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Quality of life and co-morbidities among male patients with Chronic Obstructive Pulmonary Disease (COPD) attending the District Chest Clinic, Kandy

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COPD is a disease state resulting from progressive irreversible airflow limitation. It is common among tobacco smokers. The symptoms include chronic cough with sputum production and difficulty in breathing (dyspnoea) on exertion resulting in limitations in physical activity with harmful effects on quality of life (QOL). COPD is associated with co-morbid conditions like ischemic heart diseases, osteoporosis, respiratory infections, diabetes mellitus, hypertension, and lung cancer. The objectives of this study were to assess the QOL of COPD patients and to determine how their QOL is associated with other co-morbidities, with number of exacerbations of the disease and with the degree of dyspnoea.

A descriptive study was conducted among 200 male COPD patients attending the District Chest Clinic, Kandy. Patients who cannot understand the Sinhala language and patients with epilepsy, cancer (except lung cancer), mental health conditions and arthritis were excluded. Data was collected using interviewer administered questionnaires. The validated 'Short Form 36' questionnaire and the 'modified Medical Research Council dyspnoea scale' were used to measure the QOL and severity of dyspnoea respectively. Co-morbidities were assessed using a WHO guided questionnaire.

The mean age of the study population was 61.5 years (SD=8.95). Out of the study population, 66.5% (n=133) had poor QOL. The QOL was significantly reduced with increased severity of dyspnoea ($p<0.001$) and increased number of exacerbations of symptoms ($p=0.001$). The commonest co-morbidity of the study population was hypertension (45.5%). Although the QOL become poorer with increased number of co-morbidities, the association was not statistically significant ($p=0.09$). Among the participants, 62 did not have a single co-morbid condition. However, 53.2% of them had poor QOL.

Most of the male COPD patients attending the District Chest Clinic, Kandy had poor QOL. As dyspnoea and exacerbations of symptoms greatly affect the QOL, effective patient management and health promotion programmes are necessary to improve the QOL of COPD patients.