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Original Article

Factors Related to the Quality of Life of Ostomates at Viet Duc Hospital in 2018

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Abstract

Objective: The ostoma or artificial anus is a part of life of patients who bear it, which impacts quality of life. There are many ostomates at the Viet Duc Hospital, and thus we conducted a study on the quality of life and related factors to help inform recommendations for improving their quality of life.

Materials and Methods: A descriptive study was conducted on patients 18 years or older having an ostomy from April to June 2018. The tool used was “The City of Hope-Quality of Life-Ostomy Questionnaire (CoH-QoL-OQ)”. Patients were interviewed using the questionnaire. The data was analyzed using SPSS.20.0.

Results: There were a total of 203 patients; 137 were men (68%) and 66 were women (32%). Significant factors related to lower Quality of Life (QoL) included: emergency surgery, primary disease other than cancer, presence of concomitant disease, lack of health insurance, sexual dysfunction, postoperative depression, lack of support groups, difficult ostomy location, change in diet, and longer duration of ostomy care.

Conclusion: The study showed that there were many factors which impact the QoL of ostomates. Therefore, to improve the QoLo of ostomates, we need to enhance health education and counseling as well as encouraging community integration.

Keywords: Artificial anus, Ostomates, Quality of life of Ostomates.

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INTRODUCTION

According to the Association of World Council Enterostomal Therapist - WCET^{1,2,6}, estimates the world has nearly 2 million people carrying ostomies, of which about 15% are uretostomies. The largest group includes patients with gastrointestinal stoma, also known as artificial anus or colostomy. Ostomies are distressing to many patients. Numerous studies have shown that the quality of life of these patients is significantly reduced. The ostomy changes psychological status and social activities. Changes include lifestyle changes, reduced ability and the desire to do work, and reduced sexual activities, especially in younger patients. These problems may lead to the self-isolation of patients^{3,5}.

There are no official statistics, but it is likely that there are many ostomy patients or ostomates, in Vietnam². Large hospitals such as Viet Duc (Hanoi) and Cho Ray (Ho Chi Minh City) hospitals have between 300 to 500 cases of stoma per year. There is little attempt to learn about the quality of life of these patients. Therefore, we conducted the present study aiming to learn about the factors affecting the quality of life of ostomates at Viet Duc Hospital, by which recommendations and advice may be made to improve the quality of care to ostomates.

MATERIALS AND METHODS

All patients who underwent ostomy surgery at the Viet Duc Hospital, who were 18 years or older, regardless of gender, were enrolled into the study. Patients must be at least 4 weeks discharged from the hospital and resumed everyday life activities.

The present study was a descriptive prospective cross-sectional study. The subjects used the questionnaire "The City of Hope Scale-Quality of Life-Ostomy Questionnaire (CoH-QoL-OQ)" by Grant and Davis⁷. The study was conducted between April and June 2018. Based on the rating scale, the quality of life (QoL) of patients was classified into the following levels: Low QoL if scores ≤ 5 points; Average QoL, if scores are between 5 to 7 points; and High QoL if scores ≥ 7 points.

Data were collected and analyzed using SPSS.20 software. Fisher's exact test was used to determine significant difference between groups, with significant p -values set at 0.05 or less. Odds Ratios and 95% confidence intervals were used to measure associations between risk factors and outcome.

RESULTS

There were 203 patients with ostomies, including 137 men (68%) and 66 women (32%). The largest group was aged 60 years and older, constituting 47% of all patients. Most were farmers (37%), or retired (38%). Most, 92%, have health insurance.

In terms of physical QoL, 61% rated their QoL as low, 30% as average, and 9% as good QoL. In terms of welfare, 43% rated low, 40% rated average, and 17% rated good QoL. In terms of psychological impact, 51% rated low, 29% rated average, and 20% rated good QoL. Factors related to low or average QoL are given in Table 1.

Table 1 shows that there are 10 factors significantly related to poor (low to average) QoL. These included: emergency surgery, primary disease other than cancer, presence of concomitant disease, lack of health insurance, sexual dysfunction, postoperative depression, lack of support groups, difficult ostomy location, change in diet, and longer duration of ostomy care (taking longer than 60 minutes per day).

DISCUSSION

According to recent statistics, there are a lot of ostomates and many involved are concerned. In the present study, we found a few important factors associated with poor QoL.

Certain demographic factors are important, but not in the present study. In Naseh's study (2011)¹¹, age was correlated with the QoL (correlation coefficient, 0.262, $p = 0.015$). Unmarried men had higher QoL than married men or women^{6,8,9}. In our study, women had lower QoL compared to men, but not by much and was not statistically significant. Similarly, age was not a significant factor.

Type of surgery may be related to permanent or temporary ostomy. We found emergency surgery to be significantly related to lower QoL - perhaps due to a tendency to permanent ostomy. Some studies show a positive correlation between self-efficiency or confidence and good QoL. Those, who are happy, less anxious, and able to take care of and manage their ostomy better, are confident in their stomy care. Naseh (2011) observed that there is a clear correlation between confidence and physical factors (correlation 0.485; $p < 0.001$), psychological factors (0.655; $p < 0.001$), social factors (0.694; $p < 0.001$), and mental factors (0.393; $p < 0.001$)^{6,7,10}.

Table 1 Factors related to low or average quality of life of ostomates

Factor		Quality of life		OR	p-value
		Low/Average (%)	High (%)		
Gender	Male	85 (62)	52 (38)	1.22	0.538
	Female	44 (67)	22 (33)	(0.63 - 2.40)	
Age range	18-40 yrs	18 (69)	8 (31)	1.46	0.493
				(0.53 - 4.32)	
	41-60 yrs	51 (61)	33 (39)	1	NA
	≥ 60 yrs	60 (65)	33 (35)	1.24	
				(0.45 - 3.65)	
Family support	Support	7 (58)	5 (42)	1.26	0.761
	No support	122 (64)	69 (36)	(0.30 - 4.82)	
Surgery type	Emergency	17 (90)	2 (10)	5.46	0.013
	Elective	112 (61)	72 (39)	(1.23 - 49.9)	
Primary disease	Cancers	81 (58)	58 (42)	2.15	0.028
	Others	48 (75)	16 (25)	(1.07 - 4.45)	
Concomittant disease	Yes	30 (83)	6 (17)	3.43	0.007
	No	99 (59)	68 (41)	(1.30 - 10.6)	
Health insurance	No	120 (67)	60 (33)	3.11	0.020
	Yes	9 (39)	14 (61)	(1.17 - 8.60)	
Sexual issue after surgery	No	115 (67)	56 (33)	2.64	0.012
	Yes	14 (44)	18 (56)	(1.14 - 6.16)	
Postoperative depression	Yes	33 (81)	8 (19)	2.83	0.011
	No	96 (59)	66 (41)	(1.18 - 7.53)	
Support group	No	121 (67)	61 (33)	3.22	0.016
	Yes	8 (38)	13 (62)	(1.16 - 9.43)	
Difficult ostomy location	Yes	113 (70)	48 (30)	3.87	< 0.001
	No	16 (38)	26 (62)	(1.78 - 8.32)	
Changing diets	Yes	113 (68)	53 (32)	2.80	0.007
	No	16 (43)	21 (57)	(1.27-6.21)	
Duration of ostomy care	≥ 60 minutes	106 (74)	37 (26)	4.61	< 0.001
	< 60 minutes	23 (38)	37 (62)	(2.31-9.22)	

Our study similarly shows that patients with depression, as opposed to those with no depression, were 2.83 times as likely (in terms of odds) to have poor QoL. In 81% of patients with postoperative depression, QoL was rated poor (Table 1).

Staging and location of colorectal cancer could be important in determining the QoL. In a study of 117 ostomates suffering from colorectal cancer, a positive relationship between the QoL and time since diagnosis was found, meaning that if the disease was diagnosed

at an early stage, the QoL was higher. Chemotherapy or radiotherapy also affected the QoL. Pham Thi Thanh Phuong¹ emphasized that the severity of illness, depression, and anxiety; and ability to self-care also affected the QoL of patients, a finding similar to that of some authors^{3,9,10}. Our study showed that chronic concomitant diseases were associated with poor QoL, although cancer as a primary reason for ostomy was related to better QoL.

Having good knowledge and good self-care skills will make patients have more confidence and improved QoL. Visit costs are quite expensive, and buying ostomy bags for patients with permanent ostomy is a burden due to low incomes or living in disadvantaged areas. In a study by Bich Thuy (2016)², many patients with ostomy lack both knowledge and practice in taking care of his/her ostomy. Therefore, they need support from health care workers. Other studies also show that not only do patients suffer from their ostomies but other concomitant illnesses are of concern and impact QoL^{3,12,13,14}.

Though in our study, most patient do not have health insurance, those who do have a significantly better QoL. Abraham, et al³ in 2014, showed that patients suffering from cancer have bipolar disorder. However, confidence, support from family and society can help improve QoL markedly^{13,15}. In the present study, while family support did not significantly impact QoL, being supported by society seem important for QoL.

Ostomy care influences QoL. In our study, difficult ostomy care, requiring longer time for care, were all associated with poor QoL. Finally, having an ostomy requires changes in diet, adversely affecting QoL, at least in the present study.

CONCLUSION

Quality of life of patients having the ostomy is increasing of interest, and is an important part of medical care. Our study clearly showed the impact of certain risk factors on QoL of ostomates. To improve QoL of these patients, issues to consider should include proper management of concomitant diseases, providing health insurance, advising sexual matters, handling postoperative depression, encouragement to join support groups, and training to care for difficult ostomies, as well as diet recommendations.

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