

Health Related Quality of Life for Patients with Knee Osteoarthritis

Thesis

*Submitted for Partial Fulfillment of the requirement
of Master Degree in Nursing Science
(Medical Surgical Nursing)*

By

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

وَاتَّقُوا اللَّهَ وَيُعَلِّمُكُمُ اللَّهُ

وَاللَّهُ بِكُلِّ شَيْءٍ عَلِيمٌ

صدق الله العظيم

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Candidate

 **Eman Mohamed Elsayed**

Dedication

To

My Father and Mothers

For pushing me forward in every step in
the journey of my life

Also to

My Sisters and Brothers

Caring, love and interest

List of Contents

| <i>Subject</i> | <i>Page No.</i> |
|------------------------------------|------------------------|
| List of Abbreviations | i |
| List of Tables..... | ii |
| List of Figures | iv |
| Abstract | v |
| Introduction | 1 |
| Aim of the study..... | 4 |
| Review of Literature | 5 |
| Subject and Methods..... | 36 |
| Results..... | 44 |
| Discussion | 67 |
| Conclusion..... | 86 |
| Recommendations | 87 |
| Summary | 88 |
| Reference..... | 94 |
| Appendices | I |
| Protocol..... | |
| Arabic Summary | — |

List of Abbreviations

| <i>Abbr.</i> | <i>Full-term</i> |
|--------------|------------------|
|--------------|------------------|

| | |
|---------------|---|
| ADL | Activity of daily living |
| b/p | Blood pressure |
| FOD | Familial osteochondritis dissecans |
| HRQoL | Health-related quality of life |
| JSW | Joint space width |
| KOA | Knee osteoarthritis |
| KOOS | patient knowledge about osteoarthritis and osteoarthritis outcomes score |
| NSAIDs | Non-steroidal anti-inflammatory drugs |
| OA | Osteoarthritis |
| PKQOA | Patient knowledge related to osteoarthritis |
| QALYs | Quality of life years |
| QOL | Quality of life |
| WHO | The World health organization |

List of Tables

| <i>Table No.</i> | <i>Title</i> | <i>Page No.</i> |
|------------------|--|-----------------|
| Table 1: | Percentage distribution of socio demographic characteristics of patients under the study (n=100) | 45 |
| Table 2: | Percentage distribution of medical history of the study subjects (n=100)..... | 47 |
| Table 3: | Percentage distribution of patients' knowledge related to knee osteoarthritis patients (n=100)..... | 50 |
| Table 4: | Percentage distribution of health related quality of life among patients knee osteoarthritis. (n=100) | 51 |
| Table 5: | The relation between patient's knowledge and socio demographic characteristics patient (n=100) | 53 |
| Table 6: | The relation between health related quality of life with socio demographic characteristics among the studied subjects (n=100)..... | 55 |
| Table 7: | The relation between pain and socio demographic characteristics among the study subjects. (n=100) | 57 |
| Table 8 : | Relation between socio demographic Characteristics and disease specific symptoms among study subjects (n=100) | 59 |
| Table 9: | The relation between activities of daily living and socio demographic characteristics of the study subjects. (n=100) | 61 |

List of Tables (Cont.)

| <i>Table No.</i> | <i>Title</i> | <i>Page No.</i> |
|-------------------|--|-----------------|
| Table 10 : | The relation between sport and recreation function and patients' socio demographic characteristics among the study subjects. (n=100) | 63 |
| Table 11 : | The relation between knee quality of life and socio demographic characteristics among the study subjects. (n=100)..... | 65 |

List of Figures

| <i>Figure No.</i> | <i>Title</i> | <i>Page No.</i> |
|-------------------|---|-----------------|
| Figure 1: | Total patients knowledge related to knee osteoarthritis (n=100) | 49 |
| Figure 2: | Mean of health relating quality of life among patient with knee osteoarthritis. (n=100) | 50 |
| Figure 3: | Disease specific symptoms of patients with knee osteoarthritis (n=100). | 52 |

Abstract

Background: Osteoarthritis is one of more than 100 types of arthritis and related diseases. Osteoarthritis is the most prevalent type of arthritis. **Aim of the study:** The aim of this study was to assess Health Related Quality of Life for Patients with Knee Osteoarthritis. **The Research Question:** Does the knee osteoarthritis affect patient health related quality of life? **Research design:** A descriptive exploratory study design utilized in this study. **Setting:** This study conducted in the outpatient orthopedic clinic at El-Hussein hospital- El-Azhar University. **Sample** Purposive sample of (100) patients from adult patient, both sex and agreement to participation in the study. **Tools:** two tools were used for data collection; 1. Patient interview questionnaire sheet which assessment of socio-demographic characteristics of patients under the study, patient medical history and patient knowledge related to knee osteoarthritis (PKQOA). 2. The knee injury and osteoarthritis outcomes score (KOOS), it is used to assess health related quality of life. **Result:** show that, 88% of the study subjects had unsatisfactory knowledge and shows that, 10% of studied subjects had mild health related quality of life, 69% of studied subjects had moderate and 21% had severe problem. **Conclusion:** The study concluded that's there was unsatisfactory knowledge about OA among the studied patients. As regard the health related quality of life it was showed that more than half of the patient with knee osteoarthritis had moderate effect. **Recommendations:** A booklet in simple Arabic language and illustrate pictures about KOA is recommended and further researches are recommended to be carried out in wider areas about KOA.

Key words: knee osteoarthritis, health related quality of life.

Introduction

Osteoarthritis (OA) is a disease of a complex etiology that occurs as a result of both mechanical and biological events. OA is also known as degenerative joint disease. It is a condition in which the joints of the body become damaged, stopped moving freely, and painful. OA is the most common form of arthritis (*Ronn, Reischi, Gautier and Jacobi, 2011*).

OA affects 9 % of men and 80 % of women over 65 years old; it is responsible for high levels of absenteeism and retirement due to disability. About half of these subjects will show symptoms such as joint pain, stiffness, effusion, and limitation of joint function. With our aging population, the prevalence of OA in the developed world is expected to increase. It is anticipated that OA will become the fourth leading cause of disability in the coming decades (*Ronn et al., 2011*).

The etiology of knee osteoarthritis (KOA) is multifactorial, and it includes generalized constitutional factors (e.g., age, sex, obesity, heredity, and reproductive variables), local adverse mechanical factors (e.g., joint trauma, occupational and recreational abuse, alignment, and postmeniscectomy) and geographic factors (*Valdes, Spector and Tamm, 2010*).

The surgical indication and the choice of treatment is based on the symptoms (e.g., pain and knee function), OA stage, and patient-related factors (e.g.: age, and level of physical activity). Radiological evidence of osteoarthritis alone doesn't justify surgical intervention, which is indicated only in combination with relevant symptom quality of life (*Murphy & Helmick, 2012*).

The World Health Organization (WHO) defines quality of life (QOL) as an individual's perceptions of position in life in context of culture and value systems, focusing on patient's goals, expectations, standards and concerns in life. It is abroad ranging concept affected in a complex way by the person's physical health, psychological state, personal belief and social relationship (*Flood, Nies and Seo, 2010*).

The nurse plays an important role in the collaborative management of the patients with chronic disease as knee OA. One of these responsibilities is to assess the patients' problems, to be able to manage these problems in the correct way, and to be able to meet all the patients' needs. Nursing goals include pain management, maintenance of joint function, increasing activity tolerance, maintaining independence in self-care activities, and patient-education (i. e., education that corresponds to patient's needs, values, wishes and psychological circumstances which improve patient's quality of life) (*Elsevier, 2009*).

Patient education has become an integral important part of the therapeutic approach to help the patients with Knee OA, so that they can self-manage their arthritis. It is also integral to the promotion of both adherence and safety in relation to what are known as complex treatment regimes. A variety of evidences indicate that educational attainment is associated with better disease outcomes in knee OA patient (*David, Felson, Zhang and John, 2012*).

The Significance of the study:

OA is the most common form of arthritis in the United States and other Western countries. The significant disability and the loss of function are associated with this disease, and its management is an enormous cost to the health care system. Prevention and treatment has been slow, related in part to the insidious onset and generally slow progression of the disease (*William & Shiel, 2012*).

In the United States, about 27 million people live with the disease. It is the most common form of joint disease. The lifetime risk of developing OA of the knee is about 46%, and the lifetime risk of developing OA of the hip is 25%. It is mostly common among adults over 65 years old, still people of any age can develop the disease. Prevalence raises significantly after the age 50 in men and after the age 40 in women. According to the American College of Rheumatology, 70% of people over the age of 70 have x-ray evidence of osteoarthritis (*Eustace, 2015 and Srikulmontree, 2012*).