"QUALITY OF LIFE AMONG STROKE SURVIVORS"

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Abstract:

Introduction: Stroke is the leading cause of death globally. Majority of the stroke survivors are disabled and leads shows impact on Quality of Life (QOL). Understanding the QOL is crucial effective intervention and prevention.

Aim: To assess the Quality of Life among stroke survivors

Methods & Materials: A cross sectional descriptive design was used to assess the Quality of Life among 100 stroke survivors at Neuro OPD Apollo Hospitals, Telangana. The study participants were selected based on purposive sampling technique. The data was collected by using modified five point Stroke Specific Quality of Life scale (SS-QOL) through self-administration method.

Results and Findings: The results shows that out of 100 study participants 61% had good QOL, 37% had moderate QOL and 2% had poor QOL. Demographic variables such as Educational status and monthly income shows the significance at P<0.05.

Conclusion: It is understood that majority of single lobe affected stroke survivors has good QOL and recommending that same kind of study can perform in multiple lobes affected patients for better understanding of QOL among stroke survivors.

Index Terms–Stroke Survivors, Quality of Life

I. INTRODUCTION

Brain is the boss of our body which controls movements, stores memories, and is the source of thoughts, emotions, and language. It also performs many other functions of the body, like breathing and digestion. To work properly, brain needs oxygen. Arteries deliver oxygen-rich blood to all parts of brain. In case of any blockage to the flow of blood, brain cells start to die within minutes, because they can't get oxygen and this causes a stroke

Stroke is the second commonest cause of death in India. About 1, 85,000 strokes occur every year in India with nearly one stroke every 40 seconds and one stroke death every 4 minutes. According to the Global Burden of Disease (GBD) study, India accounts for a substantial share of the global stroke burden, with 68.6% of stroke incidence, 70.9% of stroke-related deaths, and 77.7% of disability-adjusted life years (DALYs) lost

Quality of life (QOL) could be defined as an individual's satisfaction with his or her life dimensions comparing with his or her ideal life. Quality of life is a broad multidimensional, physiological, social and spiritual aspects of life. It is the overall well-being and satisfaction of an individual in various aspects of life. The assessment of quality of life among patients plays a critical role in developing more comprehensive interventions aimed at improving well-being and enhancing rehabilitative services. A thorough QOL assessment can identify areas that need targeted support and help improve the overall life experience of individuals facing health challenges. Which can be assessed among stroke survivors with 12 domains such as mobility, energy, upper extremity function, work/productivity, mood, self-care, social roles, family roles, vision language, thinking, and personality

Measuring quality of life in stroke survivors is essential to understand the full impact of stroke, guide rehabilitation, improve patient centered care, and enhance long-term outcomes. Therefore the investigator intended to assess quality of life among stroke survivors

II. OBJECTIVES OF THE STUDY

1. To assess the quality of life among stroke survivors

2. To find the association between quality of life with selected demographic variables.

III. METHODS AND MATERIALS

Research Approach –Quantitative Approach

Research Design – Cross Sectional Descriptive Research Design

Targeted Population –Stroke Survivors

Accessible Population- Stroke Survivors, Neuro OPD at Apollo Hospitals, Hyderabad

Setting –Apollo Hospitals, Jubilee Hills, Hyderabad

Sampling Technique –Purposive Sampling Technique.

Sampling Size-100 Post stroke survivors Patients

Sampling criteria

Inclusion criteria:

> ➢ Participants aged 30 years and above.

> ➢ Diagnosed with stroke within the last 6 months.

> ➢ Attending follow-up visits at the Outpatient Department of Neurology, Apollo Hospital.

> ➢ Presence of single brain lesion affecting only one hemisphere.

Exclusion criteria:

> ➢ Patients who are affected with multiple lesions on both sides of brain.

> ➢ Patients who are not able to communicate.

> ➢ Patients who didn't give consent for participation in the study.

Tool Description - The tool consists of two sections:

Section A:Demographic variables: Age, Gender, Occupation, Educational qualification, History of Co-morbidity, BMI, Marital status, Type of family, Monthly income status, Sub type of stroke, Lobe of brain affected during the onset of stroke, Personal habits and Method of treatment primarily received on set of stroke,

Section B: Stroke Specific Quality of Life Scale questionnaire: It is a 5 point Likert scale. There are 12 domains with 48 questions with the total score of 245. Tool consist 12 domains such as Mobility, Energy, Upper extremity function, Work/productivity, Mood, Self-care, Social roles, Family roles, Vision Language, Thinking, Personality

Score Interpretation

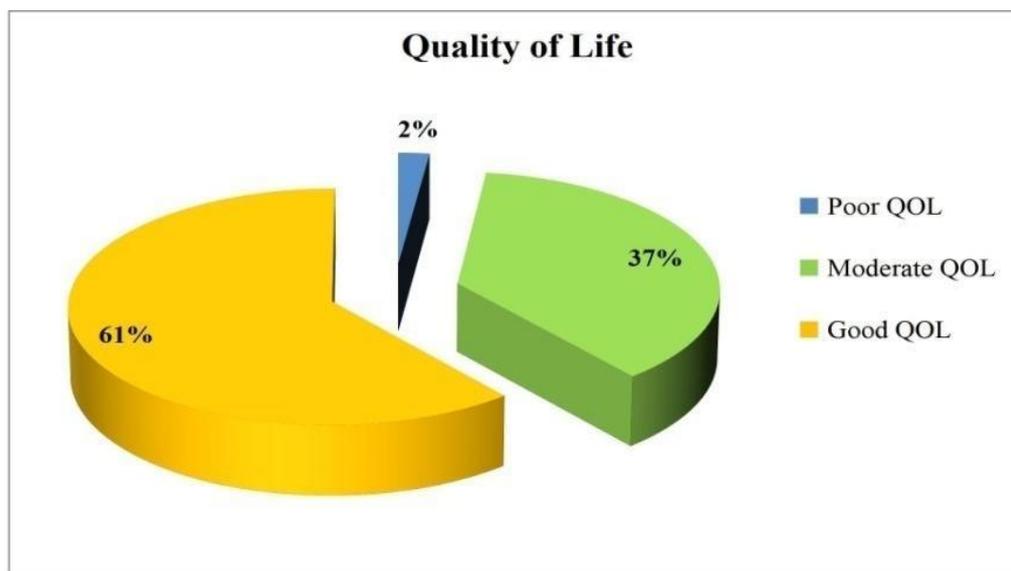| Scoring	Interpretation
245 to 163	Good Quality of Life
162 to 80	Moderate Quality of Life
Less than 80	Poor Quality of Life

Procedure for Data Collection

Formal permission was obtained from the hospital authorities prior to data collection. A total of 100 participants who met the inclusion criteria were selected using a purposive sampling technique. The purpose of the study was explained to all participants, and written informed consent was obtained. Data were collected using a self-administered stroke specific Quality of Life (SS-QOL) scale. On average, data were collected from 15 participants per day over a period of 10 consecutive days.

IV. ANALYSIS AND INTERPRETATION

Objective 1. To assess the quality of life among stroke survivors

Section-A: Percentage distribution of study participants according to QOL level

Figure4.1: Percentage distribution of sample according to QOL level

The above pie graph depicts that the majority of the study participants, 61% had good Quality of Life (QOL), 37% had moderate QOL, and only 2 % of the participants had poor QOL.

Objective 2: To find the association between quality of life with selected demographic variable

Section B: Association between quality of life with selected demographic variable

Table 4.1 Chi square test to associate between QOL with selected demographic variables

n= 100

S.No	Demographic Variables	Chi square	df	Table values	Significance
1.	Age	6.7	6	12.5	NS
2.	Gender	5.7	2	5.9	NS
3	Occupation	5.5	8	15.5	NS
4	Education	29.9	8	15.5	S*
5	History of Co morbidities	7.5	6	12.5	NS
6	BMI	4.4	6	12.5	NS

7	Marital status	7.7	6	12.5	NS
8	Type of family	0.8	2	5.9	NS
9	Monthly income status (in rupees)	32.7	6	12.5	S*
10	Subtype of stroke	0.6	2	5.9	NS
11	Lobe of brain affected during the onset of stroke	7.4	6	12.5	NS
12	Personal habits	6.8	6	12.5	NS
13	Method of treatment primarily received on onset of stroke	0.8	4	9.4	NS

The above table depicts that association between Quality of Life with selected demographic variables among stroke survivors. There was a significant association found between the variables of educational status and monthly income at P<0.05. Hence, H1 is retained only for the variables of educational status and monthly income

CONCLUSION

The present study aimed to determine the quality of life (QOL) among stroke survivors. Among the 100 study participants, the majority, 61% had good QOL, 37% had moderate QOL, and 2% had poor QOL. The findings indicate that stroke survivors with single lobe involvement generally exhibit a better quality of life. The study recommends that similar research be conducted among patients with multiple lobe involvement to gain a more comprehensive understanding of QOL among stroke survivors. Furthermore, Educational status and monthly income showed a statistically significant association with QOL at P<0.05.

RECOMMENDATIONS

1. A qualitative study can be done to assess the perceptions of stroke survivors on Quality of life
2. An exploratory study can be conducted among stroke survivors with multiple lesions
3. A similar study can be conducted on a larger sample for wider generalization.

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