A DESCRIPTIVE STUDY ON QUALITY OF LIFE OF PATIENT WITH ANGIOPLASTY SELECTED HOSPITAL BANGALORE.

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PROBLEM STATEMENT

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ABSTRACT

Cardiovascular disorder is a integration of illness condition where mostly influencing heart and blood vessels, it may require one or more parts of the heart and blood vessels. Sick person with cardiovascular condition can be indicative or may be symptomless. In globally cardiovascular condition is the major reason of death. There are different types of cardiovascular diseases which comprise arrythmia, valve disease, heart failure and coronary artery disease etc. Coronary artery disease is one of the most important health problems among all other diseases. Coronary artery disease includes blockages in the blood vessels of heart. Angioplasty is a procedure to relieve the blockage of the coronary artery.

Key words- Arrythmia, Coronary artery disease, valve disease, Heart failure.

INTRODUCTION

Cardiovascular diseases have generally remained the supreme reason of death globally and substantially give rise to loss of health and high health system costs. According to Global Burden of Diseases found that among all other cardiovascular condition is the chief cause of death globally, regionally, and across the country. Cardiovascular disease grade ninth between 22 types of sicknesses that percentage in death. Lifestyle-related health behaviours such as physical slowness, harmful eating, hazardous alcohol use and smoking have been shown to contribute to the development of CVD.

One person dies every thirty-three seconds from cardiovascular disease. In 2022, 702,880 patients died from heart disease. That's the identical of 1 in every patient5 deaths. Heart disease price about \$252.2 billion from 2019 to 2020. This comprises the price of health care, medicines, and decrease productivity because of death. Coronary heart disease is the almost common type of heart condition and because of this 371,506 people in 2022.

Around 1 in 20 grown-up 20 and mature have coronary artery disease, about 5%. In 2022, over 1 out of each 5 deaths from cardiovascular diseases was among persons youthful than 65 years aged. Heart condition is the chief reason of death for individuals of most racial groups and ethnic groups in the United States. These include African, Hispanic, American Indian, Alaska Native, and White men.

For female from the Pacific Islands and Asian American, American Indian, Alaska Native, and Hispanic women, heart condition is 2 only to cancer. Below are the percentages (%) of every death caused by heart disease in 2021, listed by ethnicity, race, and gender.

Patients with history of cardio vascular diseases may experience many physical and psychic symptoms such as fatigue, oedema, and difficulties in sleeping that decrease their physical activities and social activities which may result in poor quality of life. Mortality is directly associated with poor quality of life as directed by hospitalization therefore people with history of cardio vascular diseases should be assessed appropriately to determine its impact on patients' daily lives.

Lifestyle modification is essential for the secondary prevention of cardio vascular diseases . Secondary prevention includes those preventive measures that lead to early diagnosis and prompt treatment of a disease. Recommended lifestyle changes for cardio vascular diseases secondary prevention can include starting and maintaining regular exercise, eating a heart-healthy diet, stopping smoking, adhering to prescribed medication regimens and attending medical appointments. Adhering to recommended lifestyle changes through the self-management of health behaviours is associated with a lower risk of recurrent, adverse cardiovascular-related events and reduced hospital admissions.

OBJECTIVES

- 1. To assess the demographic data of the patient with angioplasty.
- 2. To examine the quality of life in older people with coronary angioplasty.

MATERIALS AND METHODS

The sample size for this study was 50 patients with coronary angioplasty. Convenient sampling method was used for this study. Inclusion criteria were patient available during the period of data collection, patient with coronary angioplasty both type balloon angioplasty and stent placement. Exclusion criteria include patient not present during data collection, patient with critical condition. Descriptive statistic was used to evaluate the study data collected from the patient. Study was conducted in selected hospital, Bangalore. To evaluate the quality of life of the patient with coronary angioplasty WHOQOL questionaries was used. Questionaries includes 10 questions with 5 rating points that is Not at all which carries 1 point, A little which carries 2-point, A moderate amount which carries 3 points, very much carries 4 points, and an extreme amount which carries 5 points.

RESEARCH DESIGN

Descriptive study design was conducted on coronary artery disease patient with coronary angioplasty. The study was conducted on cardiac patients with coronary artery disease and has undergone coronary angioplasty procedure. Study data was collected from different hospitals, Bangalore with the help of google form.

RESULT

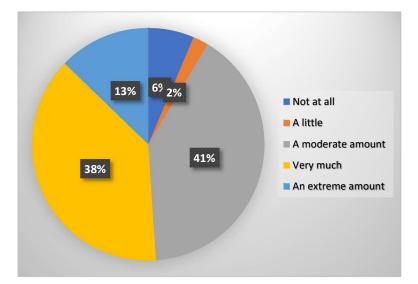
SL	VARIABLES	FREQUENCY	PERCENTAGE
NO.			
1.	Sex		
	• Male	35	70%
	• Female	15	30%
2.	Age in years		
	• 30-40	12	24%
	• 40-50	27	54%
	• 50-60	11	22%
3.	Religion		
	• Hindu	39	78%
	Muslim	6	12%
	Christian	5	10%
4.	Education		
	• Illiterate	2	4%
	• Undergraduate	16	32%
	• Graduate	19	38%
	• Postgraduate	13	26%
5.	Types of Angioplasty		
	Balloon Angioplasty	18	36%
	Stent Placement	32	64%
isv6.	Occupation		
	• Private	16	32%
	• Government	20	40%
	Business	14	28%

Table 1: Demographic Variables.

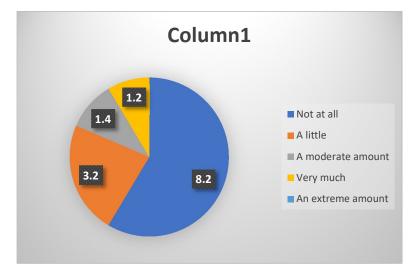
Above mentioned table Shows the majority of the candidate 70% is male, 54% patients is from 40 to 50 yrs of age group, 78% of patient was Hindu, if we are describing education level of the patient it showing equal distribution like 4% was illiterate, 32% was undergraduate, 38% was graduate and 26% was postgraduate. When we are checking the types of angioplasty Majority of the patient 64 % has undergone stand placement and 36% Of patient has undergone balloon angioplasty. Occupation wise 40% patient was doing government job 32% patient was doing private job and 28% was doing business.

WHOQOL Questionaries for Angioplasty patients.

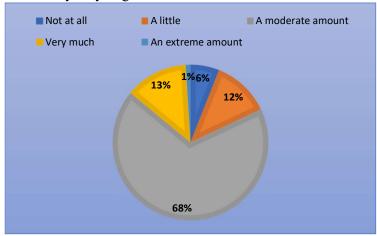
1. How difficult is it for you to handle any pain or discomfort?



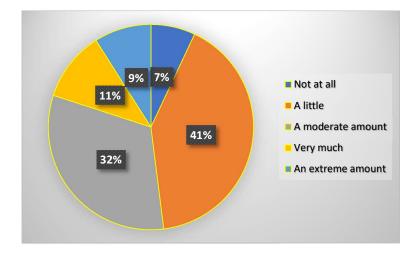
2. To what extent do you feel that (physical) pain prevents you from doing what you need to do?



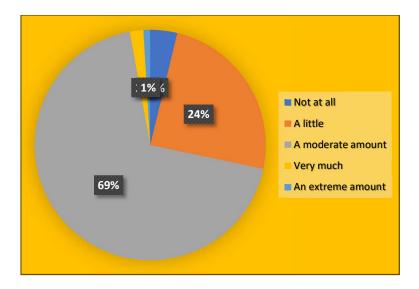
3. How easily do you get tired?



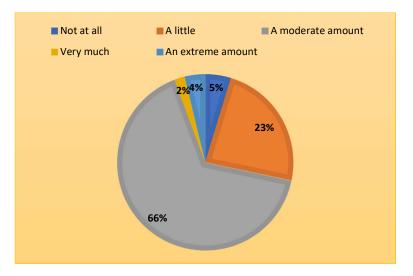
4. How much are you bothered by fatigue?



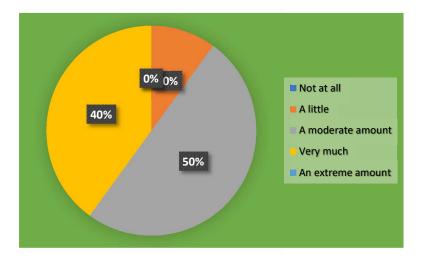
5. Do you have any difficulties with sleeping?



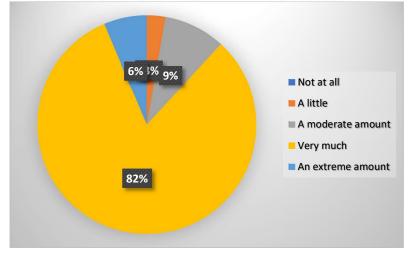
6. How much do any sleep problems worry you?



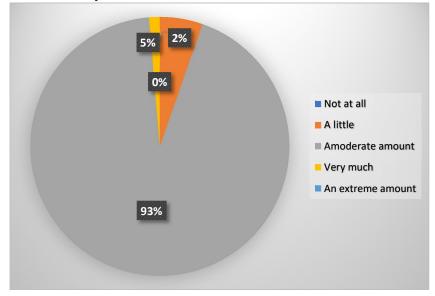
7. How much do you enjoy life?



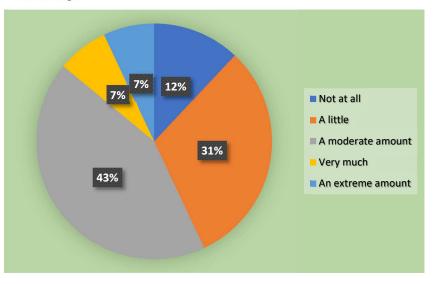
8. How much do you experience positive feelings in your life?



9. How well are you able to concentrate?



10. How much do any feelings of sadness or depression interfere with your everyday functioning?



Above mentioned graph is presenting the quality of the life of the patient with angioplasty with different aspects. In question one difficult to handle pain found 41% was moderately disturb and 38% were very much disturb, for daily physical activity intolerance because of pain 40% was moderate, 32% was moderate and only 15% was very much effected.

After the procedure majority of the patient 68% was getting tired, 12% getting little tired and 13% was getting very much tired. 41% patient were bothered by fatigue, 32% patients were moderately fatigue and 11% patients were very much fatigue.

In difficulties with sleeping 69% patient were moderate problem with sleep and 24% patients were having little difficulty with sleep. Among those patients 66% were moderately worried about sleep disturbances and 23% were little worried about sleep disturbances. 50% of the patients were moderately enjoying life and 40% patients were enjoying life very much.

Among all the students 82% were having positive feelings in life and 9% were moderately positive feeling in life. 93% patients were able to concentrate, 43% were feeling depression and 31% were feeling little sadness or depression.

DISCUSSION

On the basis of study out come men were more effected with cardiac condition compare to the women. Middle age group 40-50 years were more undergoing angioplasty compare to any other age group. Hindu patients were more according to the study outcome. On the basis of education out come all are equally suffering with the coronary artery disease, compare to private job holder or business government job holder are more suffering with the coronary artery disease and undergoing angioplasty.

There are two types of angioplasty ballon angioplasty and stent placement. Stent placement procedure is found more compare to ballon angioplasty.

When we showed the quality of life of the patient undergone angioplasty it's revel that the majority of the patient is moderately healthy and there is very less patient suffering very severely because of angioplasty procedure.

CONCLUSION

End of the study we can conclude that the quality of the life of the patient with angioplasty is moderately good and angioplasty is not severely affecting the patient's life. So, we can say that angioplasty is one of the best treatments for the coronary disease patient with less suffering.

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REFERENCE

- 1. Prabhakaran D, Jeemon P, Roy A. Cardiovascular diseases in India: Current epidemiology and future directions. Circulation. 2016; 133:1605–20.
- Fatima K, Yousuf-Ul-Islam M, Ansari M, Bawany FI, Khan MS, Khetpal A, et al. Comparison of the postprocedural quality of life between coronary artery bypass graft surgery and percutaneous coronary intervention: A systematic review. Cardiol Res Pract. 2016; 2016:7842514.
- Chaudhury S, Srivastava K. Relation of depression, anxiety, and quality of life with outcome after percutaneous transluminal coronary angioplasty. ScientificWorldJournal. 2013; 2013:465979. doi: 10.1155/2013/465979.
- 4. The World Health Organization Quality of Life Assessment (WHOQOL): Development and general psychometric properties. Soc Sci Med. 1998; 46:1569–85.
- 5. Dunning J, Waller JR, Smith B, Pitts S, Kendall SW, Khan K. Coronary artery bypass grafting is associated with excellent long-term survival and quality of life: A prospective cohort study. Ann Thorac Surg. 2008; 85:1988–93.
- Kattainen E, Meriläinen P, Sintonen H. Sense of coherence and health-related quality of life among patients undergoing coronary artery bypass grafting or angioplasty. Eur J Cardiovasc Nurs. 2006; 5:21–30.
- Favarato ME, Hueb W, Boden WE, Lopes N, Nogueira CR, Takiuti M, et al. Quality of life in patients with symptomatic multivessel coronary artery disease: A comparative post hoc analysis of medical, angioplasty or surgical strategies-MASS II trial. Int J Cardiol. 2007; 116:364–70.
- Cohen DJ, Van Hout B, Serruys PW, Mohr FW, Macaya C, den Heijer P, et al. Quality of life after PCI with drug-eluting stents or coronary-artery bypass surgery. N Engl J Med. 2011; 364:1016–26.