



Summary and conclusion

Quality of life represents a broad range of human experiences related to one's overall well-being and may be influenced by a multitude of nonmedical factors, such as financial status, individual freedom and one's own personal environment. The assessment of quality of life in clinical trials, however, is concerned with the more defined concept of health-related quality of life (HRQOL) which has been described as "the functional effect of an illness and its consequent therapy upon a patient as perceived by the patient"

These definitions emphasize that "individuals" overall evaluations of their satisfaction or happiness in major domains of life. Historically these evaluations were known as "life satisfaction" or "subjective wellbeing" and are now referred to as "global QOL" or "overall QOL".

Psychiatric morbidity is defined as the presence of handicapping abnormalities of emotions, behavior, and relationships that impede personal and social functioning

Chronic illnesses in children and adolescents have devastating influence on them and their families. The patients have to cope up with illness medication and its influence on their development. Consequently a large number of them have emotional disorders which influence the course and outcome of physical disorder

There are general risk factors in the chronic diseases for psychiatric morbidity and low quality of life scores:

- Incidence of disease complication,
- Recurrent hospitalizations or admission to I.C.U.



-Recurrent emergency department visits with sudden severe exacerbations of the disease.

-Limitations of physical activities and children life style.

The objective of this work is to study the Health-Related Quality of Life (HRQOL) on groups of children with chronic diseases (asthma, diabetes and end-stage renal disease) and a healthy group as a control.

This work was done on 60 patients of different chronic disease groups [asthma, diabetes and end-stage renal disease] and also 20 healthy children matched in age and sex, were compared with each other.

Each patient in our study was subjected to complete clinical assessment, quality of life assessment through SF-12, psychological assessment through anxiety and depression scales.

The results of our study revealed significant lower HRQOL scores and increased scores of anxiety and depression among chronic diseased patients compared with healthy controls.

There is significant difference between the different diseases in quality of life scores (PCS and MCS) and depression for the account of patients on regular hemodialysis, while there is non-significant difference between the chronic diseases in anxiety.

Poor PCS (physical component) were significantly related to female gender in diabetic and ESRD patients, while poor MCS (mental component) were significantly related to male gender in asthmatic and ESRD patients.



PCS and MCS scores were significantly negative correlated to the age in asthmatics and patients on regular hemodialysis, and also significantly negative correlated to disease duration in asthma and to disease complications in asthmatic and diabetic patients.

About psychological morbidities, the study revealed that anxiety was significantly associated with female gender in asthmatic and ESRD patients, while depression showed significant association to females in patients on regular hemodialysis only.

Anxiety and depression were significantly increased together in the three chronic diseases with long duration of the disease and in patients non-compliant to treatment. Also anxiety was significantly increased in older asthmatics and in all complicated patients, while depression was significantly increased in older ESRD patients and in complicated asthmatic and ESRD patients.

The included chronic patients suffer from other psychological morbidities which were obvious and highly significant in ESRD patients [low self esteem in 55%, sleep disorders in 70% and thinking of suicide in 20%].

In conclusion, the study revealed that, the chronic diseased patients have significantly lower HRQOL and more psychological distress than healthy children. Under-recognition of psychological disorders in this population is a major concern. Treatment of these psychological disorders in chronic diseased patients has received little attention, particularly with respect to psychological intervention.