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Selected clinical and psychological factors and quality of life in patients with COPD

The doctorate dwells on the topic of the quality of life and psychological variables in COPD patients. The research on this subject was instigated by the growing number of COPD cases in Poland. A relatively low number of COPD-related papers deals with the relationship between psychological variables and the quality of patients' lives; what is more, the available reports are oftentimes contradictory.

The objective of this study was to evaluate the quality of life of COPD patients in the context of the clinical factors (disease severity) as well as psychological factors (the perception of the illness, levels of acceptance and stress, stress-coping strategies, emotional control).

An additional objective of the study was to compare the aforementioned factors in two study groups: Group I – patients with FEV1 > 50% of predicted value; Group II – patients with FEV1 < 50% of predicted value, as well as to identify the important sociodemographic correlations.

The study was conducted using the following questionnaires: a preliminary demographic data survey, CAT quality of life test, brief illness perception questionnaire (B-IPQ), approval of illness scale (AIS), Mini-COPE inventory to study the stress-coping strategies and Courtauld Emotional Control Scale (CECS).

The study was conducted in 240 patients at 4 treatment centers, namely the University Clinical Center in Gdańsk, Specialist Hospital in Chojnice, Specialist Hospital in Prabuty, and Specialist Hospital in Wejherowo. The largest subgroup consisted of patients above the age of 60

(65.7%). With regard to the educational status, the largest percentage of patients had completed primary education only (34.1%), while the lowest percentage of patients had completed higher education or better (4.1%). In terms of the sites of residence, the largest percentage of patients dwelt in small towns of less than 50,000 inhabitants (45%); also numerous were the inhabitants of rural areas (36%).

As shown by the obtained results, COPD is associated with a low quality of life of patients. Patients from Group I reported relatively better quality of life as compared to patients from Group II. No relationships were observed between gender and the quality of life. On the other hand, age and educational status were demonstrated to be the factors of importance. The perception of the disease in Group I patients was more positive than in Group II patients. The emotional status of Group II patients was significantly worse than that of Group I patients. Negative perceptions associated with COPD increased along with the quality of life being worsened. The acceptance of the disease among the patients was at the average level. However, differences were observed between the study groups. The acceptance of the disease slumped along with deterioration of the quality of life. Group II patients were characterized by a significantly higher level of stress as compared to Group I. A higher level of stress was observed in Group II females. The reduction in the quality of life was associated with the increasing level of stress as well as the increasingly negative perception of illness and lower acceptance levels. Group I patients were more likely to use active stress-coping strategies while Group II patients preferred the avoidance strategies. In difficult situations, females were more likely to turn towards religion and spirituality while males were more prone to use psychoactive substances such as alcohol. No difference was observed between the groups in terms of emotional control levels. Women were more likely to suppress negative emotions. The quality of life is correlated

to the emotional control level. The stronger is the suppression of negative feelings, the worse is one's quality of life.

Psychologists and psychotherapists should play an important role in COPD patient management teams.