Factors Affecting Quality of Life for Children with Asthma

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Factors Affecting Quality of Life of Children with Asthma

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BACKGROUND

• Asthma is the most common chronic illness in children under 18 years
• ED asthma admission rates high for children in SE GA
• Despite availability of effective asthma treatments and interventions, asthma continues to severely impact children’s health-related quality of life

PURPOSE

• Assess quality of life (QOL) of children with asthma and their parents/caregivers. The aims of this study included:
  • Aim 1: Determine baseline QOL in children with asthma and their parents/caregivers
  • Aim 2: Determine what factors affect QOL for children with asthma and their parents/caregivers

METHODS

• Study design: Exploratory, mixed-model
• Setting: Children’s hospital outpatient clinic in SE GA
• Participants: (Convenience sample)
  • Children 7-17 years diagnosed with asthma or reactive airway disease (N=104)
  • Parents/caregivers of those children (N=104)
• Data Collection:
  • Paediatric Asthma Quality of Life Questionnaire (PAQLQ), a 23-item QOL questionnaire for childhood asthma
  • Focuses on the domains of activity limitation, emotional function, and symptoms
  • Paediatric Asthma Caregiver’s Quality of Life Questionnaire (PACQLQ), a 13-item QOL questionnaire for caregivers of children with childhood asthma
  • Focuses on domains of activity limitations and emotional function

DATA ANALYSIS

• Bivariate scale domain correlations.
• Regression analysis to determine which factors were predictors of QOL in relation to the PACQLQ and the PAQLQ overall and for each domain. Factors considered:
  • asthma severity (use of Reliever Medications [RM])
  • asthma control (use of Controller Medications [CM])
  • presence of a home asthma management/action plan
  • frequency of Emergency Department [ED] visits
  • hospital admissions for asthma

RESULTS

Aim 1 For our sample:
• Baseline QOL for children with asthma and their caregivers was relatively high.
• There was a positive correlation: Among the PAQLQ subscale domains; and among the PACQLQ subscale domains. These findings support good construct validity for overall QOL.

Aim 2 Factors that were significant predictors for QOL domains (physical activity, emotional, symptoms):
• Children
  ➤ ED visits = All QOL domains
• Caregivers
  ➤ ED visits = Emotional QOL
  ➤ RM use = Emotional QOL
  ➤ ED visits = Physical QOL
  ➤ CM use = Physical QOL

DEMOGRAPHICS

<table>
<thead>
<tr>
<th></th>
<th>Child</th>
<th>Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Age</td>
<td>11.2 yrs (7-17)</td>
<td>38.6 yrs (26-46)</td>
</tr>
<tr>
<td>Gender</td>
<td>Male 63.5%</td>
<td>Male 13.5%</td>
</tr>
<tr>
<td></td>
<td>Female 36.5%</td>
<td>Female 86.5%</td>
</tr>
<tr>
<td>Insurance</td>
<td>State Funded 92.7%</td>
<td>Single 47.6%</td>
</tr>
<tr>
<td></td>
<td>Private Ins 6.3%</td>
<td>Married 30.5%</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td>Other 21.9%</td>
</tr>
<tr>
<td>Income</td>
<td>&lt;$30,000 70.6%</td>
<td></td>
</tr>
</tbody>
</table>

CLINICAL IMPLICATIONS

• While study findings show positive baseline QOL, it is important to further investigate the specific impact of ED visits on QOL of children with asthma and their caregivers.
• Education for both children and their caregivers on controlling asthma symptoms (with an emphasis on compliance in the use of controller medications and avoidance of triggers) to prevent ED visits and increased use of reliever medications, may be of value to improve the QOL of these families.

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References available upon request from corresponding author: Scarey@georgiasouthern.edu