



## International Journal of Medicine and Health Profession Research

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### A STUDY TO DETERMINE THE PSYCHOLOGICAL WELL-BEING AMONG PATIENTS WITH BRONCHIAL ASTHMA

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#### ABSTRACT

Despite the regular treatment with medication, a significant proportion of patients does not respond to this treatment. Hence this review was aimed to explore the psychological well-being associated to the unsuccessful fulfilment of asthma control, especially in patients suffering by severe asthma. Evidences are now available to link between asthma and its severity, some psychological aspects (subjective perception, coping style) and mental health. Taking into account this most probably bidirectional influence, mental symptoms and psychological aspects could lead to plan appropriate interventions to control asthma and improve the well-being. The study was conducted among 30 patients at Chest OPD, Sri Ramachandra Hospital. The findings revealed that 40% had severe level of psychological distress; 53% had moderate level of psychological distress and 7% of them had well form of psychological well-being. Hence further research with large sample size is needed to find out the link between psychological factors and sense of well-being.

#### KEYWORDS

Psychological well-being, Bronchial asthma and Sri Ramachandra Hospital.

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#### INTRODUCTION

The patients with asthma and co morbid psychiatric disorders have been reported to have poorer asthma control and higher healthcare utilization. Studies on near-fatal asthma have shown high levels of denial with a high index of psychiatric cases in these patients. Kolbe *et al*<sup>1</sup> reported that up to 56% of patients with severe asthma have severe anxiety and 19% have depression. The prevalence of depression, anxiety and emotional disorders in hospital clinic samples is higher than in controls. By contrast, in a

population sample. It is likely that different sampling frames account for the dissimilarity noted here. At the more severe end of the asthma spectrum, it appears that emotional disorders are common.

The impact of psychological distress associated with asthma is still unclear. Hospital admissions and re-admissions for asthma seem to be higher in patients with anxiety or pessimism. However, Afari *et al*<sup>2</sup> did not find anxiety and depression to be related to asthma severity in adults. On a population basis, it is unclear whether psychosocial distress exerts an impact on physical health in people with asthma.

#### **Statement of the Problem**<sup>3-12</sup>

A study to determine the level of psychological well-being among patients with bronchial asthma attending outpatient department of selected hospitals, Chennai.

#### **Objectives**

1. To determine the level of psychological wellbeing among asthmatics.
2. To associate the psychological wellbeing among patients with asthma with their selected demographic variables.

#### **METHODOLOGY**

30 patients with severe type of asthma were selected as the Sample. The settings of the study was Chest OPD of Sri Ramachandra Hospital. After obtaining the permission from HOD and ethical committee, informed consent was obtained from the samples and they were asked to fill in the items given to them in the Kessler psychological distress scale.

The tool consisted of 10 items which represents the 4 week period related to individual's autonomy, environmental mastery, personal growth, positive relations with others, purpose in life and self-acceptance. The descriptive statistics was used for the data analysis.

#### **TOOL**

##### **Kessler psychological distress scale (1-10)**

##### **Scoring and Interpretation**

Minimum of 10- maximum of 50 (1. None of the time; 2. A little of the time; 3. Some of the time; 4. Most of the time; 5. All of the time). The overall scoring is interpreted as well, mild to severe mental disorder.

**Data analysis**

**Table No.1: Frequency and percentage distribution of the patients with Bronchial asthma (N=30)**

S.No	Demographic Variables	Frequency	%
1	<b>Age(in years)</b>		
	a. 20-30	3	10
	b.31-40	12	40
	c.41-50	15	50
	d.51-60	-	-
2	<b>Gender</b>		
	a. Male	23	57
	b. Female	7	23
3	<b>Educational status</b>		
	a. No formal education	12	40
	b. Primary school	10	33
	c. High school	8	27
	d. Higher secondary	-	-
	e. Degree	-	-
4	<b>Residence</b>		
	a. Rural	12	40
	b. Urban	18	60
5	<b>Income (in Rs.) per month</b>		
	a. ≤ 5000	5	17
	b.5001- 10,000	15	50
	c.10,001-15,0000	6	20
	d. 15,001-20,000	3	10
	e. > 20,001	1	3
6	<b>Smoking habit</b>		
	a. Non smoker	18	60
	b. Cigarette smoker	07	23
	c. Bidi smoker	5	17
7	<b>Family history of asthma</b>		
	a. First degree relative	28	93
	b. No First degree relative	2	7
8	<b>Presence of co-morbid medical illness</b>		
	a. Diabetes mellitus	16	53
	b. Hypertension	8	27
	c. Cardiac disease	6	20

**Table No.2: Overall Mean and standard deviation of the patients with Bronchial asthma (N=30)**

S.No	Mean	Standard deviation
1	34	6.2

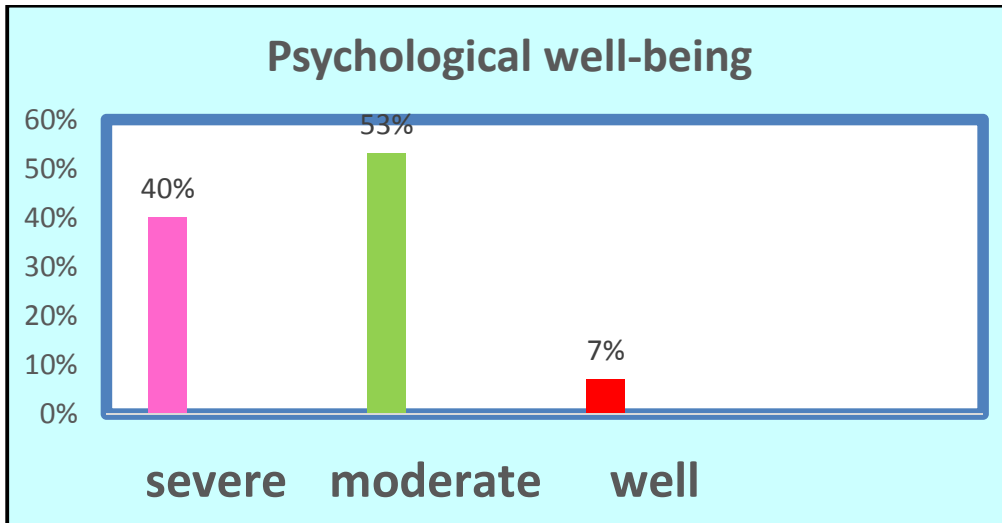


Figure No.1: Percentage distribution of psychological well-being of the patients with bronchial asthma (N=30)

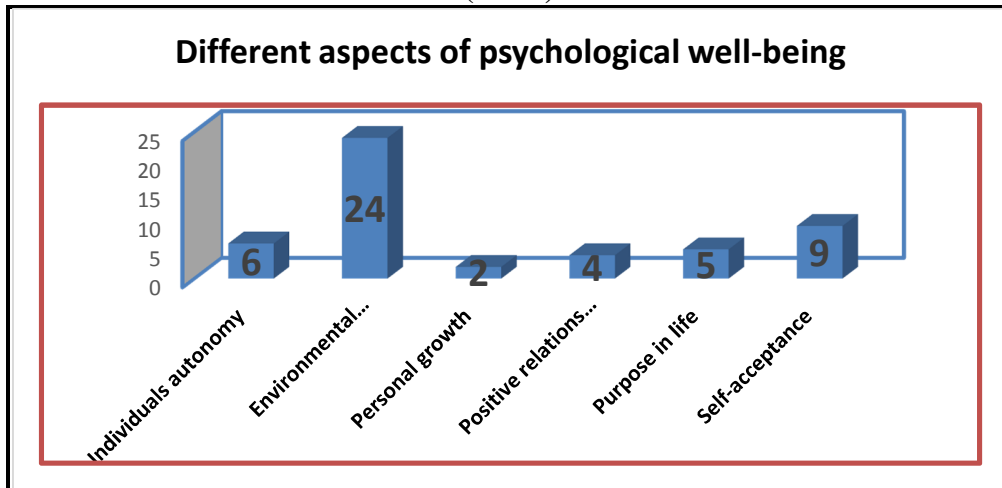


Figure No.2: Percentage distribution of the different aspects of psychological well-being of the patients with bronchial asthma (N=30)

### CONCLUSION

The study population demonstrated that 10% of them with mild mental disorder and 34% with moderate mental disorder 54% with severe form of mental disorder and only 2% of them are psychologically well. Hence the Nurses and other health care professional should be aware of the dangerous form of psychological illness among patients with chronic illness; which can be prevented by careful assessment and handling them in the sound environment. The study can be generalized with larger sample size.

### ACKNOWLEDGEMENT

The authors are sincerely thankful to Faculty of Nursing, Sri Ramachandra University, Chennai, Tamilnadu, India for providing the facilities to carry out this research work.

### CONFLICT OF INTEREST

We declare that we have no conflict of interest.

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**Please cite this article in press as:** M. Malarvizhi et al. A study to determine the psychological well-being among patients with bronchial asthma, *International Journal of Medicine and Health Profession Research*, 3(1), 2016,45-49.