

Health Related Quality of Life of Cerebrovascular Accident Patient: A Descriptive Study

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ABSTRACT

Globally, stroke is the second leading cause of death for people above the age of 60 years, and the fifth leading cause of death in people aged 15 to 59 years old. Those who survive are often left with disabilities that decrease quality of life and increase a need for institutional care. The aim of this study was to assess the Health related quality of life of Cerebrovascular accident patients.

Methods: A Descriptive research approach was used for the present study. The study comprised of 100 Cerebrovascular accident patients admitted in selected hospital. Stroke Impact Scale version 3, a standardized research tool was used for data collection. Non probability convenience sampling technique was used. Formal permission was obtained from concerned authority from selected Hospital for data collection.

Results: The results showed that, 44% of CVA patients in the age group of 61 – 70 years and 79% of CVA patients were male. 53% of CVA patients had their right side affected. 21% of CVA patients had poor HRQOL and 79% of CVA patients had average HRQOL. Mean HRQOL score of CVA patients was 82.77. There was not significant association found with selected demographic variable except age among Cerebrovascular accident patients.

Conclusion: The study result shows that most of the CVA patients were male in the age group of 61-70years. 21% of CVA patients had poor HRQOL and 79% of CVA patients had average HRQOL.

Keywords: Neurological Deficit, Cerebrovascular accident patients.

INTRODUCTION

Cerebrovascular disorders are an umbrella term that refers to any functional abnormality of the central nervous system (CNS) that occurs when the normal blood supply to the brain is disrupted. [1]

In the 1970s the World Health Organization defined stroke as a "neurological deficit of cerebrovascular cause that persists beyond 24 hours or is interrupted by death within 24 hours", although the word "stroke" is centuries old. This definition was supposed to reflect the reversibility of tissue damage and was devised for the purpose, with the time frame of 24 hours being chosen arbitrarily. [2]

Cerebrovascular accident is the primary neurological problem in the world. Stroke is the third ranking cause of death, with an overall mortality rate of 18 % to 37 %. There are approximately two million

people surviving strokes that need assistance with activities of daily living. [3]

Globally, stroke is the second leading cause of death above the age of 60 years, and the fifth leading cause of death in people aged 15 to 59 years old. Every year, 15 million people worldwide suffer a stroke. Nearly six million die and another five million are left permanently disabled. Stroke is the second leading cause of disability, after dementia. Disability may include loss of vision and / or speech, paralysis and confusion. [3]

By 2015, India will report 1.6 million cases of stroke annually, at least one-third of whom will be disabled. Stroke is a major cause for loss of life, limbs and speech in India, with the Indian Council of Medical Research estimating that in 2004, there were 9.3 lakh cases of stroke and 6.4 lakh deaths due to stroke in India, most of

the people being less than 45 years old. WHO estimates suggest that by 2050, 80% stroke cases in the world would occur in low and middle income countries mainly India and China. [4]

A study from India reported prevalence rates of 630 per 100,000 and 420 per 100,000 in Bombay based on a door to door survey of 14,000 subjects. [5]

Stroke is one of the leading causes of death and disability in India. The estimated adjusted prevalence rate of stroke range, 84-262/100,000 in rural and 334-424/100,000 in urban areas. The incidence rate is 119-145/100,000 based on the recent population based studies. Stroke rehabilitation is not well developed in India due to lack of personnel. [6]

In Pune alone, approximately 10,000 patients suffer from stroke each year. Traditionally, stroke is considered to be a disease of the elderly but now-a-days, witnessing stroke cases in the younger population as well. Stroke is the second leading cause of death after cancer in our country. [7]

Cerebrovascular accident can result in profound disruption of life of the individual. The ability to perform Activities of Daily Living (ADL) may require many adaptive changes as well as assistance from the family members. Home management of the patient may be a challenging situation for the care giver if they are ignorant about the care of the patient. Meeting the educational needs of the family care giver is essential to optimize the quality of life for both the patient and family. [8]

A Cross-sectional study was conducted by Mary A et.al (2016) to assess health related quality of life after stroke. Study comprised 104 stroke patients. Simple random sampling was used as sampling technique. Stroke Specific Quality of Life Scale was used for assessing Quality of life of stroke patients. The mean score of health-related quality of life was 146.8. It shows that health-related quality of life negatively affected of stroke patients. [9]

A follow up study was conducted by Hohmann C et.al (2010) to evaluate the impact of pharmaceutical care on HRQoL of stroke patients. Total 255 patients were recruited in the study out of 90 in intervention group and 165 in control group. Health related quality of life was assessed by using Short Form 36 (SF-36). Result showed that health related quality of life of stroke patients did not change significantly in intervention group but in the control group health significantly decreased. [10]

A study was conducted by Sturm JW et.al (2004) to identify determinants of HRQoL in stroke survivors. Total 306 631 cases were assessed in one year of period. HRQoL was assessed using the Assessment of Quality of Life (AQoL) instrument. Results show that the mean AQoL utility score for all survivors was 0.47. Maximum 25% of survivors had a score of less than or equal to 0.1. A substantial proportion of stroke survivors had very poor HRQoL. [11]

A cross-sectional study was conducted by Eda G et.al. (2009) to assess HRQOL in patients three months after stroke. Study comprised of 67 stroke patients participated in study who was first time diagnosed as stroke. HRQOL was measured by Stroke Impact Scale-16. The mean age of the 67 patients was 62.03. The study found that age and functional status had a powerful influence on HRQOL. Comprehensive therapy programs aimed to improve HRQOL should focus on improving functional disability, particularly in older stroke patients. [12]

MATERIAL AND METHODS

A Descriptive research study approach was used for present study. The study comprises of 100 Cerebrovascular accident patients admitted in selected Hospitals. Non probability convenience sampling technique was used to select sample. Descriptive Research Approach was used for present research study. The 100 Cerebrovascular accident patients selected for the study those who are fulfilling inclusive criteria of the study. Stroke Impact

Scale Version 3, a standardized research tool was used for data collection. The reliability of research tool is 0.91 which was reliable. The investigators introduce him and obtain consent from Cerebrovascular accident patients admitted in selected hospitals and who are willing to participate. Purpose and important of research study explain before collection of data. The Cerebrovascular accident patient assessed for Health related Quality of Life.

RESULTS

Analysis and interpretation is based on the objectives of the study. The analysis was done with the help of inferential and descriptive statistics. Frequency and percentage wise distribution of demographic variables of CVA patients such as age, gender and so on

Table 1: Percentage wise distribution of CVA patients according to their demographic characteristics n=100

SN	Demographic Variables	No. of Patients	Percentage
1.	Age(Years)		
	31 to 40	11	11
	41 to 50	18	18
	51 to 60	27	27
	61 to 70	44	44
2.	Gender		
	Male	79	79
	Female	21	21
3.	Education		
	Illiterate	18	18
	Primary	25	25
	Secondary	29	29
	Higher Secondary	21	21
	Graduation & above	07	07
4	Monthly Income		
	< 5000	05	05
	5000 – 10000	63	63
	10001 – 15000	22	22
	> 15000	10	10
5	Affected Side		
	Right	53	53
	Left	47	47

The above table 1 shows that 44% of sample belongs to 61 – 70 years of age and 27% belongs to 51 – 60 years of age. 79% samples were male. Most 29% of samples were having secondary education. 63% of sample belongs to 5000 – 10000 income group and most 53% of sample was having right affected side.

Table 2: distribution of CVA patients with regards to level of health related quality of life. n=100

Category	Frequency	Percentage
Poor	21	21
Average	79	79
Good	00	00
Excellent	00	00

The above table 2 depicts that the 21% of CVA patients were having poor HRQOL and 79% of CVA patients were having average HRQOL. This indicates that quality of life of CVA patients was negatively affected on health.

Table 3: Mean Health related Quality of Life score among CVA patients. n=100

Category	Mean	SD	Mean Percentage
Health related Quality of Life	82.77	21.10	28.06

The above table 3 depicts that mean HRQOL score of CVA patients was 82.77. This indicates that CVA patient's needs adequate nursing care and education to improve Health related quality of Life.

DISCUSSION

Health related quality of life is negatively affected of CVA patients. In present study mean Health related quality of life of CVA patients was 82.77 and 21% of CVA patients were having poor HRQOL and 79% of CVA patients were having average HRQOL. For that adequate and long term care required to recover and to improve health related quality of life of CVA patients.

A study was conducted by Ali ZH (2013) to assess the effect of application of nursing care strategies on the functional and physical abilities of patients following stroke. Controlled quasi-experimental research design was used for study (n=60). Participants were equally divided into study group and control group. Stroke Specific Quality of Life Scale (SS-QOL) was used to assess the quality of life of stroke patients. Data were collected at admission after 3 months and 6 months. The results demonstrated significant improvements among the study group patients at the 3 and 6-month follow-up in both physical and functional domains as well as in total QOL.

A strong positive correlation was found between physical and functional QOL. [13]

Hence to improve the Health related quality of life of CVA patients need adequate and long term nursing care. To provide continue care at home and prevent the complication, caregivers playing important role. So caregivers should be knowledgeable regarding care of Cerebrovascular accident patients.

CONCLUSION

The study aims that to assess the Health related Quality of Life of CVA patients. The study comprises 100 Cerebrovascular accident patients. Non probability convenient sampling technique was used for present study. Stroke Impact Scale Version 3, a standardized research tool was used for data collection. The results show that the most 21% of the Cerebrovascular accident patients was having poor HRQOL and 79% of CVA patients were having average HRQOL. Mean score of HRQOL of CVA patients was 82.77. There was no significant association found with selected demographic variable except age among Cerebrovascular accident patients. There is need for the education of patient as well as their caregivers on care of Cerebrovascular accident patients.

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