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Impact of cardiovascular diseases on life quality of older people

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Abstract---Objectives: The study aims to assess the Quality of Life of Elderly People with Cardiovascular Diseases. To find out the relationship between socio-demographic data for Elderly people with cardiovascular diseases and quality of life. Methods: A cross-section descriptive study design is used for a period from December 2022 to the 15th of May 2022; the study was conducted in the Babylon province. Results: The majority of patients aged ranged from 60-69 years old and constituted (72.5%) of the study sample. In regards to gender, most of the studied sample was female. general health (M=1.12) was the most common associated with poor quality of life, followed by physical health (M=1.38), followed by environmental health (M=1.39) and psychological health (M=1.64). as well, social health records the highest mean score (M=2.71) as a good quality related to social health. Conclusions and Recommendations: The study concludes that the medical history of the sample revealed most people had a history of coronary artery disease and the duration of the disease by more than 2 years with the disease. The majority of individuals were elderly People with Cardiovascular Conditions who did not have any chronic diseases.

Keywords---cardiovascular diseases, life quality, older people.

Introduction

Despite considerable advancements in prevention, diagnostics, medication, and recovery, cardiovascular disease continues to be among the most common chronic diseases. according to data, CVD is the biggest cause of mortality worldwide (Kurucová et al., 2014). As of the most recent WHO data reported in 2018, the

total of Coronary Heart Disease mortalities in Iraq reached 32,463, accounting for 18.92 percent of all deaths. Iraq ranks 20th in the world in terms of age-adjusted mortality rate (230.27 per 100,000 population (Merangin et al., 2018). Patients with CVD who have lost a healthy life due to impairment may have a lower QOL. Various physical and mental symptoms associated with CVD, such as dyspnea, fatigue, edema, difficulty sleeping, sadness, and chest discomfort, may impair everyday activities. High hospitalization and mortality rates are linked to poor life quality. As a result, the QOL of patients with CVD should be measured adequately to determine its influence on their everyday lives (Komalasari et al., 2019). Health-related quality of life refers to an individual's growing knowledge of the impact of their health status on their overall functioning and well-being, which includes physical, psychological, emotional, and social functioning dimensions (HRQoL). HRQoL is regarded as a vital patient-reported outcome measurement for CVD intervention strategies and therapies. In patients with CVD such as heart failure or ischemic heart disease, lower HRQoL has been related to an increased risk of hospital readmission and mortality, as well as CVD mortality in a variety of society samples, such as in later life (Phyo et al., 2021). The discovery of risk factors associated with CVD was one of the most important discoveries in cardiovascular research of the twentieth century, with subsequent medicines developed and rigorously tested to change these risk variables to avoid CVD. The INTERHEART research examines over 27,000 cases and regulations from 52 countries and discovered that nine possibly main risk factors can explain over 90% of the social risk for cardiovascular problems: apolipoprotein B/apolipoprotein A percentage, cigarettes, diabetes, high blood pressure, obesity, psychological stressors, nutrition, exercise, and alcohol drinking. thus, it is reasonable to believe that modifiable risk factors exist Furthermore, despite advances in CVD primary and secondary prevention, there are still a variety of socioeconomic challenges in cardiovascular health care that vary by location and time (Kreatsoulas & Anand, 2010).

The objective of the studying

To assess the Quality of Life for Elderly People with Cardiovascular Diseases.

Design of the study. a descriptive-cross-sectional study that employs an evaluation technique.

Setting: conducted on imam-Sadiq teaching hospital, margin teaching hospital and Shaheed AL mihrab for cardiac diseases& surgery center in al-Hilla city

Sample of the study: Select Purposively 120 patients of both genders of elderly age, were patients medically diagnosed with cardiovascular diseases visit to hospital and outpatient department.

Inclusion Criteria: For selecting the sample who are aged above 60 years old, have a duration disease of more than 6 months and agree to participate in the study.

Rating and scoring: Three scales are used in quality of life for the elderly with cardiovascular diseases. The three points are scored in positive items as (1) for never, (2) for some time, and (3) for always, in negative items as (1) for always (2) for some time, and (3) for never.

Statistical analysis: Data were analyzed by applying descriptive analysis as; frequency, percentage, and mean score. Inferential statistics such as; Anova and T-test

Result

Table: Descriptive Statistic of Socio-Demographic Variables (SDVs)

SDVs	Classification	Freq.	%
Age/years	60-69 years	87	72.5
	70-79 years	21	17.5
	≥80 years	12	10.0
	Total	120	100.0
Gender	Male	58	48.3
	Female	62	51.7
	Total	120	100.0
Marital status	Single	4	3.3
	Married	101	84.2
	Widower	15	12.5
	Total	120	100.0
Education level	Illiterate	8	6.7
	Elementary school	52	43.3
	Secondary school	24	20.0
	Institute and above	36	30.0
	Total	120	100.0
Occupation	Jobless	41	34.2
	Free work	15	12.5
	Retired	40	33.3
	Employ	24	20.0
	Total	120	100.0
Socio-economic	Insufficient	54	45.0
	Sufficient to certain limit	52	43.3
	Sufficient	14	11.7
	Total	120	100.0
Residents	Urban	96	80.0
	Rural	24	20.0
	Total	120	100.0

This table displays the age range of 120 participants who participated in this study varying from 60 to 69 years old, accounting for 72.5 percent of the study sample. In regards to gender, most of the studied sample were female (51.7%) as compared with those who are male. Marital status-related findings, most of the participants (84.2%). Respected to the education level, the elementary school composed the highest percentage (34.3%). Occupation associated findings; the elderly people exhibited jobless (34.2). In terms of socio-economic status, it is obvious from the findings that the insufficient economic records are the highest (45%) and residents in urban areas (80%).

Medical history	Classification	Freq.	%
Type of medical history	HF	28	23.3
	CAD	57	47.5
	Valvular diseases	17	14.2

	Arrhythmia	18	15.0
	Total	120	100.0
Duration of disease	<1 year	41	34.2
	1-2 years	35	29.2
	>2 years	44	36.7
	Total	120	100.0
Chronic diseases	Yes	57	47.5
	No	63	52.5
	Total	120	100.0

Table: Descriptive Statistic of Medical History

Medical history-related findings, most people had a history of coronary artery diseases (47.5%). Concerning the duration of the disease, patients expressed more than 2 years with the disease. Most people (52.5) exhibited no suffering from chronic diseases as compared with those (47.5%) with chronic diseases.

Table: Overall Quality of Life among Elderly People with Cardiovascular Diseases

Quality of Life	Freq.	%	$M \pm SD$
Poor	53	44.2	
Moderate	67	55.8	
Total	120	100.0	51.66±4.981

M: total score (Mean), SD= total score (Standard Deviation)

(Poor= 30-50; Moderate=51-70; Good=71-90)

Findings illustrated that (55.8%) of elderly people with cardiovascular diseases exhibited a moderate quality of life of 8.05 (± 1.218).

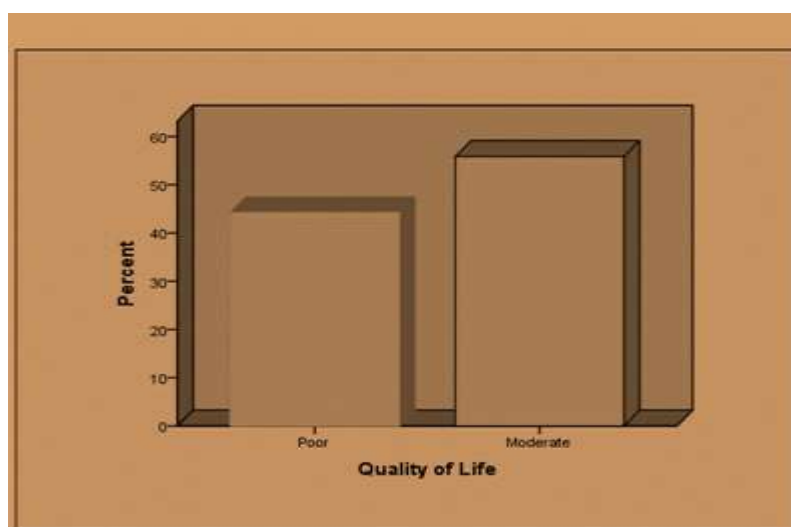


Figure: Quality of Life

Findings in the figure showed the quality of life profile according to means that general health ($M=1.12$) was the most common associated with poor quality of life,

followed by physical health ($M=1.38$), followed by environmental health ($M=1.39$), and psychological health ($M=1.64$). as well, social health records the highest mean score ($M=2.71$) as a good quality related to social health.

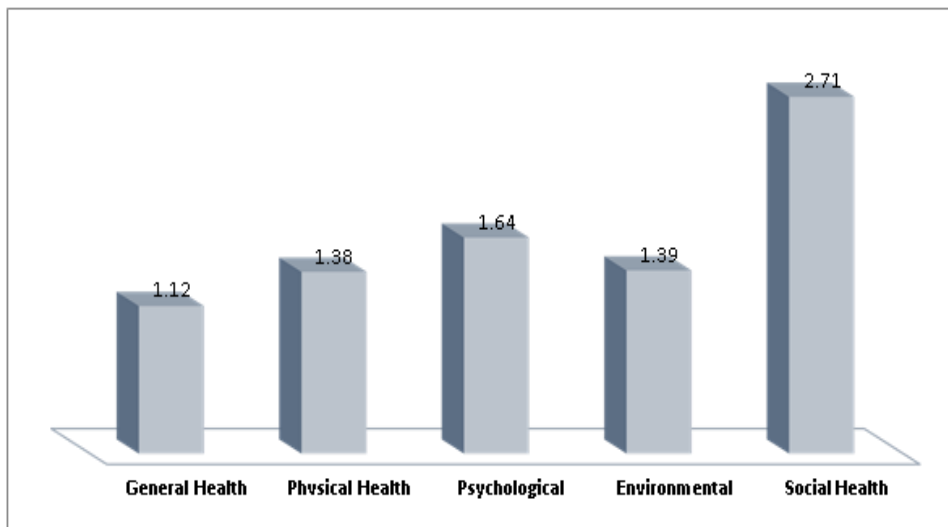


Figure 1 Quality of Life according to Domains

Discussion

The demographic characteristics of the samples shows that the majority of Elderly People with Cardiovascular Diseases participating in the sample represents (72.5%) are between the ages of 60-69 years. this result is consistent with the results of studies carried out in Tabriz City in Iran which carried the title (Cardiovascular Disease Patient's Quality of Life in Tabriz City in Iran) in 2018, where the majority of participants (about 80%) were between the ages of 50 and 69 years (Azami-Aghdash et al., 2019). While the results of the sample show that the majority of the participants were female (51.7%). the results of the study not similar to the results of the research that was achieved in 2014, which was titled, (Quality of Life of People with Cardiovascular Disease: A Descriptive Study), which was conducted by Renata Komalasaria, Nurjanahb, and Maria M. Yochec in Indonesia, and was Study results The majority of the participants were male (55.4%) (Komalasari et al., 2019). The risk of Cardiovascular Disease in women goes up with age. It is the greatest cause of mortality in women over the age of 40, particularly following menopause. The reduction of natural estrogen as women age may contribute to the increased risk of CVD found after menopause. The socio-economic level of most elderly People with Cardiovascular Diseases has an Insufficient economic status (45.0 %), the results agree with the result of research that doing in the year 2018 in Dhaka, Bangladesh that appears most (52%) were in the low-income category (Barua et al., 2018).

Therefore, (Rawaf et al., 2014) showed in the study about Iraqi life conditions, that Iraq's economic development is subject to oil price and volume shocks due to a lack of economic diversification. This puts at risk its capacity to implement credible and long-term budgetary policies. Economic diversification is thus a

problem for the Iraqi government, both in terms of job creation and promoting income-generating options for the majority of the Iraqi population. The findings showed that the majority (90%) of elderly people with cardiovascular diseases had a poor quality of life associated with general health. A similar study in Saudi Arabia found that the lowest mean score was for General Health (General perception about health), indicating that the patients had a poor QoL (AbuRuz et al., 2015).

The findings revealed that 62.5% of individuals with cardiovascular illnesses had a low quality of life related to physical health. This report concurs with a survey conducted in Indonesia in 2019 that found (that 54.7%) have a low quality of life in terms of physical health (Komalasari et al., 2019). The elderly had a moderate response in terms of psychological health state, as evidenced by moderate mean scores. This research's findings align with a 2014 study named (Patients' Health-Related Quality of Life After Percutaneous Coronary Intervention in Baghdad City), which found that psychological health has a moderate quality of life (Mousa et al., 2014). Poor quality of life associated with environmental health was revealed in this study at 66.7%, which is comparable to the study titled (Quality of Life of People with Cardiovascular Disease: A Descriptive Study), which revealed an inadequate quality of life associated with environmental health at 85.1% (Komalasari et al., 2019). This study found that elderly individuals had higher mean scores on all studied items as good responses to social relationships. this finding agrees with a study In Baghdad City 2014 shows social functioning has a high quality of life (Mousa et al., 2014)

Conclusion & Recommendations

This study was conducted with 120 respondents to identify the quality of life of the elderly in Teaching hospitals in al-Hilla city using the WHOQOL-BREF questionnaire modified by the researcher and supervisor. The results showed the medical history of the sample revealed most people had a history of coronary artery diseases and the duration of the disease by more than 2 years with the disease. The majority of individuals were elderly People with Cardiovascular Conditions who did not have any chronic diseases. Elderly people with cardiovascular diseases had a poor quality of life associated with general health, physical health, and environmental health while having a moderate response in terms of psychological health state, as evidenced by moderate mean scores. The elderly individuals had higher mean scores on all studied items as good responses to social relationships. Recommended Doing more research to identify the needs of elderly people with cardiovascular diseases that decrease the complications and burden of this disease. development of health care and health status educational programs can encourage a healthy body weight, regular physical activities to improve patient life adaptability, and psycho-social.

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