A STUDY TO Estimate Quality Of Life AMONG Acute Coronary Syndrome Patients

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Abstract:

Introduction: The main goals of treatment for patients with acute coronary syndromes (ACS) are to increase survival and relieve symptoms. Quality of life measurement deteriorates quickly after diagnosis. Professionals in the fields of health and social services are placing an increasing emphasis on maintaining and enhancing patients' quality of life as an important outcome or objective

Material and Methods: This was a non-experimental, quantitative, survey based research conducted among Acute Coronary Syndrome Patients and totally 60 samples was selected by Simple Random technique. The samples included in this study were who fulfilled the inclusion criteria. Ethical permission was obtained before the data collection. After obtaining permission from the setting, the samples were asked their willingness to participate in the study and informed consent was obtained. Socio-demographic data such as age, gender, marital status was collected and Quality of life was assessed by using the structured questionnaire.

Results: Results shows 8 (13.4%) samples were having low quality of life, 43 (71.6%) samples were having moderate quality of life and 9(15%) were having high quality of life.

Conclusions: study concluded that patients with Acute Coronary Syndrome had relatively average and low level of Quality of life and there was no any significant association found with demographic variables.

Key words: Estimate, Quality Of Life, Acute Coronary Syndrome

Introduction:

The main goals of treatment for patients with acute coronary syndromes (ACS) are to increase survival and relieve symptoms.[1] Heart and blood vessel disorders, such as coronary artery disease, are included in the category of cardiovascular diseases.[2] According to the American Heart Association, 1.2 million hospital discharges included an ACS diagnosis.[3] A common chronic illness, ACS is characterised by high morbidity and mortality, poor quality of life, and frequent hospitalisations.[4]

An important patient health outcome that can be used to evaluate the effects of disease burden and the efficacy of treatment measures is quality of life assessment.[5] By measuring a patient's experience of their health issues in areas like physical, emotional, social functioning, role of performance, pain, and exhaustion, quality of life tools can measure the patient's perception of their health issues.[6] A cross-sectional study done on Korean MI

patients revealed that quality of life was negatively impacted by diabetes, stroke history, and other cardiac conditions. [7]

Quality of life measurement deteriorates quickly after diagnosis. Professionals in the fields of health and social services are placing an increasing emphasis on maintaining and enhancing patients' quality of life as an important outcome or objective. There is an understanding that disease status cannot adequately describe ill health; instead, social, emotional, and physical impacts of the condition must also be considered. [8] The present study aims to Asses the Quality Of Life among Acute Coronary Syndrome Patients.

Methods:

This was a non-experimental, quantitative, survey based research conducted among Acute Coronary Syndrome Patients and totally 60 samples was selected by Simple Random technique. The samples included in this study were who fulfilled the inclusion criteria with Patient who are willing to participate in the study and diagnosed with Acute Coronary Syndrome were included in the study; Patients who are not interested to participate in the study were excluded. Ethical permission was obtained before the data collection. After obtaining permission from the setting, the samples were asked their willingness to participate in the study and informed consent was obtained. Socio-demographic data such as age, gender, marital status was collected and Quality of life was assessed by using the structured questionnaire. The collected data were studied and analyzed in terms of by using descriptive and inferential statistics.

Results:

Table No 1: Shows frequency and percentage distribution of socio-demographic variable according to sample characteristics.

S.NO.	DEMOGRAPHIC DATA	FREQUENCY	PERCENTAGE
1.	Age in years		
	<30	0	0%
	30- 35	10	16.6%
	36-40	11	18.3%
	41- 45	10	16.6%
	46- 50	12	20%
	>50	17	28.3%
2.	Sex		
	Male	42	70%
	Female	18	30%
	Others	0	0%
3.	Religion		
	Hindu	22	36.7%
	Muslim	25	41.7%
	Christian	13	21.6%
	Others	0	0%
4.	Marital status		
	Married	54	90%

	Unmarried	6	10%
5.	Occupation		
	Government employee	6	10%
	Business	4	6.7%
	Private Sector	17	28.3%
	Farmer	33	55%
	Other	0	0%

Description of sample characteristics:
According to age 10(16.6%) belonged to age group of 30-35 years, 11(18.3%) were from 36-40 years, 10(16.6%) were from below 41-45 years, 12(20%) 46- 50 years, 17(28.3%) >50 years. As per gender majority 42(70%) where from male, and 18(30%) were from female. According to Religion majority 22(36.7%) were from Hindu religion, 25(41.7%) were Muslim and 13(21.6%) were from Christian religion. According to Marital status 54(90%) were from married and 6(10%) were from unmarried. As per occupation 6(10%) were government employee, 4(6.7%) were business, 17(28.3%) were labourer, 33(55%) were from farmer.

Table 2: Showing findings on quality-of-life score.

Grades	Score	Frequency	Percentage
Low	<50	8	13.4%
Moderate	51-63	43	71.6%
High	>64	9	15%
Total		60	100%

Quality of life among Acute Coronary Syndrome Patients
Table no. 2 shows 8 (13.4%) samples were having low quality of life, 43 (71.6%) samples were having moderate quality of life and 9(15%) were having high quality of life.

Table 3: Showing association between socio demographic variable with selected quality of lifescore.

DEMOGRAPHIC DATA	LOW	MODERATE	HIGH	P	X2	NS/S
Age in years						
30-35	2	7	1			
36-40	0	10	1			
41-45	0	8	2	0.2930	9.616	NS
46-50	4	7	1			
>50	2	11	4			
Sex						
Male	7	27	8	0.4627	1.541	NS

Female	1	14	3			
Religion						
Hindu	1	19	2			
Muslim	3	18	4	0.2043	5.932	NS
Christian	4	7	2			
Marital status						
Married	7	39	8	0.9554	0.09116	NS
Unmarried	1	4	1			

Table no. 3 shows there was no any significant association found in between Age, Gender, Religion, Education,Occupation, Income, Marital status with selected socio-demographic variables (p>0.05)

Discussion:

According to age 10(16.6%) belonged to age group of 30-35 years, 11(18.3%) were from 36-40 years, 10(16.6%) were from below 41-45 years, 12(20%) 46- 50 years, 17(28.3%) >50 years. As per gender majority 42(70%) where from male, and 18(30%) were from female. According to Religion majority 22(36.7%) were from Hindu religion, 25(41.7%) were Muslim and 13(21.6%) were from Christian religion. According to Marital status 54(90%) were from married and 6(10%) were from unmarried. As per occupation 6(10%) were government employee, 4(6.7%) were business, 17(28.3%) were labourer, 33(55%) were from farmer. Among 60 samples 8 (13.4%) samples were having low quality of life, 43 (71.6%) samples were having moderate quality of life and 9(15%) were having high quality of life. There was no any significant association found in between Age, Gender, Religion, Education,Occupation, Income, Marital status. (p>0.05)

Result of the present study supports the following study, Srivastava S et al. 2017 study results shows the QOL of patients in the PDRC group was lower than that of patients with CAD and healthy controls. This demonstrates the necessity of accurately diagnosing and promptly treating panic disorder in these people in order to enhance their QOL.[9] Bahall M et al. 2002 study shows due to the significant frequency of depression among patients with cardiac disease, lower QOL ratings among these patients are a matter for worry on a national level. [10] Chatzinikolaou A 2021 study shows In the MacNew physical, participants with a primary education had significantly poorer quality of life scores than those with a higher degree (p 0.02). The heart failure group also reported a considerably poorer quality of life than the other heart disorders on the SF-36 pain subscale. [11]

Conclusion:

Based on the results of this study, patients with Acute Coronary Syndrome had relatively average and low level of Quality of life and there was no any significant association found with demographic variables. The healthcare providers should give special attention to patients, those who had heart failure and hypertension

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