The Chinese University of Hong Kong  
The Nethersole School of Nursing  
CADENZA Training Programme  

CTP003 Chronic Disease Management and End-of-life Care  

Web-based Course for Professional Social and Health Care Workers  

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Chapter 6

Assessing and optimising quality of life of older people with chronic diseases
Lecture Outline

1. Definition of quality of life (QOL) and health-related quality of life (HRQOL)
2. Assessment of health-related quality of life
3. Older people's attitudes towards QOL
4. Relationship between QOL and chronic diseases
5. Optimising QOL of older people with chronic diseases
Definition of "Quality of Life"

• "The degree of well-being felt by an individual" Wikipedia, 2008

• "The patient's ability to enjoy normal life activities" Medical Dictionary, 2008

• "An individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns" WHOQOL, 1995
Approaches to Define Quality of Life

**Subjective Evaluation**
A good life being one that is experienced as such

**Normative**
The norms being dictated by principles, beliefs, and philosophies about a good life

**Preference Satisfaction**
Depending on availability of goods to choose from and ability to acquire them

Netuveli & Blane, 2008
What is Health Related Quality of Life? (HRQOL)
Definition of HRQOL

- The effect of health on an individual's satisfaction or happiness.
- Health perceptions, symptoms and overall quality of life are included in the concept domains of HRQOL.
- The assessment of HRQOL is crucial in informed patient management.

How is Health-related Quality of Life Assessed?
Two Basic Approaches

1. Self-assessed health instruments
2. Generic instruments
1. Self-assessed Health Instruments

Specific instruments that focus on

- problems associated with single disease states
- patient groups
- areas of function

Ware, 2000
2. Generic instruments

The generic instruments used in

- comparing populations generally and specifically
- comparing the relative burden of diseases
- identifying the health benefits produced by different treatments
- screening individual patients

Ware 2000
Introduction of SF-36 Version 2.0

- SF-36 is an instrument used in more than 50 countries as part of the International Quality of Life Assessment (IQOLA) Project.

- A multi-purpose, short-form health survey.

- It includes 36 questions with 8 domains of health and includes functional health and well-being scores as well as psychometrically-based physical and mental health summary measures and a preference-based health utility index.

8 Domains of Health

**PHYSICAL COMPONENT**
- General health (GH)
- Role physical (RP)
- Bodily pain (BP)
- Physical function (PF)

**MENTAL COMPONENT**
- Vitality (VT)
- Social function (SF)
- Role emotional (RE)
- Mental health (MH)

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Scoring

- Scoring in 2 summary measures aggregating 8 scales
- Summation of all items in the specific scale
- No further standardisation or weighting
- Physical component score (PCS): combines PF, RP, BP, and GH
- Mental Component Score (MCS): combines VT, SF, RE and MH

Score interpretation

- Average: 50
- Below average: 0-49
- Above average: 51-100
- 10 points = 1 standard deviation
- Score below 50 indicates below average health status and should trigger further investigation
- Increasing deviations‡ higher need for further assessment

What is Quality of Life from an Older Person’s Viewpoint?

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Domains of Quality of Life for Older People

Physical and functional

Psychological

Economic

Social

Lau et al 1998
Elements of Physical and Functional Well-being

- Good health
  - Fewer illnesses, less pain,
  - Able to eat, sleep, walk and run

- Leisure
  - Keep active
Elements of Psychological Well-being

Possible elements:
- Sense of autonomy
- Sense of role fulfillment
- Self-concept
- Self-perceived coping ability

Happiness

Lifesatisfaction

Lau et al 1998
Elements of Social Well-being

Social interaction:
Social activities and relationships, opportunities to socialise

Social support:
Religion and culture, emotional support, new social contacts

Social networks:
Formal: e.g., community elderly centres, governmental departments
Informal: e.g., family and friends

Lau et al 1998
Elements of Economic Well-being

Money

Housing

Lau et al 1998
Quality of Life (QOL) for Older People

• The impact of chronic diseases on the physical and psychosocial wellbeing of older people.
• Chronic disease reduces the functional capacity of the individual.
• “The QOL for older people has typically been reduced to QOL as related to health.” (Morewitz, 2007)
• The measurement of health-related quality of life (HRQOL) would strengthen and make better clinical decision making and intervention, and allow evaluation of the effectiveness of the intervention.
Relationship between Chronic Diseases and QOL
Chronic Diseases and Quality of Life

Chronic Disease

Physical Impact

Functional Impact

Psychosocial Impact

Quality of Life

(Lam C, 2000)
Chronic Diseases and Quality of Life

- Chronic disease has unfavourable effects on quality of life.
- In low-income countries, middle-aged adults are especially vulnerable to chronic illness.
- Chronic disease impedes the economic development of many countries.
Problems and issues of QOL in chronic diseases -- physical and functioning issues

- Reduction of functional ability
- Fatigue
- Altered sleep and rest
- Change in physical health
- Change in leisure activities

Grant & Rivera, 1998
Problems and issues of QOL in chronic diseases -- psychological issues

- Feeling of loss of self-control
- Anxiety
- Depression
- Distress arising from diagnosis and treatment
- Difficulty in coping with chronic disease
Problems and issues of QOL in chronic diseases -- social issues

- Family distress
- Change in roles and relationships within the family
- Decreased enjoyment
- Increased need for social support
Problems and issues of QOL in chronic diseases -- economic issues

Increased financial burden arising from treatments and hospitalisations

Household adjustment
Health-related Quality of Health - HRQOL
Lam & Lauder's Study

Title:
The impact of chronic diseases on the HRQOL of Chinese patients in a primary care clinic in Hong Kong

Objective:
To determine the impact of eight chronic diseases on the HRQOL of Chinese patients

Design:
A cross-sectional case-control study

Sample:
760 adult Chinese patients of a family medicine clinic in Hong Kong, with mean age 57.6.

Lam & Lauder, 2000
Results

• Patients with chronic diseases were more likely to be older, less educated, unskilled workers and persons whose spouses were deceased.

• Many chronic diseases had an adverse effect on the HRQOL of Chinese patients and that different conditions affected different aspects of life.

• Depression was the most disabling disease, and osteoarthritis of the knee had more impact on the HRQOL than many other chronic diseases.

Lam & Lauder, 2000
• OA of the knee was more disabling than hypertension and diabetes mellitus from the patients' point of view.
• Daily role functioning was the most commonly affected HRQOL domain

Lam & Lauder, 2000
The author suggested that it is necessary to include HRQOL as a routine outcome measure of care for patients with chronic diseases if health services are really for the betterment of the quality of life of people.

Lam & Lauder, 2000
A very important message in the study is that it would be useful if **positive and negative coping behaviours in each culture** could be identified so that appropriate counseling could be given to patients

Lam & Lauder, 2000
chronic diseases → co-morbidities → quality of life
Walker's Study

Title:
Multiple chronic diseases and quality of life: patterns emerging from a large national sample, Australia

Objective:
To study the associations between co-morbidities and quality of life

Design:
Analysis of unit record cross-sectional data from Australian national surveys

Walker, 2007
Older people, obese people, women, people with low socio-economic status and living alone have significantly greater probability of having co-morbidities

Walker, 2007
Among people with co-morbidities and/or with poor self-rated general health, those living alone, low educational qualifications and low socio-economic status were more likely to have negative impact on QOL and greater psychological distress

Walker, 2007
Multiple chronic diseases were found to have a considerable negative impact on QOL. The QOL in this study did not only refer to how people felt about their lives generally, but also in terms of the extent of their psychological distress.

Walker, 2007
Optimising QOL of Older People with Chronic Diseases
What People with Chronic Disease Need?

- Coordination of care across settings and professionals
- Systematic follow-up and assessment tailored to clinical severity
- A care team and practice system organized to meet their needs for information and support for their self-management

A community-focused, patient-centred and knowledge-based integrated health care service is of the utmost importance in providing a comprehensive and integrated service to people with chronic disease in the community.
Community-based healthcare service programmes can provide

- a better quality of life for people with chronic disease
- a better drug compliance for chronic disease patients in family practice
The community based healthcare programme involved

1. A strong **primary health care team** with well trained family physicians and health professionals as primary care practitioners to provide services on health promotion; Curative; Rehabilitation and supporting services;

2. Support **self help activities** of individuals, families and groups
A strong primary healthcare team coupled with self help activities:

• Minimize compartmentalised health care delivery

• offers an economical way to provide high quality holistic and comprehensive care

Lee 2003
Public private interface and collaboration is therefore important to provide a continuous, comprehensive and integrated health care services for chronically ill people. Sharing of medical information is essential for continuous care.
To have a better understanding on the trend of Primary Healthcare Delivery System and Public – Private partnership in Hong Kong, please click into the below website and read Ch. 2 to 3.

http://www.fhb.gov.hk/beStrong/eng/consultation/consultation_cdhcr_cd hr.html
Apart from improving the primary healthcare system, patient support and self help groups are also important in helping older people with chronic diseases enjoy a better quality of life.
There are lots and lots of patient support groups organized by the Hospital Authority and non-governmental organizations (NGOs).

Summary

• The pursuit of health is a lifelong process.

• Life expectancy is becoming longer and chronic illnesses pose a great burden to the healthcare system in Hong Kong.

• A high quality health care system is vital in optimizing the health of older people with chronic illnesses.
• In addition, community resources, such as NGOs and volunteer groups should participate in order to achieve a healthy multi-generational society. Health is also the responsibility of each individual.

• Personal concepts of *health* with regard to older people with chronic disease and family members, are equally important.
• Adopting health-promoting behaviours with healthy lifestyles.

• Good compliance with treatment regimes definitely improves the quality of life for older people with chronic diseases.
http://qol.thoracic.org/sections/key-concepts/health-related-quality-of-life.html

http://www.fhb.gov.hk/beStrong/eng/consultation/consultation_cdhr.html

http://www.springerlink.com/content/r4q0565331100108/fulltext.pdf

http://fampra.oxfordjournals.org/cgi/reprint/17/2/159


Grant M.M. & Rivera L. M. (1998). *Evolution of Quality of Life in Oncology and Oncology Nursing in Quality of Life from Nursing and Patient Perspectives: Theory, Research, Practice*. MA : Jones and Bartlett


