

ORIGINAL ARTICLE

Quality of life in patients with Parkinson's disease

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Abstract

OBJECTIVE: The number of Parkinson's disease patients is instantly growing in Slovakia. As it is progressing disease which extends to the area of human needs it increases the demands on nursing care with the aim to ensure the quality of life of patients who suffer the Parkinson's disease.

DESIGN: In the diploma thesis a standard questionnaire Jenkinson Parkinson disease questionnaire PDQ-39 was used. It consists of 39 questions, aimed at research of areas of everyday needs for clinical practice. Researched sample consists of 120 patients suffering the Parkinson's disease. For statistical evaluation mathematical methods and excel were used.

RESULTS: In this research we analysed and interpreted results of PDQ-39 questionnaire for individual physical, psychical and social domains. Monitoring quality of life assessment was carried out by using sub-topics such as Mobility, Daily Activities, Disease Symptoms, Emotions, Social Support, Cognitive Functions, Communication and Physical Discomfort. Significant differences were found in the circumstances that identify Physical Needs. Overall, we note the difficulties for 53.17% of respondents with Mobility, especially with Mobility Over Longer Distances and When In Public. We also have found significant differences in the psychological needs, especially in the categories of Disease Symptoms, Emotions, Cognitive Functions and Communication as they effect quality of life in managing daily activities. The outcome of the questionnaire is that patients perceive quality of life in a very negative way mostly in the area of mobility and in the emotional area.

CONCLUSIONS: In the research of how does Parkinson's disease restrict the quality of life in areas such as mobility, daily activities, disease symptoms, emotional and cognitive functions most of the patients feel lower quality of life. When analysing the area of social support, communication and physical discomfort we can assume that the disease has only seldom negative impact on quality of life. In the psychical area we can confirm that symptoms of depression and anxiety cause restrictions in everyday activities. Knowing the problems of patients with Parkinson's Disease affects the identification of nursing interventions in meeting the biological, psychological and social needs and improving the quality of life.

INTRODUCTION

Nursing care in the field of improving quality of life not only focuses on the physical aspects, but mainly it seeks to support patients return to as normal life as possible, cope with daily activities, use of resources, social support, and so on. Quality of life is frequently used in nursing as an indicator of user satisfaction with nursing interventions for diseases (Gurková 2011). In patients with Parkinson's Disease, we used a specific tool that derives its significance in the context of evidence based nursing practice. Finding subjective perception of the impact of the disease on the patient's life is the starting base to design adequate interventions that lead to the creation of better therapeutic relationship with patients and improving the quality of their life in ordinary daily activities. The main aim of this paper was to assess quality of life assessment as an important determinant in meeting physical, mental and social needs of patients with Parkinson's Disease using a standardized questionnaire Parkinson's Disease Questionnaire - 39 (PDQ-39) and evaluate significant differences of the various categories affecting quality of life.

MATERIALS AND METHODS

Methodology is developed based on several sources, such as: professional domestic and foreign literature, theoretical concepts and research studies, scientific and professional publications, magazines, books and

Tab. 1. Mental health needs in the presenting symptoms of the disease.

Examined psychological domains:	Number of respondents
Emotion	
Feeling cramped, home imprisonment	80.83%
Depressed feelings	39.17%
Feelings of grief and crying	84.17%
Feelings of isolation and loneliness	53.14%
Feelings of anger and resentment	42.17%
Anxiety	95 %
Feelings of worried about the future	73.33 %
Feelings of temperature induced discomfort	45.83%
Cognitive Functions a Communication	
Difficulties in writing that cause hand tremor	More than 50%
Problems with concentration when reading or watching TV	61.67 %
Worsening memory loss	64.17 %
Anxiety or hallucinations	85%
Difficulties with speech and ability to properly communicate with people	37.5%
Difficulties with speech and remembering the recent questions and tasks	71.67%

presented contributions. The standardized Parkinson's Disease Questionnaire - 39 (PDQ-39) was chosen from quantitative research techniques designed for clinical practice available on the internet. It contains 39 headings with the verbal designations *Never*, *Occasionally*, *Sometimes*, *Often* and *Always* that were designated in the paper version. Their return was 100%. The interview was used in cases where there was uncertainty as a form of validation of the data collected during personal interviews with respondents at the Neurological Center and the Department of Neurology. The study was conducted on a set of 100 respondents composed of 55 women, representing (45.83%) and 65 men, representing (54.17%) diagnosed with Parkinson's Disease with varying stages of disease. Participants were patients of Neurological Center and the Neurological Department of the Zemplín Region. The study was conducted from August to November 2011. Respondents were represented in age categories: from 45 to 86 years and over, with 10 years scaling. The subject of the examination was the quality of life of patients with Parkinson's Disease in their physical, psychological and social needs, which were sub-topiced into headings such as Mobility, Daily Activities, Disease Symptoms, Emotions, Social Support, Cognitive Functions, Communication and Physical Discomfort.

RESULTS

In our study, we found a satisfactory level of overall subjective assessment of patients' quality of life. No significant differences were found in terms of the age and the sex of patients. Social assistance and family relatives support have significant impact on perceptions of the quality of life according to results from nearly 71% of reported respondents. Significant differences were found in categories that identify physical needs. Overall, the difficulties of 53.17% of respondents with Mobility, especially with Mobility Over Longer Distances and When In Public, as well as, additional headings of Fear and Concern of Falling in Public were reported from the interviews. This was mentioned by up to 91.67% of respondents. However, when we studied the heading Accompaniment by Another Person When Walking Long Distances, we found that of the total number of respondents, only 14.17% of respondents needed Accompaniment. Those respondent's ambivalent expression can reflect their subjective endeavor of not burdening family and loved ones, even when they need help in mobility that family can provides them. Moreover, 63.33% participants reported joint pain all over the body.

Significant differences were found mainly in the mental health needs in the presenting symptoms of the disease, the emotions, cognitive functions and communication that affect the quality of life in managing daily activities. The incidence shows us a table.

Coping with daily activities such as home care, housework, cooking are a problem for 53.7% of respondents.

Carrying bags with purchases occasionally was reported by 12% respondents and completing leisure-time activities by 54% of respondents. 48.33% of respondents reported problems when changing clothes and turning knobs or tying laces. Difficulty in cutting up food and drinking without spilling was reported by 67.5% of respondents. We conclude that the observed significant differences in daily activities were less pronounced than in the domain of disease symptoms, in emotions, cognitive functions and communication (Table 1).

DISCUSSION

When analyzing research on the quality of life of patients with Parkinson's Disease and its impact on specific areas, we are faced with low interest in Slovakia. There are few published research papers or studies of this area, which would use a standardized questionnaire PDQ-39. Frequently, we meet with partial surveys focusing on a specific topic (Joyce *et al* 2003; Ferrans & Powers 1992; Veenhoven 2000; Zeng *et al* 2010). Our survey can be compared with the results of foreign authors who were cited: <http://www.parkinsonsdiseasecme.com/cme-modules/redefining-treatment-success/validated-pd-qol.html>. The studies were focused more on assessing individual categories such as Parkinson's Disease Clinical Parameters by authors Rehm *et al* (2007). The findings provide the classification of the various sub-topics allowing explanation for the patients' reactions to the natural course of the disease. In analyzing our study, we found consistency in clinical symptoms related to mobility, which worsens perception of the quality of life in patients. Studies that follow patients with Parkinson's Disease have shown that the quality is not reduced due to the classic symptoms, but rather due to depression and dementia. Finally, we think that at present, there is no comprehensive evaluation of the quality of life of the general healthy population in Slovakia, the results of which the quality of life of patients could be compared as it is done all over the world.

CONCLUSION

In our study, we addressed the issue of the quality of life for sufferers of Parkinson's Disease. This disease, with its progressive and irreversible course, and specific symptomatology, such as prolonged stress, significantly affects not only physical, but also psycho-social functioning. Undoubtedly, the disease affects the quality of life of both the patient himself and his family. New strategy of health and the social care is directed to maintaining a friendly level of functioning sick people, resulting in a very important goal: to improve the quality of life. Quality of life is a long-term goal of nursing care in the field of quality of life improvement, which should focus not only on the physical aspects, but mainly to support patients return to normal life, coping with daily activities, use of resources, social support, and so on. In recent years, the medicine and nursing place great emphasis on the assessment of the factors affecting the perception of the quality of life of the patient. This assessment is the result of interest in providing quality health care and also an effort to better monitor and evaluate the results of medical care and provided therapeutic approaches that determine the quality of life in various categories. Specifically, nurses and attending health professional staff can improve the quality of life for these patients.

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