position ; the OA conditions ( illness-related stressors ) that can impaired the patients ' day-to-day activity and the intervention for the status could besides impact people 's wellness perceptual experience. These factors will be studied as the dependent variables. The illness-related emotion and the header schemes that the patients have, would be the go-between variables.

## **Theoretical Model**

Harmonizing to Ventegodt, Merrick and, Andersen ( 2003 ) , Quality of Life ( QOL ) indicate 'a good life ' , which imply a life with a high quality. HRQOL is one of the studied constituents of QOL, by and large referred to 'a good life ' patient/client- based outcome indexes of wellness and societal attention engagement. OQL is a multi-level and obscure construct. It is accepted as the terminal of the rating of public policy. Although the cardinal spheres of QOL were identified in the literature are applicable to grownups of all ages, most of the research community has accepted no unequivocal theoretical model of quality of life, and no individual research model has been utilised in its probe ( Brown et al. 2004 ) . However, Ventegodt, et Al. ( 2003 ) presented a theoretical model of 'the integrative theory of the quality of life ' ( IQOL theory ) refering facets of a good life which is showed in Figure 1.

This integrative theory is an overall theory or meta-theory embracing eight more factual theories including the theory aspired by Maslow, in a subjective-existential-objective spectrum. By presenting this IQOL theory, a strength into the wellness and societal scientific disciplines is a measure towards a new recognition and regard for the profusion and complexness of life.

Using the IQOL and StressCoping Model ( Lazarus and Folkman, 1984 ) , the conceptual model for this survey will be based on. The HRQOL manifests itself as the index variable. The header schemes and the stressors ( assessment of demands and end ) will be the go-between.

In this survey, the internal and external resources will non being studied. The constituent that being written boldly in the theoretical account above is the chief elements that will be look into.

## **Justification**

The HRQOL has ne'er been studied in an urban scene in Malaysia boulder clay today, except in Putrajaya which has different population composing compared to other province. Kuala Lumpur being the most urbanised metropolis in Malaysia and populated by about 72, 345 aged ( Department of Statistic Malaysia, 2010 ) . The composing of races and age is about similar to other urban puting in Malaysia The figure of aged with OA in Kuala Lumpur is non known. By put to deathing this survey, the basal line of prevalence of OA go toing the authorities wellness clinics can be obtained.

Another ground why analyzing HRQOL in OA patients is of import because harmonizing to Woolf and Pfleger ( 2003 ) , musculoskeletal upsets are the most common cause of terrible long-run hurting and physical disablement, and it affects the societal operation and mental wellness of the patient and later diminishes the patient 's HRQOL. Arthritis diseases which include OA are one of the groups of diseases that cause a major public wellness job. Not merely are they progressive enfeebling diseases with no known remedy, but they besides have a annihilating impact on HRQL. This disease affects the patient 's capableness to populate a full and active life. In the study of The Bone- and Joint Decade 2000-2010, it has highlighted the significance of bettering the patients ' HRQOL with musculoskeletal upset.

With the outgrowth of ageing population in Malaysia, the incidence and prevalence of people who suffer from chronic diseases such as OA, RA, osteoporosis and low back hurting, will go on to increase. The musculoskeletal upsets will and hold taken up a big proportion of healthcare resources compared to other chronic diseases, ( Osborne, Nikpour, Busija, Sundararajan and Wicks, 2007 ) .

Clinicians and public wellness decision makers are concern about the wellness attention resources effects of arthritis ( March and Bachmeier, 1997 ) . Normally the results in wellness attention have been determined by the medical appraisal but the perceptual experience of the patient is besides an of import variable. Therefore, the importance of measuring wellness attention has shifted increasingly towards ratings of medical/health-related results from the patient 's position. This can supply excess information more

than what being obtained by the traditional wellness measurings, and, therefore is valuable in assisting to understand the OA conditions.

## **Significant of Study**

For Malaysia Ministry of Health, quality of life betterment is an indispensable public wellness end. The policy involvement in quality of life in older age is illustrated in the Malaysia National Policy for The Elderly, in which one of its purposes is `` To develop the potency of the aged so that they remain active and productive in national development and to make chances for them to go on to populate independently ". Therefore, HRQOL can be a national wellness criterion which can associate different subjects and other services. By mensurating HRQOL, the ministry will be able to supervise the national wellness advancement, in carry throughing the national wellness aims. To do alterations in some federal policy, the information on HRQOL needed to complement current public wellness 's traditional morbidity and mortality measuring because HRQOL is related to both self-reported chronic diseases and their hazard factors- giving valuable new penetrations on the relationships between HRQOL and hazard factors. Other than that, it can besides assist to happen out the load of chronic diseases, place which subgroups in population that have hapless perceived wellness and this will assist in steering intercessions to better their state of affairss and prevent more serious effects. With all the information gathered, it can assist in placing the demands in the wellness policies and statute law, aid to administer resources consequently based on unmet demands, conduct the strategic programs development, and supervise the effectivity of the intercessions. Since OA is one of the chronic diseases with high morbidity,

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survey in its impact on the HRQOL may change the policy devising of the chronic diseases.

Besides that, HRQOL appraisal is an of import public wellness tool for the aged. As mentioned above, informations from the appraisal will able to find the hazard factors of chronic diseases. In this epoch, when the life anticipation is increasing, the figure of aged will be increasing. It is the purpose of the public wellness that the aged will hold healthy ageing despite the overall wellness effects related to normal ripening and pathological disease processes. It is expected to be concerned with easing the aged in keeping their mobility, prolonging their independency and go oning their active engagement in society. The aged should be able to respond expeditiously to the physical, psychological and societal challenges of ageing. In other words, the consequence of all the activities should add quality to old ages of aged life. The information from HRQOL can be interpreted into the cognition, consciousness and pattern taking towards healthy ageing that will be executed to the community.

The information from the survey will be able to assist physicians and wellness attention givers in placing the demands of patients with chronic diseases. It shall better their services and could be more patient-centred. As betterment in interventions and pull offing patient with OA take topographic point, new and better ways will emerge to back up the patients in take part a more active function in commanding their disease. Consequently, betterments in the HRQOL of OA patients can be seen in the hereafter old ages.

The pathological definition for degenerative arthritis is of a status characterized by focal countries of loss of articular gristle within the synovial articulations, associated with hypertrophy of the bone ( osteophytes and subchondral bone induration ) and inspissating of the capsule.

However in this survey merely the diagnostic OA will be studied which based upon the American College of Rheumatology standards. The chief standards is joint hurting with at least 3 out of these 6 clinical findings nowadays: age more than 50 old ages, crepitus, stiffness more than 30 proceedingss, bone tenderness, no tangible heat, bony expansion and bony tenderness ( Altman et al, 1986 )

## **Health Related Quality Of Life**

Harmonizing to CDC ( 2000 ) , HRQOL is defined as a wide multidimensional construct of quality of life that normally includes self-reported steps of physical and mental wellness by the inividuals.

To mensurate the HRQOL, the survey will be utilizing outcome survey of 36-item short signifier ( SF-36 ) . It is a multi-item graduated table that step eight wellness constructs.

## **Illness Related Stressor**

Any signifier of emphasis that derived from the disease. Illness-related stressors are traveling to be measured by the six subscales utilizing the Arthritis Impact Measurement Scales. The subscales are:

Permission to carry on the survey in the authorities wellness installations need to be requested from the Ministry of Health, before pursues the survey.

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All the aged with OA that will be registered by the wellness personal will be informed about the survey and requested to take part in it. For those who agree to take part, the wellness personal will necessitate to hold the participants to subscribe the written consent. The wellness personal will carry on and help the aged in replying the questionnaire that will be taken topographic point in a one to one unfastenedinterviewsession. The questionnaires will be prepared in three linguistic communications which are Bahasa Melayu, Chinese Language and Indian Language. If the aged does non able to understand the inquiries proposed to them due to linguisticcommunicationbarrier, the research worker will name a linguistic communication transcriber.

## **Data Collection**

The research workers will ab initio inquire the permission from the Ministry of Health in July 2011 to utilize their installations to carry on this survey, and informing the authorities wellness clinics sing the survey.

In December 2011, the research worker will name at least 13 helpers to assist carry oning this survey. The helpers will be the wellness attention personals in which they are good verse with the medical footings and conditions. The helpers will be informed sing the aims, the consent needed from the aged, the information needed, the entry of informations in informations sheet and every bit good trained and brief on the behavior of the survey in footings of utilizing the questionnaires.

The research workers and helpers will be carry oning the survey in 1 January 2011 boulder clay 30 June 2011 manually. The aged who fulfil the inclusion

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standards will be accepted in the survey whereas those who fulfil the exclusion standards will be excluded.

The research workers and helpers will inquire the consent from the aged before questioning them. The consent signifier shown in Annex 2. The informations collected from the interviews will be collected and natural informations will be entered in SPSS statistical programme by the research worker. The information will be cleaned and edited.

The Arthritis Impact Measurement Scales ( AIMS ) . The graduated tables used are scored in a consistent manner so that a low value indicates a high wellness position. The trial for dependability showed that the Guttman graduated table coefficients for scalability is more than 0. 6. Whereas, the Guttman graduated table coefficients for duplicability is more than 0. 9. The internal consistence by Cronbach 's alpha is more than 0. 60 for each of subdivisions. The points in AIMS are based on the constituent of the Rand Health Survey Questionnaires, the Quality of Well-Being Scale, and Katz 's Index of Activities of Daily Living. Factor analysis identified three factors that have been replicated in following surveies. ( Meenan, Mason, Anderson, Guccione and Kazis, 1990 )

The Stress Questionnaire. The questionnaire has 16 points included in the four subscales of injury, challenge, menace and benefit. It is used to mensurate illness-related emotions which show how people review their nerve-racking brushes. Folkman & A ; Lazarus ( 1986 ) stated that high alpha coefficients between 0 80 to 0-87 for these graduated tables and maintain

for their concept cogency via a factor analysis attack, the Cronbach alpha coefficients of 0. 76 to 0. 85

The Jalowiec Coping Scale ( JCS ) . JCS content cogency has been evaluated by expert panels and it is supported by a broad theoretical and empirical foundation. Construct cogency has been calculated. The 60 points in JCS are categorized into eight subscales, with concept cogency runing from 94 % on the Supportive subscale to 54 % on the Emotive subscale. The dependability of the graduated table is evaluated with Cronbach 's alpha coefficients. Based from consequences of 24 different surveies the Cronbach 's alpha coefficients for the usage subscales ranged from 0. 48 to 0. 81 and for the effectivity subscales from 0. 48 to 0. 82. ( Sigstad, Pedersen and Froland, 2005 ) .