The Quality of Life of Stroke Outpatients at Srinagarind Hospital

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Background: *Stroke, a disease of the cerebral blood vessels, is known as paralysis disease in Thailand and is a major public health problem. Stroke is a chronic disease with a lengthy development, leading to a paralytic state in which the patient faces obstacles doing his/her daily routine and needs to depend upon others. Expenses are for both in hospital treatment and homecare. A study on the quality of life of stroke outpatients was conducted in order to plan assistance to patients, both at the family and health service unit level. The present study represents the first of its kind performed at Srinagarind Hospital.*
Objective: *To study the quality of life of stroke outpatients at Srinagarind Hospital.*
Study Design: *Descriptive research.*
Material and Method: *A questionnaire was constructed by the researchers, the content and methodology of which was checked by experts. The first section collects personal information and the second the quality of life using the SF-36 rating scale, which has been used on many chronic patients in ten different countries and both the English and Thai versions who have undergone validity testing.*
Results: *The stroke outpatients were between 20 and 91 years of age (mean, 64 $\pm$ 12.8). Most (31.6%) were diagnosed with cerebral infarction, with a Modified Rankin Score of 1. Concurrent diseases included hypertension, dyslipidemia and diabetes, respectively. The quality of life was relatively good in all tested aspects. The highest scoring category was mental health and role emotional, which accounted for 69.5 and 68.0 percentage, respectively. The worst two categories reported were vitality and general health, both accounting for 60.0%, which had an impact on self esteem, exacerbated if the patients felt tired, exhausted and/or believed their lives were becoming worse.*
Conclusion: *The present study can be used to improve the management of stroke out-patient services. It is recommended that a healthcare team be set up at the hospital clinic to provide assistance for dealing with both feelings and emotions.*

Keywords: *SF-36, Quality of life, Stroke, Outpatient*

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Cerebral blood vessel disease or stroke[1,2], what the Thai people generally call paralysis disease, causes insensibility, weakness and/or loss of functionality of a limb or the whole body. Patients may become unconscious or even die. The disease can be found in all ages and in either sex; however, it is more prevalent among patients of over 45 years of age. The major risk factor causing this disease is having heart disease, diabetes, hypertension, dyslipidemia, or a smoking habit.

Stroke is a chronic disease requiring treatment at all stages, *i.e.*, from onset, through progression,

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emergence of complications, through to the bed-ridden stage. Once a person has developed this disease, chances are slim of a full recovery. The paralysis[3,4] leads to loss of ability to perform daily routines, loss of income and increased expenses (both for treatment at hospital and long-term care).

The 2004 Report On Health Surveillance in Thailand revealed 398,453 stroke patients, a death rate of 54 persons per day, an approximate expense for inpatients of 100,000 to 1,000,000 Baht per year, and the cost of total care for new patients of 30,000 million Baht per year. At Srinagarind Hospital[5] between 2004 and 2006, there were 3,514 patients receiving treatment at the Department of Medicine, for an average 97.61 persons per month or 28.75 persons per week.

Owing to the huge social and individual cost of stroke, the authors undertook a study on the quality of life of stroke outpatients at Srinagarind Hospital. The SF-36 questionnaire was used and the findings, it was hypothesized, would help with planning assistance for stroke patients: such a study has not before been conducted at Srinagarind Hospital.

Material and Method

Study design

Descriptive research[6,7].

Population

The sample group comprised 237 consecutive new and former stroke outpatients over 20 years of age who received treatment between January 1 and March 31, 2008 at Srinagarind Hospital. The patients volunteered (no remuneration) and provided written informed consent. The present study was approved by the Human Research Ethics Committee at Khon Kaen University, Thailand.

Research tool

A questionnaire, conducted through an interview, was the information gathering tool used. Section 1 gathered personal information and Section 2, the quality of life assessment form SF-36. The original SF-36 was developed in America in English and was translated into Thai and its validity tested by Leurmarnkul et al[8,9] in 2000. The SF-36[10-14] is one of several, general standardized questionnaires for measuring the quality of life. The SF-36 is short and simple (*i.e.*, 8 dimensions and 35 questions) but can be used to measure physical health, mental health as well as social functioning. The authors added an extra item to elicit reported health transition for a total of 36 questions. Two researchers, trained in interviewing and who had good understanding of the SF-36 survey form applied the questionnaire.

Data collection

Data collection began after approval was received from the Human Research Ethics Committee of Khon Kaen University (*i.e.*, September 21, 2007) and the proposal was awarded funding from the Faculty of Medicine Research Funds (November 29, 2007) and approval was given by the Director of Srinagarind Hospital. Patients (237) were interviewed when they attended the Neurological Clinic and Out-patient Department of the Department of Medicine between January 1 and March 31, 2008.

The interviews were conducted directly with the patients. In the event that a patient was unable to give reliable information, a close relative was interviewed. Each interview lasted about 15 to 20 minutes. The data were checked for completeness and the information recorded on a computer using the Stata 10.0.

Data analysis

Data analysis was done using descriptive statistics. Percentages, averages and standard deviations were calculated for the demographic data. The quality of life SF-36 survey form was analyzed using a two-stage scoring method. Stage 1: Items 1 to 36 were classified and coded, *i.e.*, the lowest score (poor quality of life) was 0 and the highest was 100. Stage 2: Items 1-36 were classified into 8 groups (dimensions), *viz.*: 1) ten items of physical functioning (PF); 2) four items of limited role because of physical problems (RP); 3) two items of bodily pain (BP); 4) five items of general health perception (GH); 5) four items of vitality and energy, or fatigue and discouragement (VT); 6) two items of emotional problems that interfere social functioning (SF); 7) three items of limited roles because of mental health problems (RE); and, 8) five items of mental health (MH) and one item of reported health transition (HT).

Results

Of the 237 respondents, 57.4% were males and 42.6% were females. The average age of respondents was 63.7 years. Most (70.5%) were married. The largest education achievement was primary level (39.8%), followed by a bachelor degree (26.1%). The majority (60%) were government or state enterprise employees, followed by farmers (11.4%). The average household

income was 23,924 Baht per month. Nearly all (98.0%) had had cerebral infarction. The severity of the disease of 31.9% of the patients was a Score of 1 on the Modified Ranking (*i.e.*, there was no significant disability despite symptoms). All had some other disease, *i.e.*, hypertension, dyslipidemia, and diabetes (Table 1).

Table 2 presents the results of the SF-36 quality of life assessment. The highest proportion of patients had problems in the dimension of vitality, energy or exhaustion and tiredness and perception of general health. Most patients felt best in the dimension of mental health followed by limited role because of mental health problems, *i.e.* during the past month they did not have many problems with their work or daily routines.

The holistic score values for quality of life of stroke patients in each dimension of the SF-36 is presented in Table 3. The slowest score was 60.0 in both the dimension of vitality and general health, possibly because they were tired and/or discouraged and felt their health was deteriorating. The best dimension reported was mental health, follower by role emotional: in terms of tranquility, comfort and not having problems working or doing daily routines over the last month.

A comparison of quality of life scores, as per the SF-36, are presented in Table 4. Compared with the study by Ronnachai et al[16], who studied psychiatric patients and patients with other physical diseases, it was found that the quality of life of stroke patients was better than Thai psychiatric patients in 7 aspects, but poorer than patients with other physical diseases in 6 aspects.

Table 5 presents the score values for quality of life of stroke patients in various dimensions according to the studies by Hobart et al conducted in England[17], Thumboo et al on English and Chinese-speaking stroke patients in Singapore[18] and the authors' at Srinagarind Hospital. The results reveal that the quality of life of stroke patients at Srinagarind Hospital was better than patients in England (in 5 aspects), but worse than English and Chinese-speaking stroke patients in Singapore (in all aspects).

Discussion

The sole focus of this research was stroke outpatients and it was found that the majority received timely treatment. The severity of disease ranged from no-symptoms to slight loss of physical ability; hence, the quality of life was relatively good in nearly all dimensions of the survey. When the results were compared to the study by Hobart et al, 2002, the quality of life of outpatients at Srinagarind Hospital was better in almost all aspects. By contrast, when compared to the study by Thumboo et al, 2002, all aspects of the quality of life for stroke patients from Srinagarind were lower. Further in-depth research should be performed for ways of addressing the various problems of stroke patients, together with personal factors affecting each dimension of their quality of life. For comparison, the quality of life of patients with other chronic diseases at Srinagarind Hospital should also be studied.

Conclusion

The sample population of stroke outpatients was between 20 and 91 years of age. Most (31.6%) were diagnosed as having had cerebral infarction with a Modified Ranking score of 1. The rank common concurrent diseases was hypertension, dyslipidemia and diabetes. The authors found that the quality of life was relatively good in all aspects of the survey: the best being mental health (69.5%), followed by role emotional (68.0%); the worst being for vitality, energy or fatigue and discouragement (60.0%) and perception of general health (60.0%).

Recommendations

The results of the present research study could lead to the organization of a service system for stroke outpatients. It is recommended that a healthcare team be assigned to assist patients regarding their emotional responses and that in-depth research be conducted on solutions to the problems identified in each dimension of the quality of life survey.

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Table 1. Demographic data of stroke patients

Information	Number (person)	Percentage
Sex		
Males	136	57.4
Females	101	42.6
Average age (standard deviation) (year)	63.7 (12.8)	
Median (lowest: highest) (year)	65.01 (20:91)	
Marital status		
Single	13	5.5
Married (living together)	167	70.5
Married (not living together)	3	1.3
Widowed	48	20.2
Divorced	6	2.5
Education level		
Never attending school	12	5.0
Attended primary	94	39.7
Secondary	12	5.0
High school	23	9.7
Certificate level	26	11.0
Bachelor degree	62	26.2
Master degree	8	3.4
Occupation		
Unemployed	99	41.8
Employed	138	58.2
Hired labor	9	6.5
Trading	12	8.7
Government or state enterprise	84	60.9
Agriculture	16	11.6
Personal business	6	4.3
Other (pensioner)	11	8.0
Household income per month (Baht)		
Average (standard deviation)	23,924 (29,171)	
Median (lowest : highest) (year)	16,000 (1,500:300,000)	
Diagnosis		
Cerebral infarction	232	98.0
Intracerebral hemorrhage	5	2.0
Severity level of stroke (Modified Ranking Score)		
No symptoms at all	69	29.1
No significant disability despite symptoms	75	31.6
Slight disability	43	18.2
Moderate disability	27	11.4
Moderately severe disability	15	6.3
Severe disability	8	3.4
Concurring diseases		
No concurring disease	24	10.1
With concurring disease	213	89.9
Diabetes	74	31.2
Hypertension	142	59.9
Dyslipidemia	115	48.5
Heart disease	11	4.6
Other diseases (e.g. peptic ulcer, gout, nephritis, epilepsy, etc.)	57	24.0

Note: Each was diagnosed with a number of other diseases

Table 2. Details of items in each dimension in the interview form and results of the analysis of quality of life of stroke patients receiving treatment at Srinagarind Hospital

Number	Questions	Dimension	Min	Max	Mean	SD
1	In general, would you say your health is:	GH1	1	4	2.36	0.76
2	Compared to one year ago, how would you rate your health in general now?	MH	1	5	3.24	1.08
3	The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?					
	3.1 Vigorous activities, such as running, lifting heavy objects, participation in strenuous sports	PF1	1	3	1.58	0.86
	3.2 Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	PF2	1	3	1.92	0.80
	3.3 Lifting or carrying groceries	PF3	1	3	1.89	0.84
	3.4 Climbing several flights of stairs	PF4	1	3	1.76	0.81
	3.5 Climbing one flight of stairs	PF5	1	3	2.21	0.83
	3.6 Bending, kneeing, or stooping	PF6	1	3	1.98	0.80
	3.7 Walking more than a mile	PF7	1	3	1.78	0.87
	3.8 Walking several blocks	PF8	1	3	1.94	0.90
	3.9 Walking one block	PF9	1	3	2.21	0.84
	3.10 Bathing or dressing yourself	PF10	1	3	2.46	0.76
4	During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?					
	4.1 Cut down on the amount of time you spent on work or other activities	RP1	1	2	1.27	0.44
	4.2 Accomplished less than you would like	RP2	1	2	1.28	0.45
	4.3 Were limited in the kind of work or other activities	RP3	1	2	1.29	0.45
	4.4 Had difficulty performing the work or other activities (for example, it took extra effort)	RP4	1	2	1.29	0.45
5	During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?					
	5.1 Cut down the amount of time you spent on work or other activities	RE1	1	2	1.37	0.48
	5.2 Accomplished less than you would like	RE2	1	2	1.35	0.47
	5.3 Didn't do work or other activities as carefully as usual	RE3	1	2	1.34	0.47
6	During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors	SF1	1	5	3.36	1.40
7	How much bodily pain have you had during the past 4 weeks?	BP1	1	6	3.90	1.50
8	During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?	BP2	1	5	3.50	1.30
9	These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks					
	9.1 Did you feel full of pep?	VT1	1	6	3.00	1.23
	9.2 Have you been a very nervous person?	MH1	1	4	4.43	1.15
	9.3 Have you felt so down in the dumps that nothing could cheer you up?	MH2	1	6	4.69	1.16
	9.4 Have you felt calm and peaceful?	MH3	1	6	3.74	1.16
	9.5 Did you have a lot of energy?	VT2	1	6	2.71	1.35

Table 2. Details of items in each dimension in the interview form and results of the analysis of quality of life of stroke patients receiving treatment at Srinagarind Hospital (continued)

Number	Questions	Dimension	Min	Max	Mean	SD
	9.6 Have you felt downhearted and blue?	MH4	1	6	4.59	1.23
	9.7 Did you feel worn out?	VT3	1	6	4.54	1.31
	9.8 Have you been a happy person?	MH5	1	6	3.40	1.37
	9.9 Did you feel tired?	VT4	1	6	4.30	1.24
10	During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?	SF2	1	5	3.31	1.26
11	How TRUE or FALSE is each of the following statements for you?					
	11.1 I seem to get sick a little easier than other people	GH2	1	5	2.38	1.17
	11.2 I am as healthy as anybody I know	GH3	1	5	3.11	1.16
	11.3 I expect my health to get worse	GH4	1	5	3.23	1.19
	11.4 My health is excellent	GH5	1	5	3.44	1.16

Table 3. Average of each dimension in SF-36 of stroke patients

Order	Dimensions	Min	Max	Mean	SD
1	Physical functioning (PF)	33	100	65.8	28.6
2	Role physical (RP)	50	100	64.5	22.5
3	Bodily pain (BP)	18	100	67.0	26.2
4	General health (GH)	20	100	60.0	23.2
5	Vitality (VT)	17	100	60.0	25.0
6	Social functioning (SF)	20	100	66.6	26.0
7	Role emotional (RE)	50	100	68.0	24.0
8	Mental health (MH)	17	92	69.5	22.0

Table 4. Comparison of score values on the SF-36 of psychiatric patients, patients with other diseases[15] and stroke patients at Srinagarind Hospital

Rank	Dimensions	Average scores (standard deviation)		
		Psychiatric patients[16]	Patients with other diseases[16]	Stroke patients
1	Physical functioning (PF)	68.2 (27.6)	74.6 (26.0)	65.8 (28.6)
2	Role physical (RP)	43.2 (43.2)	59.7 (39.6)	64.5 (22.5)
3	Bodily pain (BP)	51.6 (25.9)	70.0 (24.9)	67.0 (26.2)
4	General health (GH)	56.9 (21.2)	61.3 (20.9)	60.0 (23.2)
5	Vitality (VT)	44.3 (23.0)	54.7 (22.0)	60.0 (23.0)
6	Social functioning (SF)	60.9 (30.1)	80.9 (24.4)	66.6 (26.0)
7	Role emotional (RE)	56.7 (42.9)	68.5 (36.9)	68.0 (24.0)
8	Mental health (MH)	62.6 (21.1)	71.3 (21.1)	69.5 (22.0)

Table 5. Comparison of SF-36 score values between stroke patients at Srinagarind Hospital and other countries

Order	Dimensions	Average scores (standard deviation)			
		Overseas Hobart JC, et al United Kingdom	Overseas Thumboo J, et al Singapore		Stroke patients of Srinagarind Hospital
			English	Chinese	
1	Physical functioning (PF)	47.6 (27.1)	77.75 (24.79)	87.38 (15.52)	65.8 (28.6)
2	Role physical (RP)	25.1 (36.4)	78.77 (34.42)	85.21 (28.00)	64.5 (22.5)
3	Bodily pain (BP)	62.4 (29.2)	77.40 (21.95)	80.60 (20.83)	67.0 (26.2)
4	General health (GH)	51.7 (19.7)	69.38 (17.16)	66.06 (17.45)	60.0 (23.2)
5	Vitality (VT)	64.5 (31.2)	64.72 (16.87)	61.43 (17.26)	60.0 (25.0)
6	Social functioning (SF)	46.6 (24.9)	79.42 (20.79)	84.47 (19.07)	66.6 (28.0)
7	Role emotional (RE)	70.0 (41.5)	78.94 (35.18)	79.53 (34.76)	68.0 (24.0)
8	Mental health (MH)	70.9 (21.0)	73.01 (16.95)	70.72 (15.87)	68.5 (22.0)

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คุณภาพชีวิตของผู้ป่วยนอกโรคหลอดเลือดสมองที่โรงพยาบาลศรีนครินทร์

กาญจนศรี สิงห์ภู่, สมศักดิ์ เทียมเก่า, ชูศรี คูชัยสิทธิ์, สุกานดา อริยานุชิตกุล, ศศิธร แสงพงศานนท์, สุพจน์ คำสะอาด, วาสนา จันทะชุม

ภูมิหลัง: *โรคหลอดเลือดสมอง หรือโรคอัมพาต อัมพฤกษ์ เป็นโรคที่พบบ่อยและเป็นปัญหาสาธารณสุขที่สำคัญของประเทศไทยเป็นโรคเรื้อรังที่มีการดำเนินของโรคยาวในทุกระยะจนถึงพิการจากการเป็นโรค ทำให้มีความบกพร่องในการปฏิบัติกิจวัตรประจำวันต้องพึ่งพิงผู้อื่น และสูญเสียค่าใช้จ่ายทั้งการรักษาในโรงพยาบาล และการดูแลที่บ้าน ดังนั้นจึงได้ศึกษาคุณภาพชีวิตของผู้ป่วยนอกโรคหลอดเลือดสมอง เพื่อนำไปสู่การวางแผนการช่วยเหลือทั้งในระดับผู้ป่วย ครอบครัว และระดับสถานบริการสุขภาพ ซึ่งในส่วนของโรงพยาบาลศรีนครินทร์ยังไม่เคยมีผู้ใดศึกษามาก่อน*

วัตถุประสงค์: *เพื่อศึกษาคุณภาพชีวิตของผู้ป่วยนอกโรคหลอดเลือดสมองที่โรงพยาบาลศรีนครินทร์*

การออกแบบการศึกษา: *วิจัยเชิงพรรณนา*

วัสดุและวิธีการ: *แบบสัมภาษณ์ประกอบด้วย 2 ส่วน ส่วนที่ 1 ข้อมูลส่วนบุคคล ซึ่งได้สร้างขึ้นมาเองที่ได้ผ่านผู้เชี่ยวชาญ เนื้อหา และระเบียบวิธีวิจัยแล้ว และส่วนที่ 2 เป็นแบบวัดคุณภาพชีวิต SF-36 ซึ่งแบบวัดนี้ได้มีการนำไปใช้วัดกับผู้ป่วยโรคเรื้อรังมาแล้วหลายโรครวม 10 ประเทศ และได้ผ่านการทดสอบความเที่ยงของเครื่องมือมาแล้วทั้งฉบับภาษาอังกฤษ และ ภาษาไทย*

ผลการศึกษา: *ผู้ป่วยนอกโรคหลอดเลือดสมองกลุ่มตัวอย่างมีอายุตั้งแต่ 20 ปี ถึง 91 ปี อายุเฉลี่ย 64 $\pm$ 12.8 ปี การวินิจฉัยส่วนใหญ่เป็นโรคหลอดเลือดสมองชนิดขาดเลือด มีระดับ Modified Rankin Score 1 ร้อยละ 31.6 โรคร่วมที่มักพบได้แก่ โรคความดันโลหิตสูง ไขมันในเลือดสูงและโรคเบาหวาน ตามลำดับ ในด้านคุณภาพชีวิตพบว่าผู้ป่วยโรคหลอดเลือดสมองมีคุณภาพชีวิตค่อนข้างดีในทุกด้าน โดยด้านที่ดีที่สุด คือ ด้านสุขภาพจิต โดยมีค่าคะแนนร้อยละ 69.5 รองลงมาคือด้านบทบาทหน้าที่ที่ถูกจำกัดเพราะปัญหาสุขภาพจิต โดยมีค่าคะแนนร้อยละ 68.0 ส่วนด้านที่ไม่ดีที่สุด คือ ด้านความมีชีวิตชีวา พละกำลังหรือเหนื่อยล้า หมดกำลังใจโดยมีค่าคะแนน 60.0 และด้านการรับรู้สุขภาพทั่วไป โดยมีค่าคะแนนร้อยละ 60.0 ซึ่งมีผลต่อความรู้สึกที่ว่าตัวเองแย่ลง หรือรู้สึกเหนื่อยและหมดแรง*

สรุป: *จากการศึกษานี้สามารถนำไปสู่การจัดระบบบริการผู้ป่วยนอกโรคหลอดเลือดสมอง คือ ควรจัดให้มีทีมดูแลสุขภาพในคลินิกโรคนี้ โดยเฉพาะอย่างยิ่งเน้นการช่วยเหลือทางอารมณ์และความรู้สึก*