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## Collaborative Care on Quality of Life to Arthritis Patients

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### ABSTRACT

Arthritis is a painful condition that causes inflammation of the joints thus affects the mobility of the joints. Any body part can become inflamed or painful due to arthritis. Several arthritic diseases can cause debilitating or fatal complications, and may affect numerous parts including the muscles, bones and internal organs of the body. Arthritis affects the movements you rely on for everyday activities. Arthritis is usually chronic. This means that it can last on and off for a lifetime. There are over 100 kinds of arthritis that can affect many different areas of the body. People of all ages, including children and young adults, can develop arthritis. Arthritis is one of the chronic diseases which have an impact on quality of life of a person. As the disease progresses, it is necessary to take collaborative care along with other management in order to prevent further problems which may occur due to arthritis, thus, effecting the Quality of life of the person.

**Keywords:** Arthritis, Quality of life, Inflammation, Chronic Diseases, Collaborative Care.

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### INTRODUCTION

Arthritis is a condition that affects the joints of our body. It can be of different forms and can affect persons of all ages whether young and old.

Arthritis causes inflammation of body joint, thus causing pain and immobility of the joints and affecting the daily activities of the person. In many forms of arthritis, the inflammation does not go away as it should. Instead, it becomes part of the problem, damaging healthy tissues of the body. This may result in more inflammation and more damage – a continuing cycle.

A pre-experimental research approach and Pre-Experimental one group pretest posttest design was used in the study. The study was conducted in Career Institution of Medical sciences and J.K Hospital, Bhopal. Purposive sampling technique was used to obtain 50 patients who were clinically diagnosed as arthritis patients. Many people start to feel pain and stiffness

in their bodies over time. Sometimes their hands or knees or shoulders get sore and are hard to move and may become swollen. These people may have arthritis.

### OBJECTIVES

The objectives of the study were:

- 1) To assess the effect of arthritis on the Quality of life and disease related symptoms.
- 2) To evaluate the Effectiveness of Informational booklet regarding Collaborative care on Quality of Life among Arthritis patients.
- 3) To assess the effect of Collaborative care on Disease related Symptoms among Arthritis Patients.
- 4) To find the association between Quality of life and selected Socio-demographic variables among Arthritis patients.
- 5) To find the association between diseases related symptoms and selected Socio-demographic variables among Arthritis patients.

**HYPOTHESES**

- 1) **H1:** There is a significant effect of Informational Booklet regarding Collaborative care on Quality of life among Arthritis Patients.
- 2) **H2:** There is a significant difference in the score of Disease related symptoms of Arthritis Patients before and after distribution of Informational Booklets regarding Collaborative care on quality of life among Arthritis patients.
- 3) **H3:** There is a significant association between Quality of life and selected Socio-demographic variables.
- 4) **H4:** There is significant association between diseases related symptoms and selected Socio-demographic variables.

**METHODOLOGY**

**Research approach:** Experimental research approach

**Research Design:** Pre-Experimental one group pretest posttest design

**Setting:** The study was conducted in Index Hospital, Indore.

**Population:** Patients those were attending Orthopedic OPD in selected Hospital, Indore, Madhya Pradesh.

**Sample and Sampling Technique:** Sample size consisted of 50 patients who have been clinically diagnosed as arthritis patients and attending Orthopedic OPD in Index Hospital, Indore, Madhya Pradesh. They were selected by purposive sampling technique.

**Section A: Socio Demographic Data**

**Section B:** It consisted of 24 questions regarding following aspects for assessing quality of life.

**Section C:** It consisted of 6 Areas for assessing the disease related symptoms among arthritis patients.

**Data Collection Procedure:** Written permission was obtained from the Medical Superintendents of consent hospitals prior to the collection of data. The purposed of the study was explained to the patients and written consent was taken. Pre-test was taken from structured questionnaire. Then administration of the informational booklet regarding Collaborative care on Quality of life of Arthritis patients was done. Post-test was taken after eight days.

**RESULTS**

**Section I:** Analysis of socio-demographical data. Section I revealed that majority of samples were in the age group of 45-55 years. The maximum sample consist of females (64%) and majority belongs to nuclear family.(86%) were working, (44%) had higher secondary education, 43 (86%) had manifestation of disease.

**Section II:** Analysis of data related to Pretest overall and area wise Quality of life and overall and area wise Disease related symptoms.

**Table 1: Frequency, Percentage, Mean and Standard Deviation of Overall Analysis of Quality of Life**

Quality of life	Frequency (N)	Percentage (%)	Max. Score	Mean	S.D.
Best	0	0	72	81.14	39.90
Moderate	24	48%			
Poor	26	52%			
Total	50	100%			

**Table 2: Frequency, Percentage, Means and Standard Deviation of Overall Analysis of Disease Related Symptoms**

Disease related symptoms of arthritis	Frequency (N)	Percentage (%)	Max. Score	Mean	S.D.
Mild symptoms	0	0	18	13.32	1.40
Moderate symptoms	24	48%			
Severe symptoms	26	52%			
Total	50	100			

**Section III:** Analysis of data related to the effectiveness of informational booklet regarding Collaborative care on Quality of life and disease related symptoms

**Table 3: ‘t’ Test Evaluation of the Effectiveness of Information Booklet on Quality of Life**

Area of Quality of Life	Max.	Pre test (x)		Post test (y)		t value	Level of Significance
		Mean (SD)	Mean %	Mean (SD)	Mean %		
Self Care Activities	15	13.53 (6.73)	18.79%	24.20 (11.89)	37.77%	<b>26.47</b>	<b>Highly Significant</b>
Physical Functioning	12	12.94 (6.41)	17.97%	18.90 (9.31)	26.25%		
Psychosocial Functioning	30	38.27 (18.93)	53.15%	47.18 (23.16)	65.52%		
Economical	6	7.33 (3.68)	10.18%	9.18 (4.55)	12.75%		
Sexual and Marital life	9	9.06 (4.55)	12.58%	12.31 (6.08)	17.09%		
<b>Total</b>	<b>72</b>						

**Table 4: ‘t’ Test Evaluation of the Effectiveness of Information Booklet on Disease Related Symptoms**

Disease related symptoms	Max	Pre test (x)		Post test (y)		t value	Level of Significance
		Mean (SD)	Mean %	Mean (SD)	Mean %		
Pain	3	2.4 (1.03)	13.33%	3.06 (1.61)	17%	<b>13.25</b>	<b>Highly Significant</b>
Stiffness	3	2.26 (0.71)	12.55%	2.75 (1.43)	15.27%		
Inflammation /Swelling	3	2.6 (0.48)	14.44%	3.14 (1.7)	17.44%		
Range of motion problems And Mobility	3	1.78 (0.41)	9.88%	2.78 (1.44)	15.44%		

Loss of Appetite	3	1.98 (0.67)	11%	2.82 (1.49)	15.66%		
Insomnia	3	2.3 (0.64)	12.77%	2.82 (1.46)	15.66%		
<b>Total</b>	<b>18</b>						

**Section IV:** There was significant association between age and pre test quality of life, and no significant association between gender, diet and type of family and quality of life.

**Section V:** There was significant association between age and gender and pre test Disease related symptoms and there is no significant association between diet and type of family and pre test Disease related symptoms.

### RECOMMENDATIONS

In the light of the findings of the study the following recommendations were made:

- 1) A similar study can be undertaken with a large sample size for wider generalization.
- 2) The present study can be replicated on a large sample, with a pre-test post-test control group design.
- 3) A similar study can be carried out by using different teaching strategies.
- 4) A similar study can be done using true experimental research design.

A similar study can be carried out in various other disease conditions

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