Investigate the Quality of Life in Patients with Pulmonary Tuberculosis Patients in Health Centers in Gorgan

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ABSTRACT

Background: Today, pulmonary tuberculosis, one of the major causes of morbidity and mortality due to infectious diseases. Improve the "quality of life" among those in the treatment and prevention of refactory cases is important. Due to the different communities, the concept and its various indexes. Therefore, determining the "quality of life" in the community and provide appropriate interventions can improve it provides. This study aimed to determine the quality of life in patients with pulmonary tuberculosis was conducted in Gorgan. Investigate way: In this cross sectional study, using questionnaires, 120 patients 60 men and 60 non-infected tuberculosis patients] of patients - care centers in Gorgan University of Medical Sciences in 2009, sampling method was studied and the data were statistically analyzed. Findings: TB, reduces the "quality of life" patients, the dimensions of physical, social, general life satisfaction, is the psychological and familial [P 05/02]. Meanwhile, the daily feeding of protein meal and vegetable compared to a control group of patients is less clear [P 05/02]. While there is no significant difference in consumption of dairy products and cereals. Consultation: In the "quality of life" for active tuberculosis, the highest effect on the patient's physical dimensions, social and general life satisfaction, mental, and had family. Meanwhile, the daily feeding of protein and vegetables compared to people with the promise of control is less clear.

INTRODUCTION

Currently, the major cause of cell death induced by infectious diseases in the world. that it is expected based on current trends, the death rate from this disease from 1.87 million persons in 1997 to 30 million in 2090 to increase [1,2]. This infection is a major problem in public health and therefore its control and superiority are the highest priority [3]. In The emergence of drug resistant tuberculosis and its control, such as: the prevention of disease, effective care and treatment of patients, have an important role [4, 5]. In 1997, the tuberculosis control program with a short course of therapy was introduced as an important strategy. In this program, the negative sign of mucus and indices are overweight.

Researchers have acknowledged that in addition to physical symptoms, TB patients with different socio-economic problems, are facing. Therefore, to assess the health status of patients, to evaluate the effect of tuberculosis on patients' perception of health and heal is necessary [3].

Recently, a considerable amount of psychological disorders and physical health and influence on their daily activities and behavior are taken into consideration. In this regard, a new approach called "quality of life" in medical research has been proposed [6]. The term physical, mental and social life of individuals and their ability
to carry out routine tasks can be defined [7]. Diseases [acute and chronic] can create barriers in the way of health, that with Assess the “quality of life” and devise appropriate solutions can take to prevent or minimize the occurrence of these barriers [8]. "Quality of life" as a criterion to evaluate the results of treatment of patients with mental disorders has been recognized [9]. The purpose of Health over the past two decades, the focus on disease, health, welfare and quality of life “person”, has changed [10].

Testa and colleagues [1998] the influence of productive life are defined: Domains of physical, social and mental health, which is influenced by the experiences, beliefs, expectations and perceptions of individuals [11]. Thus the “quality of life” should be measured by the angles and different dimensions [12]. The World Health Organization's new approach to fitness, health indicators, beyond mortality and disease impact on daily activities, Behavior and overall functional status and disability also includes [13]. Also, Setras and colleagues [1998] acknowledge that the “quality of life” refers to the study of mental patients and involves a range of scenarios, which can affect the perception of the patient's health [14].

Feel healthy, due to satisfaction or dissatisfaction with various aspects of life, which is important for the person [and includes aspects such as performance, physical, psychological and social] [15]. According to this concept of cultural differences in different societies have different definitions and thus has a different measurement parameters [16], that a holistic approach and attitude on health and health care have become [6].

For a deep understanding of the impact of the disease on different aspects of health, assess the "quality of life" of patients is necessary. This could be the ability of health care professionals to provide appropriate intervention improves "quality of life" provided [17]. Because the most important factor in improving the “quality of life” for active tuberculosis, review the factors affecting these patients, this study aimed to determine the "quality of life" for active tuberculosis in patients in health centers - Gorgan has been made.

Ways:
A comparative cross-sectional study on 120 patients - care centers in Gorgan University of Medical Sciences in 2009 and the sampling procedure was carried out. Of these, 60 patients with pulmonary tuberculosis [cases] and not afflicted with the rest of the participants [control group] were enrolled. Inclusion criteria for the study group was that at least 15 days before the onset of their disease and 65 years of age they have 18. Inclusion criteria for the matched controls [in terms of age, sex, educational level, occupation, place of residence, etc.], they were a group. Meanwhile, those with other medical problems were [such as kidney disease, heart disease, AIDS and mental disabilities etc.]. Because of the confounding effects of these diseases on the "quality of life" and thus interfere with the results of the study were excluded. By means, to collect the data from questionnaires were used, that consist of two parts. The first section, related to demographic information [such as gender variables, age, marital status, number of children, living conditions, occupation, smoking using background, residence, place of residence] and second, to assess the quality of life , consist of five dimension "quality of life" was as follows:

- Physical functioning [7 items], social functioning - Economic [5 items], family status [4 items], nutritional status [8 items], mental health [5 items], and a question regarding overall satisfaction with life.

Data collected by interview, without naming those surveyed using questionnaires filled case.

Ethical approvals: In this study, the researcher then offered a referral to the Department of Medical Sciences University - Gorgan, health centers - were referred to treatment. Also, to the studied individuals of quantitative and qualitative research was explained and informed consent was attracted because of them. All data subjects have also remained confidential.

Statistical methods: Descriptive statistics to describe the data, prepared tables, frequency distribution, mean, standard deviation, reliability [97%], reliability [5%], and the Independent T test and KAI2 were used.

Findings:
Because Inclusion criteria study are matched [from the age, sex, educational level, occupation, place of residence, etc.] and control group, so the explanation group will suffice. Most of those surveyed [56.7%] were females aged under 30 and over 59 years [each 26.7%] were located. Most of them are married [63.3%] and education [48.3%] and lived with his wife and children [47.6%]. Often had an antecedent of smoking [93.3%], and release their jobs were free or housewives [70%]. Most of them lived in private homes [83.3%] and had a monthly income of between 180-280 dollars [50%].

Table [1], the distribution and relative abundance of the samples, depending on the different aspects of "quality of life" patients - care centers in Gorgan University of Medical Sciences, is shown. Thus the average "life" of dimensions, physical treatment and control groups were, respectively, 13 ± 93 and 23 ± 45 [T= 13.55 and 0.000 = p], respectively, 10 ± 87 and 22 ± social 54 [T = 7.47 and P = 0.000], Family, respectively 14 ± 85 and 21 ± 74 [T = 3.21 and P = 0.002], respectively psychiatric 9 ± 35 and 12 ± 66 [15.71 = T and P = 0.000], was as well as satisfaction the whole life of 8 ± 72 and 14 ± 60 [T = 5.79 and P = 0.000 ], that According to the T and P values were not significantly different between the two groups in all aspects of "quality of life" is
shown. If observed, the most common side effects in patients with pulmonary tuberculosis, respectively, has been in the physical and social.

Table 2 summarizes the distribution and relative abundance of the samples, depending on the nutritional status of patients - care centers in Gorgan University of Medical Sciences, is shown. Thus, the average daily use, a few servings of dairy in the case and control groups, respectively, 1.29 and 1.55 [T = 1.58 and P = 0.115]. How many servings of protein, respectively, 0.71 and 1.05 [T = 2.90 and P = 0.004], how many servings of vegetables, respectively, 0.83 and 1.47 [T = 3.91 and P = 0.000], is a few servings of grains, respectively, 0.58 and 0.81 [T = 1.80 and P = 0.73]. That T and P values were not significantly different according to the daily nutrition of a meal of protein and vegetables between the two groups is significant. So that people with tuberculosis in their diet than the controls they use.

Table 1: Distribution and relative abundance of the samples, depending on the different aspects of "quality of life" patients in health centers in Gorgan University of Medical Sciences.

<table>
<thead>
<tr>
<th>Test results</th>
<th>Sd X±</th>
<th>Sd X±</th>
<th>Life dimensions quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>13/55 t</td>
<td>45±23</td>
<td>93±13</td>
<td>physical</td>
</tr>
<tr>
<td>0/000 p</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7/47 t</td>
<td>54±22</td>
<td>78±10</td>
<td>socially</td>
</tr>
<tr>
<td>0/000 p</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3/21 t</td>
<td>74±21</td>
<td>85±14</td>
<td>familial</td>
</tr>
<tr>
<td>0/002 p</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15/71 t</td>
<td>66±12</td>
<td>35±9</td>
<td>mentally</td>
</tr>
<tr>
<td>0/000 p</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/79 t</td>
<td>60±14</td>
<td>72±8</td>
<td>Satisfaction with life in general</td>
</tr>
<tr>
<td>0/000 p</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 2: summarizes the distribution and relative abundance of the samples, depending on the nutritional status of patients - care centers in Gorgan University of Medical Sciences.

<table>
<thead>
<tr>
<th>Test results</th>
<th>Sd X±</th>
<th>Sd X±</th>
<th>group state Daily feeding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/58 t</td>
<td>1/29±0/80</td>
<td>1/55±0/99</td>
<td>Using how many servings of dairy</td>
</tr>
<tr>
<td>0/115 p</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2/90 t</td>
<td>0/71±0/56</td>
<td>1/05±3/71</td>
<td>Using several servings daily protein</td>
</tr>
<tr>
<td>0/004 p</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3/91 t</td>
<td>0/83±0/68</td>
<td>1/47±1/05</td>
<td>Using several servings of vegetables</td>
</tr>
<tr>
<td>0/000 p</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1/80 t</td>
<td>0/58±0/58</td>
<td>0/81±0/80</td>
<td>Using how many servings of grains</td>
</tr>
<tr>
<td>0/73 p</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Discussion:

Because of how physical health, psychological and social affairs of individuals and their ability to perform their usual duties may be barriers that impede the Prevention and Treatment of pulmonary tuberculosis, with Examining the "quality of life" and devise appropriate solutions to them can prevent or minimize the occurrence of these barriers [8]. Examining the "quality of life" and devise appropriate solutions to them can prevent or minimize the occurrence of these barriers [8].

Davriya and colleagues [2008] [3] research, "the impact of tuberculosis on the quality of life" in India on the case and control groups of 90 persons, the majority of whom were male [56.7%]. Showed that the quality of life in all its dimensions [physical functioning, mental problems, physical problems, vitality, mental health, bodily pain, general health, and social functioning] of the control group had lower scores, And most of the cell, or in other words the difference between the mean, respectively, related to the physical dimensions [79.2%], social [33.1%], psychiatric [26.3%] and environmental [23.3% respectively].

Salehi and colleagues [1378] [18] in a study entitled "Quality of life and its influencing factors in tuberculosis patients treated by project DOTS" in the University in which 67 patients were studied, Showed that, with the passage of the disease, scores on different aspects of "quality of life" decreased attention and monitoring "quality of life" as a standard of care in these patients is inevitable.

Kheirabadi and colleagues [1388] [19] of the study "Quality of life in patients with chronic obstructive pulmonary disease compared with the control group" [each number = 80] showed that in Isfahan, Significant
difference in the "quality of life" and its five dimensions [illness, independent living, social relationships, emotions, physical and mental welfare], there is compared with the control group. So that people are with a lower level than the control group.

Rajsavary and colleagues [2005] [20] in a study entitled “Understanding the tuberculosis patients about physical, mental and social” indicated that the patients definite diagnosis tuberculosis were sad [50%]. Began to think about suicide [9%] and had a good understanding of the disease [7%]. In terms of mental state, only 45% after treatment had a better understanding than before. In this study also showed that the cells have the greatest impact on quality of life.

This study demonstrates that, despite effective treatment, and follow-up of pulmonary tuberculosis against the illness, which is currently being used, of the patients 'quality of life' lower than in the control group had to significantly impact the disease has on their lives. In fact, the greatest impact on those with the disease [cases], in different dimensions "quality of life", respectively, are: Physical, social, general life satisfaction, psychological, familial and the statistical analysis, a significant difference compared to the control group is shown. Thus it appears that, in addition to controlling symptoms of respiratory tuberculosis control programs, mental health support, mental, social, and health education and counseling should be considered. Particular attention to the physical problems of patients with pulmonary tuberculosis could be effective in improving energy, vitality and "quality of life" in the course of tuberculosis treatment should have [21].

Considering that the patients in the study population, the diet of protein and vegetables [the control group], fewer have, While dairy and grains did not significantly differ between the two groups, can be used in the treatment and prevention in the community, the daily use of multiple servings of protein and vegetables be recommended. There are also a variety of communities and their characteristics, the effect of the disease on different aspects of 'quality of life' is different patients. Therefore recommended until further studies be conducted in other areas of our country, so based on different economic, social and cultural area treatment - care is needed and therefore promote health and improve the quality of life of these patients obtained.

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REFERENCES