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Original Research

A descriptive study on quality of life among patients admitted in de-addiction centre

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ABSTRACT:
Aim: A descriptive study on quality of life among patients admitted in de-addiction centre. **Material and Method:** Non experimental approach was adopted to assess the quality of life among patients admitted in faith de-addiction centre Kurali. Sample consisted of 30 patients admitted in de-addiction centre .To select the sample non purposive sampling technique was used. The reliability of the tool was established and data was collected by using WHOQ questionnaire. Before data collection the researcher introduces the purpose of the study, clarifies the queries and took verbal consent from subjects. The gathered data was analyzed by calculating percentage, frequency and SD to assess the quality of life among patients admitted in faith de-addiction centre Kurali. **Result:** The quality of life among patients, in which (33.3%) of subjects were excellent quality of life with score 81-100 ,(13.3%) subjects were having good quality of life with score 61-80, (26.6%) subjects were havingaverage and poor quality of life with score below 60 . Hence the quality of life of maximum patients was excellent. Majority of 13 (43.33%) participants have good quality of life and 14(46.6%) subjects were well able to get around. out of 30,15 (50%) subjects were somewhat able to concentrate. 15(50%) subjects feel very much safe in their daily life. 18 (60%) subjectsfeel that their physical environment wassomewhat healthy. 15 (50%) subjects had very much energy for their everyday life.13(43.3%) subjects were very much able to accept their bodily image. 13(43.3%) subjectshad not enough money to meet their need. 14 (46.6%) subjects not availed information that they need in their day-to-day life. out of 30 subjects 20 (66.6%) always have negative feelings such as blue mood, despair ,anxiety, depression. **Conclusion:** The finding of the study shows that there was excellent quality of life among addicted patients admitted in faith de-addiction centre Kurali .The overall quality of life among addicted patients was found (33.3%).
Key words: Quality of life, addicted.

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INTRODUCTION

Substance use disorders (SUDs) are a major global health problem affecting quality of life of human being. Substance abuse has emerged as a serious concern, adversely affecting the physical and socio-economic well-being. Substance abuse is a complex medico-social problem, which has various social, cultural, biological, geographical, historical and economic aspects. The processes of industrialization, urbanization and migration have led to loosening of the traditional methods of social control rendering an individual vulnerable to the tresses and strains of modern life. World Health Organization (WHO), however, defines Quality of Life (QoL) as individuals perception of their position in life in context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns[1] This definition highlights QOL as a subjective self-report from the individual which is not based on reports or judgment from others (e.g. family members, clinicians). QOL is also multi-dimensional, incorporating positive (e.g. feeling happy, contented, energetic) as well as negative aspects (e.g. not having pain, sadness, sexual difficulties). QOL questionnaire aims to assess the extent to which significant aspects of a person's life have been affected, rather than what symptoms and disabilities are present.[2] Today, there is a great deal of interest in health-related quality of life indicators as important measures of treatment

effectiveness and patient satisfaction. the substance use disorder (SUD) treatment field has until recently less systematically collected and prioritized the QoL of patients, in comparison with other medical fields.[3] In reports of SUD from various patients from various centres it is indicated that poorer QoL has significant value and associated with other serious psychiatric disorders than the general population QoL value.[4,5] Actually QoL is predicted from the different characteristics of SUD, but consistently it has not been predicted by these characteristics of frequencies of substances use, type of substances and length of problematic usage.[6,7] Measuring changes in quality of life, such as physical, mental, and social health, can provide a common yardstick to measure outcomes and determine the human life new interventions.[8,9] In the medical field, assessing quality of life involves more than a simple description of a patient's health; rather, quality of life is seen as how patients perceive and react to their health status as well as to other nonmedical areas of their lives. In world, about 190 million people consume one drug or addition to one, Several epidemiological surveys revealed that the subjects above 15 years are 20-40% users of alcohol and from them 10% are regular or excessive.[10]

MATERIAL AND METHODS

This study was done in the department of nursing. Formal permission was obtained from the Director of the faith de-addiction centre Kurali, Punjab. Consent was taken from the patients. Respondents were briefed on the scope the study and confidentiality and anonymity was assured. Subjects admitted in de-addiction centre and subjects who were willing to participate were included in this study. Patients who were not present at the time of data collection were excluded from this study.

METHODOLOGY

The investigator obtained written permission from the director of faith de- addiction centre Kurali, Punjab, prior to data collection, the investigator assured the confidentiality to the subject and their response and consent was obtained. The data has been collected from 30 patients who fulfil the sampling criteria from 28-1-15 to 30-1-15.Using structured interview schedule which was prepared in Hindi. The data collection was terminated by thanking all patients of faith de -addiction and rehabilitation centre Kurali for their full co- operation and guidance. The data collected was complied for data analysis. The tool was prepared on the basis of objectives of the study. The following steps were adopted prior to the development of tool. Tool 1- socio-demographic profile sheet and Tool 2- Patients quality of life Questionnaire (WHOQOL).

All participants (n=30) were recruited from a de-addiction centre, nongovernmental organisation in central India, and based on the international classification of disease (ICD-10) classification of mental and behavioural disorders: clinical descriptions and diagnostic guidelines, were diagnosed with substance dependence by qualified psychiatrists.3 After they had expressed willingness to participate, each participant filled out and signed an informed consent; completed a structured questionnaire, including demographic data, information about substance use, and the WHOQOLBREF scale. The de-addiction centre where the study was conducted has provision for treatment of only male patients; hence females were not included in the study. A purposive sampling technique was used to select the study participants randomly. Those patients admitted in the de-addiction centre for the duration of less than 4 week were included in the study as per selection criteria of WHOBREF scale.

QUALITY OF LIFE BY WHOQOL- BREF

The WHOQOL-BREF questionnaire is a shorter 20-item version of the WHOQOL-100. All items are rated on a

five-point scale (1-4). The scale has been shown to have good discriminant validity, sound content validity and

good test-retest reliability. The questionnaire assesses the experienced certain things in last two weeks period before the study. The recognition of the multidimensional nature of QoL in the WHOQOL-BREF is based on a four-domain structure:

- Physical health activities of daily living
- Psychological bodily image and appearance
- Social and personal relationships
- Environmental-financial resources.

RESULTS

Analysis and interpretation was done in accordance with the objective laid down for the study. The data was analysed by calculating the score in terms of mean, median, Standard deviation were taking variable age, religion, education status, area of residence, and marital status.

Table- 1 Socio- demographic profile. (Section A)

Characteristics	Frequency	Percentage
AGE(YEARS)		
18-30	15	50%
31-40	08	26.6%
41-50	05	16.6%
51-60	02	6.6%

EDUCATION STATUS		
10^{TH}	03	10%
10+2	05	16.6%
graduate	05	16.6%
Above graduate	17	56.6%
MARITAL STATUS		
Married	20	66.6%
Unmarried	10	33.4%
RESIDENCE		
Rural	11	36.6%
Urban	19	63.3%
RELIGION		
Hindu	13	43.3%
Sikh	17	56.6%

Table 1 depicts the frequency and percentage of demographic profile of the patients in faith de-addiction majority of the subjects were in the age group 18-30 year (50%) Whereas (26.6%)subjects were in the age group of 31-40, (16.6%) subjectswere in the age group41-50year and (6.6%)subjects were in the age group 51-60 years. Finding of marital status shows that majority of (66.6%) subjects were married and (33.4%) were unmarried. Majority of the (63.3%)subjects belong to urban area and (36.6%)were from rural area. maximum subjects education(56.6%) were above graduate, (16.6%)were passed 10+2 and their graduation, (10%)were passed $10^{th.}$majority of (56.6%) belong to Sikh religion, 43.3%were from Hindu religion.

Hence the table shows that maximum subjects (50%) were18-30 years of age, (66.6%) subjects were married, (63.3%) subjects belong to urban area, maximum (56.6%) subjects were above graduate and maximum (56.6%) subjectsbelong to Sikh religion.

Table 2.Distribution of quality of life of patients. (Section B)

Quality of life	Score	Frequency	Percentage
Excellent	81-100	10	**33.3%**
Good	61-80	04	13.3%
Average	51-60	08	26.6%
Poor	Below -50	08	26.6%

The table depicts the quality of life among patients, in which (33.3%) of subjects were excellent quality of life with score 81-100 ,(13.3%) subjects were having good quality of life with score 61-80, (26.6%) subjects were havingaverage and poor quality of life with score below 60 . Hence the quality of life of maximum patients was excellent.

Table: 3 Mean, SD and Mean percentage of Patients quality of life.

Maximum score	Mean±SD	Mean %
30	68.4±10.24	68.4%

Table 4.Association of demographic profile with quality of life of patients

AGE	Excellent	Good	Average	Poor	Chi- square value	level of significance
18-30	6	2	3	4	2.85	0.55
31-40	2	1	2	3		
41-50	1	1	2	1		
51-60	1	0	1	0		
EDUCATION STATUS						
10^{th}	0	0	1	2	3.22	0.61
12^{th}	1	1	1	2		
Graduate	1	1	2	1		
Above graduate	8	2	4	3		
MARITAL STATUS						
Married	8	3	4	5	1.89	0.53

Unmarried	2	1	4	3		
RESIDENCE						
Urban	2	2	3	4	2.64	0.78
Rural	8	2	5	4		
RELIGION						
Hindu	3	1	5	4	3.51	0.66
Sikh	7	3	3	4		

DISCUSSION

Accessing QoL at intake can be an opportunity to learn about patient vulnerabilities which may not be uncovered through more objective questioning of various pre-determined domains, or a focus limited to substance use patterns. Our findings also support the continued measurement of QoL during treatment to guide further treatment plans as well as to be an outcome measure of treatment, which for a chronic condition must be monitored and addressed during the course of the disorder, at various phases, inclusive of during treatment.

In the present study, majority of the subjects were in the age group 18-30 year (50%) Whereas (26.6%)subjects were in the age group of 31-40, (16.6%) subjects were in the age group 41-50year and (6.6%)subjects were in the age group 51-60 years. The findings are comparable to findings of other studies.[12-21]In the present study, Finding of marital status shows that majority of (66.6%) subjects were married and (33.4%) were unmarried. This finding was similar with other studies conducted around the different part of the country.[22]This reveals that those who are alone had more vulnerability to fall for substance use/abuse to support themselves. Most of the patients belonged to nuclear families and urban localities, which may be a reflection of the increase in urbanisation, accessibility to treatment or a true prevalence of substance abuse in urban population. The findings were in line to other studies.[20]This does not rule out those living in joint family. The various studies in different Indian setting showed that even individuals from joint families are involved in substance abuse. In the present study, majority (90%) of the participants were educated beyond metric level. This finding were comparable to other studies.[19]

In the present study the quality of life among patients, in which (33.3%) of subjects were excellent quality of life with score 81-100 ,(13.3%) subjects were having good quality of life with score 61-80, (26.6%) subjects were havingaverage and poor quality of life with score below 60 . Hence the quality of life of maximum patients was excellent.

The assessment of QoL is now acknowledged as a central component of health care and healthcare research. QoL measures are needed to be more routinely included in the evaluation of treatments. QoL focuses upon respondents “perceived” QoL and reflects the effects of disease on QoL. Therefore the results in presents study indicated that the participants in study group perceived poor quality in all the domains as compared to those in comparison group. Self-reported information obtained from QoL questionnaires enables us to understand the total burden of treatment experienced by drug-dependent persons.

CONCLUSION

The finding of the study shows that there was excellent quality of life among addicted patients admitted in faith de-addiction centre Kurali .The overall quality of life among addicted patients was found (33.3%).

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