

HIGHER ACCEPTANCE OF ILLNESS IS CORRELATED WITH BETTER QUALITY OF LIFE IN PATIENTS WITH NONMALIGNANT PULMONARY DISEASES

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Objectives: Chronic nonmalignant pulmonary diseases impose a heavy burden on patients, generate health care costs, and contribute to poor health-related quality of life. It has been found that a wide range of factors negatively affects quality of life, but the role of acceptance of illness needs to be further investigated. The aim of the study was to evaluate the relationship between acceptance of illness and quality of life in patients with chronic nonmalignant pulmonary diseases.

Material and methods: The total of 200 patients answered the Acceptance of Illness Scale (AIS) and the St. George's Respiratory Questionnaire (SGRQ). Socio-demographical and clinical data were collected.

The level of acceptance of illness significantly correlated with each of the domains of SGRQ. The greater acceptance of illness, the lowest score on the SGRQ scale

Results: The study group consisted of 200 patients (mean age: 57.79 ± 16 years) who were mainly diagnosed with asthma ($n=72$; 36%), COPD ($n=52$; 26%), and obstructive sleep apnea ($n=38$; 19%). The mean total score of SGRQ was 44.62 ± 24.94 . The mean score of AIS was 26.08 ± 8.2 . Higher AIS scores correlated significantly with lower scores on the SGRQ scale (better quality of life) ($p < 0.001$ for each domain).

Conclusions: In patients with chronic pulmonary diseases, acceptance of illness plays an important role and is closely related to the general level of quality of life. Interventions aimed at improving acceptance of illness may be considered to improve quality of life.