



(REVIEW ARTICLE)



Review paper on the evaluation of patient's health-related quality of life who have non-communicable disorders

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GSC Advanced Research and Reviews, 2023, 15(02), 121-123

Publication history: Received on 13 April 2023; revised on 25 May 2023; accepted on 27 May 2023

Article DOI: <https://doi.org/10.30574/gscarr.2023.15.2.0154>

Abstract

Lower health-related quality of life (HRQoL) is correlated with non-communicable diseases (NCDs). However, there needs to be more research regarding the illnesses and predictions that substantially influence patients' HRQoL and the nuanced interaction between comorbidities and HRQoL. In conclusion, this study demonstrates that treating insomnia, co-occurring mental disorders, and alcohol use may enhance the quality of life (QoL) of people with chronic medical conditions. Age, gender, educational level, location, illness duration, alcohol usage, CMD, and sleeplessness all substantially impacted QoL.

Keywords: Non-communicable disorders; Predictors; Quality of life

1. Introduction

Over 15 million people between the ages of 30 and 69 die from non-communicable diseases (NCDs) yearly in low- and middle-income countries. Out of these, 85% are "premature" deaths that could have been avoided and happened before the age of 70. Furthermore, eliminating the common risk factors can save 80% of fatalities from cardiovascular disease, diabetes, 90% of deaths from chronic obstructive pulmonary disease, and more than two-thirds of deaths from cancer in underdeveloped nations. One in four fatalities before the age of 70 is attributed to one of the four major NCDs (heart and lung diseases, stroke, cancer, and diabetes), with 5.8 million deaths occurring annually in India alone. [1,2,3] Additionally, non-communicable diseases have been identified as a global issue that lowers the quality of life (QoL). Statistics demonstrate that non-communicable diseases once considered the province of industrialized countries and wealthy societies, are increasingly disproportionately burdening low- and middle-income nations. The contribution of NCDs to disability-adjusted life years (DALYs) in India increased significantly from 30% in 1990 to 55% in 2016, indicating an increasing disease burden. Over time, a multi-dimensional impression of an individual's physical and mental health is the foundation of health-related quality of life (HRQoL). It is a commonly used indicator of the burden of disease and involves a subjective evaluation of how a condition affects a person's physical, social, and emotional spheres of existence. Anxiety, awareness of diseases, control, and emotional disturbances substantially impact HRQoL; it may be a significant predictor of survival for patients with chronic health disorders. HRQoL is particularly essential for people with chronic health conditions. [4,5]

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2. Purpose

A significant portion of NCD-related morbidity and mortality research has been conducted up to this point, leaving a gap in our knowledge of the health-related quality of life affected by NCDs in the Western Rajasthan desert region. In this study, an effort was undertaken to compare the domains of people with non-communicable diseases that were least and most affected. The part of Role Limitations owing to Emotional Problems, Bodily Pain, and General Health earned the lowest mean total scores, despite more excellent scores being attained in Social Functioning and Mental Health. This indicated a restriction in daily activities due to illnesses-related problems that frequently result in incapacitation and incapacitating conditions. In all eight of the study's measured domains, women were shown to have lower perceptions of their quality of life than men. This observation is consistent with the findings of Pius et al., who discovered that most SF 36 component scores were significantly higher in men than in women, Agarwal et al., who provided evidence regarding poor health-seeking behavior in females (older widows) and its correlation with prevalence of communicable and non-communicable diseases in all States and Union Territories of India, and Samantha et al., who studied HRQoL of the oldest old. The domains of Role Physical and Bodily Pain also showed significant mean disparities between the sexes, which was in line with the findings of population-based research carried out by Montazeri et al. and Garrat and Stavem [6,7,8]. These findings point to the need for more active and thorough coverage of females in ongoing NCD control initiatives and a greater emphasis on reducing gaps in all areas that affect the quality of life, as Anjana et al. and Mohanty noted et al. The SF-36 health survey questions were directed at the participant's by asking if the diseases impacted the specified activities. For instance, "Do you feel exhausted owing to your lung disease?" or "Do you have to reduce the amount of time spent on work and other activities due to diabetes?" It is important to note that even the highest mean score (Social functioning-77.87%) indicated that the participants could only perform a portion of the efficient job they believed they could achieve if they were not afflicted with the condition. According to this study, men scored higher on average than women across all dimensions, with bodily pain, vitality, role physical health, and mental health having the highest statistical significance. The results of this study offer insight into the non-communicable illnesses' harshest and least detrimental effects on several aspects of daily living. Thus, it offers a chance to pay more attention to patients' overall health and mental discomfort rather than just treating their symptoms. The study's conclusions might be used as a starting point for additional community-based research with a broader geographic scope and generalizability. The study's findings also point to the necessity for more aggressive inclusion of women in ongoing national programs focusing on early screening and thorough follow-ups. To improve HRQoL in people with chronic conditions, it would be helpful to integrate NCD control programs with the National Mental Health Program and add components to deal with emotional discomfort [9,10,11].

3. Conclusion

Lower health-related quality of life (HRQoL) is correlated with non-communicable diseases (NCDs). However, there needs to be more research regarding the illnesses and predictions that substantially influence patients' HRQoL and the nuanced interaction between comorbidities and HRQoL. In conclusion, this study demonstrates that treating insomnia, co-occurring mental disorders, and alcohol use may enhance the quality of life (QOL) of people with chronic medical conditions. Age, gender, educational level, location, illness duration, alcohol usage, CMD, and sleeplessness all substantially impacted QOL.

Compliance with ethical standards

Acknowledgments

I'd want to thank and show gratitude to my mentor for encouraging and guiding me during the process of writing this post.

Disclosure of conflict of interest

There are no conflicts of interest declared by the authors.

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