

A Study to assess the Quality of Life and Coping Patterns of Patient's with Pulmonary Tuberculosis

Komal Yadav¹, Astha Ojha², Anjum Abbasi³, S P Subashini⁴

How to cite this article:

Komal Yadav, Astha Ojha, Anjum Abbasi, et. al./A Study to Assess the Quality of Life and coping Patterns of Patient's with Pulmonary Tuberculosis/J Microbiol Relat Res. 2022;8(2): 51-54.

Abstract

Introduction: One review aimed to assess personal satisfaction and methods of dealing with particularly difficult times in patients with chronic pulmonary tuberculosis.

Methodology: The research approach taken for the study was an intriguing approach, as the researcher had planned to evaluate. An informative study design was chosen as the research design for the current review.

Results: Personal satisfaction in patients affected by chronic disease has emerged as an empowering tool and is even considered the best tool for assessing response to therapy and clinical consideration.

Conclusion: The present review aimed to assess personal satisfaction and therapies or ways of coping with the burden and ongoing condition of tuberculosis among patients living in a selected local area.

Keywords: Tuberculosis; Evolution; Quality of Life; RNTCP; Respiratory; chronic; Nutrition; Treatment outcome; Directly Observed treatment; Anti-TB drugs; Psychological distress; Counseling.

INTRODUCTION

Breathing problems are inevitable. Respiratory problems are shifting from simple illnesses

like common cold and rhinitis to serious illnesses like aspiration tuberculosis, pneumonia, severe respiratory diseases and some more.¹

Tuberculosis is a stubborn, irresistible disease caused by tubercle bacilli (*Mycobacterium tuberculosis*). The bacillus was distinguished and illustrated on March 24, 1882 by Robert Koch, who received the Nobel Prize for this discovery. The disease primarily affects the lungs and causes aspiration tuberculosis. It can also affect the digestive tract, meninges, bones and joints, skin, and various tissues in the body. When the microbes are in the lungs, they multiply and cause an aggravation that stimulates neutrophils and macrophages to move to

Authors Affiliation: ¹2B.Sc. Nursing 2nd Year Student, ³Assistant Professor, ⁴Dean, Department of B.Sc. Nursing, School of Nursing, Galgotias University, Greater Noida 201306, Uttar Pradesh, India.

Corresponding Author: Anjum Abbasi, Assistant Professor, Department of B.Sc. Nursing, School of Nursing, Galgotias University, Greater Noida 201306, Uttar Pradesh, India.

E-mail: anjum.abbasi@galgotiasuniversity.edu.in

Received on: 17.05.2022

Accepted on: 20.06.2022

the area and overwhelm the microscopic organisms to prevent their spread. If the insensitive system is not impeded, the microbes will remain lethargic forever, but weakened insensitivity could allow the micro-organisms to enter the blood and lymph and contaminate other organs.²

The Revised National Tuberculosis Control Program (RNTCP) devotes significant attention to the diagnosis and treatment of diseases in which DOTS is implicated.

Drug safe tuberculosis has recently become an intense topic. Multidrug safe tuberculosis (MDR-TB), a nod to life forms that are essentially immune to drug safe TB, has become an intense topic of late. Multidrug safe tuberculosis (MDR-TB) alludes to life forms that are insensitive to something like two first line drugs. Drug safe tuberculosis has recently become an intense topic. Multidrug safe tuberculosis (MDR-TB) alludes to organic entities impervious to about two of the first line drugs, INH and rifampin, and more recently (incredibly) drug-safe tuberculosis.¹

The impact of a disease, particularly a chronic disease such as tuberculosis an individual patient is often The Revised National Tuberculosis Control Program RNTCP devotes impressive care to identifying and treating diseases with DOTS. Drug safe tuberculosis has recently become an intense topic. Multi-drug safe tuberculosis (MDR-TB), alluding to life forms that are at least resilient to drug safe TB, has become an intense topic of late. Multidrug safe tuberculosis (MDR-TB) alludes to organic substances that are insensitive to no less than two of the most important drugs. Drug safe TB has recently become an intense topic. Multi pdrug safe tuberculosis (MDR-TB) alludes to beings immune to something like two of the most important drugs, INH and rifampin, especially recently widespread (very) drug safe tuberculosis. The effects of an illness, especially a long term illness such as tuberculosis, on the individual patient are therefore regularly extensive and affect not only his psychological, financial and social well being, but also his actual well being.¹

Kaplan and Bush propose using the phrase "Wellbeing Related Quality of Life" HRQoL to recognize the impact on well being from various elements affecting a subject's insights (e.g. environmental factors or job performance), and a complicated one, multifaceted development. all-encompassing and affects not only his/her physical health but also his/her mental, economic and social well being.

Kaplan and Bush propose to use the term health-related quality of life (HRQoL) to distinguish health outcomes from other factors affecting a person's cognition (such as environmental factors or job satisfaction) and constitute a complex, multi-dimensional construct.³

HRQoL involves assessing a person's view of their physical and emotional well being. Problems, both physical and psychological, are normal in TB patients and, given the limited ability to receive treatment, lead to unfortunate consequences of infection or unfortunate treatment outcomes. While medication alone can cure TB, living with this ongoing infection and its potential effects can be debilitating unless the HRQoL involves collecting a person's impression of their physical and psychological well being. Both physical and mental misery is normal in TB patients, leading to poor disease progression or poor treatment outcomes due to limited treatment options. While drugs alone can cure tuberculosis, unless the victim can develop great survival techniques, living with this ongoing disease and its potential effects can be debilitating.³ The World Health Organization defined quality of life as an individual's perception of his/her position in life within the cultural context and value system in how they live. Quality of life is also related to one's goals, hopes, standards, and concerns.⁶ In addition, it refers to an individual's assessment of his/her satisfaction and meaningfulness in living life.⁷

There are several factors that affect the quality of life of TB patients, including social support, medical factors, psychological factors, demographic factors, and educational and counseling programs.⁸ TB patients tend to have poor quality of life and a high risk of experiencing depression.⁹ Quality of life can also affect a TB patient's adherence to treatment.^{10,11} Previous studies on health relate quality of life of TB patients before 2008 indicated the two major domains of quality of life.¹² However, most studies were focused on the use of only one reported HRQOL. A detailed study was performed on impact of quality of life in TB patients based on a specific sub-group.¹³ Although, various standard instruments for HRQOL measurement are available¹⁴ but the reliability, validity and awareness of these instruments in public is still limited. This review described the present scenario of awareness and development for HRQOL measurements in the area of TB research. We aimed to evaluate the most frequently used HRQOL instrument(s) in the patients of TB to demonstrate the properties and general recovery patterns based upon the

Consensus Based Standards for the assortment of health status measurement instruments (COSMIN) checklist.¹⁵

NEED FOR THE STUDY

Tuberculosis causes an estimated 1.7 million deaths each year and the number of new cases worldwide (more than 9 million) is higher than at any time in history. 22 low and middle income countries account for more than 80% of active cases worldwide. Saharan Africa is disproportionately affected, accounting for four in five cases of HIV associated tuberculosis.²

A study was conducted in India to assess adjustment problems and coping mechanisms in patients with pulmonary tuberculosis. 50 consecutive patients with pulmonary tuberculosis were selected. The patients were interviewed with a questionnaire containing 36 closed and open questionnaires.

A review was conducted in India to assess the problems of change and survival strategies in patients with aspiration tuberculosis. Fifty continuous patients with pulmonary tuberculosis were selected. Patients were evaluated through a survey of 36 closed and open ended questions. The results showed that 66% of the patients were perplexed and thought their future was not bright, 60% were affected by the negative reaction of the relatives and their reduced status in the family, 38% of the patients were affected by a reduced working limit, 52% were affected by problems in everyday practice. The strategy for dealing with difficulties or stress that the patient uses, d. H.; Faith in God, family psychosocial support, and clinical consideration had not helped them to cope with their change challenges. Nonetheless, belief in God and clinical reasoning had helped them to cope with their problems with social change. The review assumed that the patient's intrinsic values, such as trust in God, helped build his spiritual strength despite the treatment. The really necessary psychosocial help from the family was essentially lacking in overcoming her change problems.⁵

METHODOLOGY

Research Approach: The research approach followed for this study was an intriguing approach as the investigator planned to evaluate. Personal satisfaction and methods of coping with stress in patients with persistent aspiration tuberculosis living in a selected region in Mangalore.

Research Design: The research design chosen for the current review was an insightful study design. With the objectives of the review in mind, a design was created to enable the agent to examine personal satisfaction and methods of dealing with particularly difficult times in patients with persistent pulmonary tuberculosis residing in a selected region in Mangalore.²

VARIABLES

Dependent Variable: A dependent variable is the effect of the activity of the independent variable and cannot exist alone. In the current review, the dependent variables are the personal satisfaction and survival methods of patients with persistent pulmonary tuberculosis.¹

Demographic Variable: In the current overview, demographic variables are age, orientation, religion, education, occupation, monthly family income, type of family, period of illness, family lineage, related illnesses, source of data.

Research Settings: The setting for the current review is the selected local region in Mangalore.

Population: In this overview, the population includes the patients with chronic pulmonary tuberculosis living in a selected local area in Mangalore.

Test: In the current review, the sample size was 60 patients with persistent pulmonary tuberculosis.

CONCLUSION

- The current review aimed to examine personal satisfaction and methods of coping with difficulty or stress in patients with persistent aspiration tuberculosis living in a selected area of Mangalore. The current review configuration was unmistakable.

The main objective of the review are

- Most of the patients with chronic aspiration tuberculosis were 48.3% between 35 and 44 years old.
- Most patients with persistent pulmonary tuberculosis, i. H. 45% of the examples were Muslim.
- Most of the patients persistent pulmonary tuberculosis, i. H. 41% of monthly family income is >800.³

REFERENCES

1. Koch R. Die Etiologic der Tuberculosis Berliner Klinische Wochenschrift 1882; 15:221-30.
2. Brunner, Siddhartha. Textbook of Medical-Surgical Nursing. 11th edition Volume 1. Lippincott Williams & Wilkins Publication; 2008. Williams & Wilkins Publication; 2008.
3. General J Tortore, Sandra Reynolds Grabowski. Principles of anatomy and physiology. 10th ed. United States of America: John Wiley's sons and publications; 2003.
4. Daniel TM. The history of tuberculosis. Respiratory Med [serial online]. 2006 [cited 2017 Jan 23]; 100: 1862-1870. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/16949809>.
5. Park K. Essentials of community health nursing. 4th ed. Jabalpur: Banarsi Das bhanot publishers; 2004.
6. WHO. WHOQOL user manual. L [Internet]; 2012. Available from: http://apps.who.int/iris/bitstream/handle/10665/77932/WHO_HIS_HSI_Rev.2012.03_protect_LY1_extunder_score_eng.pdf;jsessionid=6BC7AC984CA0F8801C86C8296D9D4B2A?sequence=1%0Ahttp://www.springerreference.com/index/doi/10.1007/SpringerReference_28001.
7. Sarafino EP, Smith TW. Health Psychology Biopsychosocial Interaction. New York: John Wiley & Sons, Inc; 2011. [Google Scholar].
8. Kakhki AD, Masjedi MR. Factors associated with health-related quality of life in tuberculosis patients referred to the national research institute of tuberculosis and lung disease in Tehran. Tuberc Respires Dis (Seoul). 2015;78(4):309-314. Doi: 10.4046/trd.2015.78.4.309 [PMC free article] [PubMed] [Google Scholar].
9. Jaber AAS, Khan AH, Sulaiman SAS, Ahmad N, Anaam MS, Hasnain SE. Evaluation of health-related quality of life among tuberculosis patients in two cities in Yemen. PLoS One. 2016; 11(6): 1-19. Doi: 10.1371/journal.pone.0156258 [PMC free article] [PubMed] [CrossRef] [Google Scholar].
10. Mohammed S, Nagla S, Morten S, Asma E, Arja A. Illness perceptions and quality of life among tuberculosis patients in gezira, sudan. Afr Health Sci. 2015; 15(2):385-393. Doi: 10.4314/ahs.v15i2.11 [PMC free article] [PubMed] [CrossRef] [Google Scholar].
11. Kastien-Hilka T, Abulfathi A, Rosenkranz B, Bennett B, Schwenkglenks M, Sinanovic E. Health-related quality of life and its association with medication adherence in active pulmonary tuberculosis- a systematic review of global literature with focus on South Africa. Health Qual Life Outcomes. 2016;14. [PMC free article] [PubMed] [Google Scholar].
12. Guo N, Marra CA, Marra F, Moadebi S, Elwood RK, et al. (2008) Health state utilities in latent and active tuberculosis. Value Health 11:1154-1161.
13. Bauer M, Leavens A, Schwartzman K (2013) A systematic review and meta-analysis of the impact of tuberculosis on health-related quality of life. Qual Life Res 22: 2213-2235.
14. Euro Qol (1990) A new facility for the measurement of health related quality of life. The EuroQol Group health Policy 16:199-208.
15. Mokkink L, Terwee C, Patrick D, Alonso J, Stratford PW, et al. (2010) The COSMIN checklist for assessing the methodological quality of studies on properties of health status measurement instruments: an international Delphi study. Qual Life Res 19:539-549.

