

PHYSICAL DISABILITY AMONG CHRONICALLY ILL PATIENTS ADMITTED TO THE INTERNAL MEDICINE DEPARTMENT IN ALEXANDRIA MAIN UNIVERSITY HOSPITAL

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Introduction

Chronic diseases or illnesses are conditions that are slow in progression, of long duration, and have no spontaneous resolution. They have been considered as common precursors for developing disability and have been demonstrated in quantitative research to significantly adversely affect an individual's quality of life, both physically and cognitively. The World Health Organization (WHO) established the International Classification of Functioning, Disability and Health (ICF), which is now widely accepted as the global standard, to characterize the different aspects of disability. Moreover, the WHO Disability Assessment Schedule 2.0 (WHODAS 2.0) is a practical, generic assessment tool to measure health and disability at the level of population or in clinical practice. There is lack of information regarding the prevalence of physical disability among chronically ill patients admitted to Alexandria Main University Hospital. Also, little is known about which of these chronic diseases and which factors contribute to higher grades of physical disability.

Aim of the work

The aim of this study was to detect and characterize physical disability in chronically ill patients admitted to the Main University Hospital, Faculty of Medicine, Alexandria University.

Subjects and Methods

The study included 120 patients diagnosed with a chronic illness (liver disease, kidney disease, diabetes mellitus, respiratory disease, endocrinal disease, gastrointestinal disease, or rheumatic disease) for more than 6 months. Patients were recruited from those admitted to the Internal Medicine Department in Alexandria Main University Hospital.

All patients were subjected to assessment of their chronic illness (history taking and general examination), pain assessment using numeric pain rating scale (NPRS), assessment of depression using patient health questionnaire (PHQ-9) and assessment of impairments of body function(s) and structure(s) and environmental factors using the ICF checklist. Physical disability was assessed using WHODAS 2.0. Statistical analysis: Qualitative data were described using number and percent. Quantitative data were described using median with range and mean with standard deviation. Significance of the obtained results was judged at the 5% level. Pearson correlation coefficient was used to evaluate the relationship between two variables.

Results

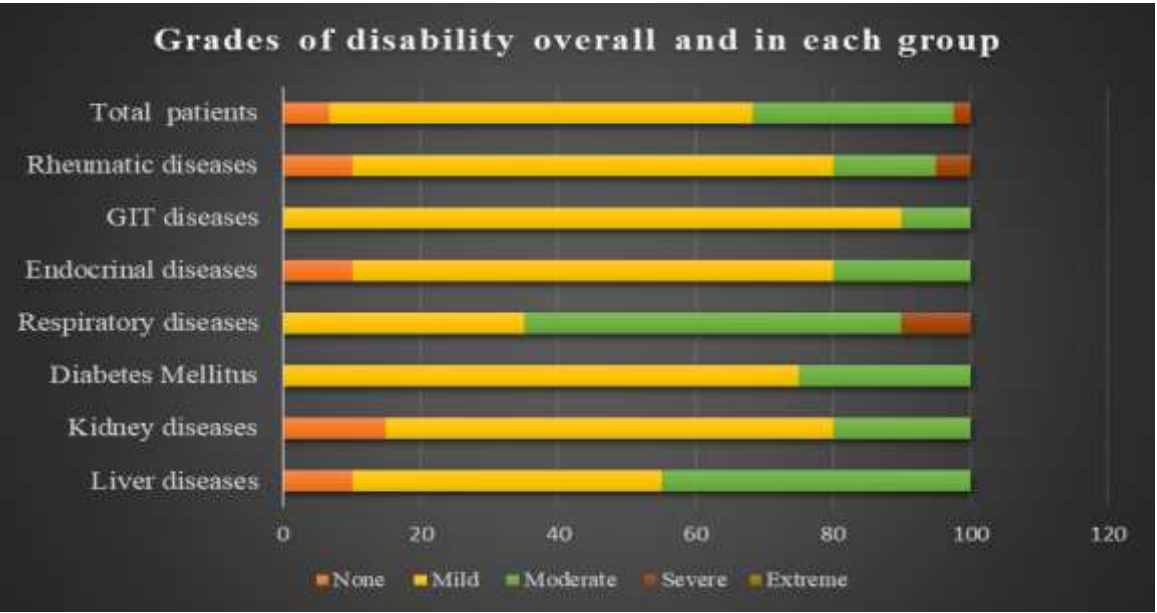


Figure: Grades of disability overall and in each group

The prevalence of physical disability in diabetics, respiratory diseases and GIT diseases was (100%), in liver diseases, endocrinal diseases and rheumatic diseases (90%) and in kidney diseases (85%).

Table: Correlation between pain severity and PHQ-9 and WHODAS 2.0

	WHODAS 2.0	
	r	P
Pain severity	0.3058	0.0007
PHQ-9	0.5310	<0.001

- The mean pain severity was 4.11 ± 3.42 and the median was 5 (range: 0 – 9).
- The mean PHQ-9 score was 6.48 ± 3.52 and the median was 6 (range: 1–20).

Conclusion

The prevalence of physical disability in chronic illness was high (93.33%). Most patients (61.67%) were mildly disabled, while none had extreme disability. Respiratory diseases were associated with higher grades of disability having the highest percentage of patients who were moderately and severely disabled (55% and 10%, respectively). Also, increased pain severity and depression were found to be related to higher grades of disability.