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STUDY OF QUALITY OF LIFE AS A CRITERION FOR THE EFFECTIVENESS OF TREATMENT OF DERMATOVENEREOLOGICAL PATIENTS IN A HOSPITAL SETTING

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Abstract:

The article presents data on the quality of life of dermatovenereological patients before and after the course of treatment. The issues of the possibilities of using the international quality of life questionnaire MOS-SF-36 for assessing the criteria for the quality of inpatient care for dermatovenereological patients, as one of the important indicators of quality management of hospital care for this category of patients, are considered, the effect of treatment of patients with skin diseases in inpatient settings on improving their quality of life is shown.

Keywords: effectiveness of treatment in hospital conditions, quality of life of dermatovenereological patients, assessment of the quality of inpatient care.

INTRODUCTION

In recent years, the study of quality of life has become a subject of clinical interest and scientific research [1], since improving the patient's quality of life is one of the important tasks in the treatment of skin diseases. If there is no improvement in the quality of life of patients after treatment, especially in a hospital setting, this indicates the low effectiveness of the treatment and preventive measures taken during the treatment of the patient.

Currently, the study of the patient's quality of life is an important, and in some cases the main criterion determining the effectiveness of treatment in clinical trials. Assessment of the quality of life allows us to characterize the effectiveness of diagnostics, treatment, rehabilitation, the effectiveness of health care activities, and also to determine the effectiveness of numerous reforms and programs aimed at increasing the level of well-being and improving the quality of life of the population, including priority national projects implemented in our country [1-5]. In the context of modernization of the health care system, issues of assessing the quality of hospital care are a complex task. Taking this into account, the development of the most effective forms and methods for assessing the quality of hospital care continues [6, 7].

MATERIALS AND METHODS

The aim of the study was to investigate the quality of life as a criterion for the effectiveness of treatment of dermatovenereological patients undergoing inpatient treatment. To assess the effectiveness of patient treatment in a hospital setting, the international quality of life questionnaire MOS-SF-36 was used - 161 patients aged 18 to 75 years were surveyed before and after treatment. A significant percentage of those surveyed were patients in the age groups from 30 to 39 years (23.6%) and from 50 to 59 years (21.1%). The widespread nature of the course of skin diseases in men was recorded 1.9 times more often than in women (65.2 and 34.8%, respectively). Almost half of the patients with chronic dermatoses (83 people), whose average age was 42.8 ± 0.8 years, had a high neuropsychic load at work; dissatisfied with work - 34.9% of patients, 28.9% of patients had an unorganized daily routine, 27.7% of patients did not follow the diet, 51.8% of patients had an unfavorable microclimate at work. According to the conducted study, upon admission to hospital for treatment, dermatovenereological patients in quality of life categories had an average score of 49.8 ± 2.457, at the time of discharge - 77.7 ± 1.539 points ($P < 0.001$).

RESULTS AND DISCUSSION

In the total measurement of psychological health (MCS), the indicators upon admission to the hospital were 46.4±7.039 points, upon discharge - 79.1±1.513 points. The indicators of physical functioning (PF) in patients before receiving the course of treatment were 54.7±2.037 points, after receiving the course of treatment - 81.2±1.759 points ($P<0.001$). An increase in role physical functioning (PF) was also found - 48.7±2.125 points, against 77.1±1.805 points. The average quality of life scores according to the general health scale (GH) also had significant differences

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before and after treatment (45.7±2.073 and 74.9±1.738 points, respectively, P<0.001).

Significant differences were found in the vitality (VT) scores in patients before treatment and after discharge from the hospital — 47.9±2.087 and 79.5±1.801 points, respectively. There was a significant difference in the average social functioning (SF) scores: 53.2±2.157 versus 78.3±1.960 points, respectively.

Role emotional functioning (RE) also increased from 49.3±2.017 to 73.9±1.579 points (P<0.001). The value of the state of psychological health (MN) of the observed patients before and after in-patient treatment was 46.4±7.039 points, versus 79.1±1.513 points (P<0.001). Therefore, after the treatment of patients in the dermatovenereological hospital for 15-21 days, psychological health (RE) increased by 33.0 points, emotional functioning (RRE) - 24.6 points, social functioning (SF) - 25.1 points, vitality (VT) increased by 31.6 points, the general health indicator (GH) increased by 29.2 points, role functioning (RP) - 28.4 points, physical functioning (PF) increased by 26. points, pain (P) decreased during the treatment period by 35.2 points.

Patient-centred factors

Patient-centred factors that affect adherence include socioeconomic status (SES) and patient demographics such as age, gender and level of education. Treatment adherence declines in the presence of barriers associated with lower SES. In a survey of 1121 dermatology patients, the most frequently mentioned barrier to care was financial and insurance issues (42.9%), while the second most frequent barrier to adherence was high treatment costs (24.0%). Correspondingly, the Medicare-insured demographic and patients with an income range between $15,000 and $29,999 had higher odds of care avoidance and nonadherence.26 Among 156 psoriasis patients, those with lower SES had an increased tendency to experience episodes of non-adherence to conventional systemics (46.7% vs. 25%). Furthermore, patients living in poorer neighbourhoods had higher rates of primary drug failure when treated with biologics (34.7% vs. 18.4%, p = 0.039) and were more likely to have greater than one documented instance of biologic treatment non-adherence.

Closely related to SES, a higher degree of education is associated with increased adherence. The adjusted odds ratios for patient adherence to dermatologic treatments amongst individuals with a high school diploma or equivalent, associate degree and bachelor's degree are 0.53, 0.50 and 0.43, respectively. This pattern likely exists due to high levels of social support and health literacy that are associated with an advanced level of education. Providing patients with educational materials tailored to their personal comprehension levels, ideally with supplemental illustrations, may help increase adherence.

CONCLUSION

Thus, the assessment of the quality of life of patients before and after treatment in a hospital setting is an important indicator of the management of the effectiveness of hospital care for dermatovenereological patients and allows monitoring the quality of life of patients who received treatment in a hospital setting, and therefore, to assess the quality of hospital care. The results of the study also showed that the assessment of the quality of life of dermatovenereological patients who received treatment in a hospital setting is an indicative criterion for the effectiveness of the Republican Clinical Skin and Venereal Dermatovenereological Dispensary in a large city, in the final assessment of dermatovenereologists.

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