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JARUNEE BUNLUE : QUALITY OF LIFE LOST IN PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE CAUSED BY SMOKING. THESIS ADVISORS : JAYANTON PATUMANOND, M.D., M.P.H., D.Sc. DUSIT SUJIRARAT, M.Sc. KINGKAEW PAJARI, M.D. WATCHARA BOONSAWAT, M.D., Ph.D. 158 p. ISBN 974-662-818-6

An analytic cross-sectional study was conducted to study the quality of life in patients with chronic obstructive pulmonary disease (COPD) and the association between quality of life and various influencing characteristics: age, socioeconomic status and health related factors. The expected health years or quality adjusted life years lost by these patients due to COPD was quantified. The study was conducted in 7 governmental hospitals located in 4 regions of Thailand including the Bangkok Metropolitan region, during June to November 1998. Study subjects included 250 patients with COPD who reported past smoking and 250 healthy subject, chosen from and centers for the elderly, in the reference group. Data were collected by direct interviewing with subjects and/or their relatives. The quality of life was measured with WHOQOL-BREF and life utility was measured by time trade off technique.

The average quality of life among the patients with COPD was 18% lower than that of the reference group ($p < 0.001$). By multivariable analysis, controlling for differences in baseline characteristics, living alone, low education, family dependency, insufficiency of income, and increased disease severity resulted in lowered quality of life as measured with WHOQOL-BREF. For the quality of life measured with time trade off technique, the factors associated with quality of life included low income, smoking and increased disease severity. The expected health years lost due to COPD caused by smoking were 9.4 years as measured with WHOQOL-BREF and 9.7 years as measured with time trade off.

The results indicated that COPD caused by smoking substantially affected both the quality of life and the remaining health years of the patients. This findings may be used as one of the hard facts for the antismoking campaign.