

# Health-related Quality of Life Assessment in People with M.S City of Iranshahr using the Second Version of the Questionnaire Sf- 36

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## Abstract

One of the diseases this century. Unfortunately most young people, especially women to become infected patients with multiple sclerosis (M. S) is a world specialist physicians still cause is unknown. Loss or inability to work, in people with this disease the huge economic burden to society. Today, self-assessed health status using a standard set of epidemiological research-based society. Given the importance of quality of life relative improvement of life study, Reporting and Assessment of quality of life using the second version of the questionnaire 36sf in the life of these patients. This cross - sectional study that randomly among 70 patients with multiple sclerosis. in Iranshahr area of Iran a questionnaire on items Physical function, physical problems, emotional problems, vitality, mental health, social functioning, bodily pain, general health was conducted. The obtained data were analyzed by using statistical software spss<sub>16</sub>, excel<sub>2010</sub>. The findings showed that the mean scores of physical components (pcs) 5.7857 and total score that each component in M.S patients (67/0 = r, 01/0 = p) is positive and significant relationship.

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The results showed the importance of quality of life and social protection, which can be life satisfaction and hope in patients with multiple sclerosis. However, though the quality of life in various forms including financial, cultural, educational and supportive services can have on the well-being of patients with M.S contribute, However, due to the lack of definitive therapy for the treatment of this disease so overall quality of life can also have a significant relationship with partial recovery of patients. Design and implementation of intervention programs to enhance people's understanding of MS, Ways to prevent it and promoting protective behaviors is essential at the community level.

**Keywords:** M.S patients; Quality of life questionnaires; promoting; patients.

## **1. Introduction**

Patients with M.S is a disease of this century. Unfortunately, They are affected a large group of young boys and girls, The etiology of this disease is unknown and different views provided by the experts and not considered definitive method for treatment [1]. Which usually occurs between the ages of 20 to 40 years and affects women more often than men [2]. This is called viral or autoimmune disease and convincing reason for it not And most interesting of the virus, the disease is considered one of the reasons for himself while still unproven. The disease has different symptoms and side effects associated with different consequences. And finally retardation disability, limited mobility, stress, mental disorders and depression and is a significant complication, Which can affect personal and social life of these patients and patients to become isolated individuals and their withdrawal [3]. Social support and interpersonal exchanges among members of the social network for bilateral relations and informal and often spontaneous and are useful And has two functional domains of perceived social support and structure the size of the social network. Perceived social support, subjective opinion about the support offered to reflect And the size of the social network known to everyone by the individual or patient round picks [4]. There is no cure for multiple sclerosis As a result of treatment with beta interferon regulating safety, symptom control and non-pharmacological interventions focused [5]. According to the National MS Society in the United States, about 5.2 million people worldwide are affected by MS patients, Every week 200 people are added to them eight thousand new cases are detected each year. MS is the third leading cause of disability in the United States [6]. According to Iranian MS Society, National Multiple Sclerosis Society, about 40 thousand patients in the country. Loss or inability to work, imposes huge economic burden to society, National Institute of Neurological Disease and Stroke in the US estimates that costs have caused Annually, more than 2.5 billion dollars in the US [7]. People with chronic debilitating condition have. Buyers are more difficult; The problem, in patients with limited health promotion activities and as a result of secondary complications and limitations in life are independent Which ultimately has a negative effect on quality of life [8]. Physical, psychological, social and economic quality of life in chronic diseases is undergoing many changes. In these patients' quality of life is influenced by the severity and duration of illness and the drugs will be used in these patients. Today, many governments to improve the quality of life is considered important an integral part of social and economic development [9]. The first study of health-related quality of life of MS patients. S. was published in 1990 [10]. The results of these studies have shown that these patients compared with healthy people have a lower quality of life In addition, other studies to compare the quality of life of patients with other chronic diseases such as epilepsy, diabetes, rheumatoid arthritis and inflammatory bowel disease, Showed that patients with multiple

sclerosis significantly lower quality of life [11 - 16].

The validity of the study entitled "The relationship between quality of life in patients with multiple sclerosis Demographic characteristics of patients participating in the Association of Isfahan in Iran ms ". In this study, the quality of life are divided into two general groups in patients with multiple sclerosis. Monitoring physical health and mental health. Physical integrity in four sub-branch bodily pain, general health, physical role, physical exertion and mental health that is studied in four sub branches of the life, social, emotional role and mental ability. This study intends to achieve the full criteria for checking the quality of life in patients with multiple sclerosis in Isfahan Using the international sf- 36, initial information for optimization measures at their disposal their style of life and health centers responsible. The results of this study show that with increasing severity of disease in Isfahan, is affected mental health patient more their physical health. The lives of all the subjects during the study compared with their demographic characteristics (age, sex, occupation and education) and the severity of the disease, ...) there was no significant relationship Between quality of life and disease severity and demographic characteristics of the patients, that there is a significant relationship between physical health and mental health components of quality of life [17]. There are different theories about quality of life. Some researchers believe that only together several aspects of their health, quality of life it can be called with each other. Some of them also believe that no single definition that at all stages of a disease or be applied in different societies, For this concept does not exist. Most experts in this field agree that positive and negative facts of life together to consider and multi-dimensions. However, it will be considered a concept Subjective in the sense that should (dynamic) dynamic self, and not a substitute be determined on the basis of his opinion That is dynamic and will change over time and is necessary therefore to measure the period of time. Although the subjectivity of the quality of life in terms of some scientists is not enough Therefore, some experts believe that each domain of quality of life should have the ability to Both measurable subjectively and objectively , The team proposes if necessary that subjective assessments [18]. While important in any research related to quality of life defined in terms of research brought to light [19]. Due to the foregoing, the study of quality of life programs for detecting people at risk can be reduced quality of life , The development of interventions to enhance the quality of life they did aim of this study was to evaluate quality of life of M.S patients.

## **2. Methods and materials**

This study was a descriptive cross-sectional survey was done in the summer of 2017 in the town of Iranshahr. The pilot study to collect information from library resources and the Internet, then at the time the study was conducted in the years 2016 - 2017. Methods and tools for data collection questionnaire The questionnaire included 36 questions. The method of scoring and interpreting the self-administered questionnaire was used mainly to evaluate QOL and built by Weir and Sherborne, The territory is evaluated 36 and 8 physical functioning, social functioning, role physical, role emotional, mental health, vitality, bodily pain and general health. Moreover, 36-sf two Global Assessment also provides the function; total score of physical components (pcs) which is also the physical health measure. And total score of psychological factors (mcs) that this is the case then evaluate the psychosocial health. The higher the score is therefore mean a better quality of life. Validity and reliability of the questionnaire was confirmed in Iranian population [20]. And internal consistency coefficients have been reported between 0.70 to 0.85 and its subscales 8 retest coefficients between them with

one week interval 0.43 to 0.79. In addition, the instrument could in all aspects, the distinction between healthy persons and patients [21]. Scoring methods are provided for each option in the following table:

- options in questions 1 and 2 of the first 5 points and 1 point will be the fifth option.
- In Question 3 to 12 according to the following table:

would have no problem at all

**Table 3**

<i>option</i>	<i>I'm a difficult</i>	<i>I'm a little difficult</i>	<i>no problem at all</i>
<i>score</i>	1	2	3

- In Questions 13 to 19: yes zero option and the option No 1 scores
- Questions 20 and 22 options in the first 5 points and 1 point will be the fifth option.
- For questions 23 to 31

**Table 4**

<i>option</i>	<i>All times</i>	<i>often</i>	<i>a large amount</i>	<i>sometimes</i>	<i>amount of DEMISE</i>	<i>Never</i>
<i>score</i>	6	5	4	3	2	1

- The first 32 items in question will be 5 points 1 point and the fifth option.
- In Questions 33 to 36:

**Table 5**

<i>option</i>	<i>right</i>	<i>quite right</i>	<i>I do not know</i>	<i>totally false</i>	<i>false</i>
<i>score</i>	1	2	3	4	5

This questionnaire has two main sections that each segment is presented in the table below related questions:

**Table 6**

<i>option</i>	<i>Number of questions</i>
<i>Physical health</i>	16, 15, 14, 13, 12, 11, 10, 9, 8, 7, 6, 5, 3, 4, 1
<i>Mental Health</i>	1, 17, 31, 30, 29, 28, 27, 26, 25, 24, 23, 22, 19, 18

### 3. Result

Case study, 70 patients with multiple sclerosis. (MS) who were randomly selected.

**Table 1:** Distribution of mean and standard deviation for each 8-item questionnaire respondents

Physical function	physical role functioning	social functioning	emotional role	emotional role	mental health روانی	vitality	bodily pain	general health
average	5.7857	80.6000	6.0000	5.7143	9.4286	26.00	3.2857	9.2857
S.D	2.56348	3.07781E1	1.63299	1.70434	3.90969	1.05515E1	1.49603	1.79947

**Table 2:** Correlation between mental health and general health.

ANOVA <sup>b</sup>						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	67.236	1	67.236	13.734	.014 <sup>a</sup>
	Residual	24.478	5	4.896		
	Total	91.714	6			
a. Predictors: (Constant), HHH						
b. Dependent Variable: EEE						

### 4. Discussion

Overall, the results show that quality of life as the strongest and most powerful oppositional forces successful and easy to deal with stressful situations known at the time of conflict And facilitates the tolerance of problems for patients. Quality of life, physical health, psychological, social and economic positive effects could improve and make a good impression to life, the general assessment is better than living and cope better with the illness. Positive social relationships and support, positive effects on physical and mental health patients And causes their symptoms are less severe, Perceived social support and palliative an important area of concern is economic. Social support also plays a role in alleviating the negative effects of mental illness patients And experienced less distress, feel more in control, improve self-esteem, reduce negative effects on the lives and improve the quality of life of events. Adequate protection of families and family members of patients can improve quality of life and provide better support to patients and improve their quality of life [1]. Studies show

that cohen among cancer patients, receiving support from others like a shield against the negative consequences of the disease and treatment works And thus establish a strong relationship with the patient's psychological performance [22]. Mahmoudi has done in a descriptive study entitled "Mental health in patients with multiple sclerosis in Mazandaran province ". The study population of patients with multiple sclerosis. Monitoring and random sampling Sistan-Baluchestan province. The sample consisted of 70 patients with multiple sclerosis. M.S patients who were covered by the M.S Society. The results of this study showed that patients with multiple sclerosis, according to mental health disorders is recommended Monitoring and physical problems, social, anxiety and depression in these patients Education, counseling and psychological support to help these patients [23].

## **5. Conclusions**

M.S can be the most common diseases of the nervous system in humans. This chronic disease often affects young adults belongs to a group of diseases of the nervous system that is associated with demyelination of nerve pathways [24]. M.S is a chronic inflammatory disease often progressive central nervous system (brain and spinal cord) [25]. Like other autoimmune diseases, the disease is more common in women than men. Its incidence has tripled in women than in men. Probably more because of my hormones and the immune system in women [26]. Depression often feel despair or lose something arise [27]. M.S disease is an undeniable reality that affects the lives of patients. Currently, this technique is not available cure for this disease But with the development of a treatment plan specific follow-up and medication use new treatments and rehabilitation techniques can be alleviated symptoms, It was slower progress, With the support of the current status of a person's ability to preserve and enhance patient allowed to follow a natural process and normal life [25]. What is certain genetic and environmental factors play an important role in the pathogenesis of this disease. On the other hand, according to experts, people with the disease is increasing; Therefore, research on various aspects of the disease, including risk factors, the cause of the disease, its prevention and treatment is needed more than ever. The results Fafnbrgr and colleagues also Dyshvn and Miller showed that Level of physical and mental disability aspects - mental quality of life have a significant relationship It was found that the higher the level of disability and quality of life will be lower [27,29]. The results show that the correlation between quality of life and reduce psychological problems (anxiety, depression and despair) in M.S patients there is a significant relationship Although the quality of life in various forms including financial, cultural - educational and support - services can have on the well-being of patients contribute. However, will not be affected relative due to the lack of definitive therapy for the treatment of this disease it can improve quality of life.

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