Chapter Three

METHOD

The present investigation is an attempt to study the health related quality of life and coping behavior in cardiovascular disease patients.

Sample: The sample consisted of 200 male patients who were categorised into two main groups-Group I comprised 140 coronary artery disease (CAD) patients selected from the OPD of the Department of Cardiology, Institute of Medical Sciences, B.H.U., Varanasi. Of these, 140 CAD patients, 105 were Myocardial Infraction (M1) and 35 were Angina Pectoris (AP). The criteria for the selection of patients for the present investigation included (a) confirmed diagnosis of disease by physicians (b) proof of Electrocardiograph (ECG) documentation of M1 and angina (c) manifestations of coronary insufficiency and certain electrocardiographic irregularities (d) indices of atherosclerosis and (e) the patients were having the disease and undergoing treatment and medical check-ups at the outpatients clinic at the time of the investigation. The diagnostic criteria excluded patients with ambiguous and clinically unexplained cardiovascular disorder.
(CVD) and with established medical conditions known to be of physiological origin. Hypertension or any other CVD patients were not included in this group. The age range of M1 and AP patients were from 40 to 80 years (mean age 66.79 years and 52.40 years respectively).

Group II consisted of 60 Essential Hypertensive patients. These patients (subjects) were drawn from the Outpatient Departments (OPD) of the medicine department, Institute of Medical Sciences, B.H.U., Varanasi. Subjects were defined as hypertensive if systolic blood pressure was >140 mm Hg. or if diastolic BP was > 90 mm Hg, or if the subject was on antihypertensive medication. The age range of this group was also from 40 to 80 years with a mean of 55.70 years.

Tools: The following tools were developed and used for the present investigation.

Personal Data Sheet (PDS): The PDS included the information under the following major heads: Name of the patient, Age, Marital status, Occupation, Weight, Diagnosis, Family history of CVD, and Clinical features and investigations. (cf. Appendix I).

Health-Related Quality of Life (HRQOL) Scale: The format of the HRQOL scale includes five sections. The first section asks about eighteen psychological effects associated with certain cardiovascular
disease. Examples are ‘Aggressive’, ‘Anxious’, ‘Apathetic’, and so on. Section second asks about eight physiological effects associated with certain cardiovascular disease. Example are ‘Blood glucose is high’, ‘Blood pressure is high’, and so on. Third section includes information concerning to the eleven organizational effects associated with certain cardiovascular disease. Example are ‘Difficulty in time management and work’, ‘Dissatisfied with job’, ‘Job stress’, and so on. Fourth section uses a list of some personal and social effects associated with certain cardiovascular disease. Examples are ‘Attending few marriage and social parties’, ‘Drug dependency’, ‘Poor decision making’, and so on. The last section asks about twelve physical effects associated with certain cardiovascular disease. Example are ‘Awakening often at night’, ‘Chest pain’, ‘Dizziness’, and so on. Respondents were asked to indicate in a Observed or Not observed format, whether the change in respect of each of the listed behavior has been observed or not observed by you.

In developing the HRQOL scale the investigator reviewed earlier studies and rewrote it to approximate what appears in studies and interviewed five physicians and cardiologists; and 20 patients suffering from coronary artery disease (10 patients of Myocardial Infarction, and 10 patients of Angina Pectoris) and 10 patients suffering from hypertension. The format is easier to respondents to answer each
item. “Every item is prefaced by I feel / have...”. The HRQOL scale has 58 effects / problems associated with coronary artery disease and hypertension (cf. Appendix II).

**Coping Behaviour Scale (CBS):** The coping Behaviour is 20-item scale that yields pharmacological, behavioural, psychosocial, physical, religious, recreational dimensions, and so on. (cf. Appendix III). All scores range from 1 to 20 usually expressed as a percentage, with higher scores indicating more ways of coping the disease. The respondents were asked to put a check mark ( /) against those coping mechanism which they consider as the important ways of coping the disease. Every item is prefaced by “I am maintaining / doing / taking the following useful steps.

For the development of the Coping Behaviour Scale, the investigator employed the same steps which were used in the development of the HRQOL scale. In addition, patients were asked “How would you rate your satisfaction with the coping styles or strategies?” (very satisfied, satisfied, somewhat satisfied, not satisfied). This step was taken in an effort to identify coping mechanisms in which the cardiovascular disease patients feel satisfaction or dissatisfaction and the effects of changes in health-related quality of life.
Procedure: All the patients were contacted individually for the testing session in 1998. These respondents (patients) were then given the questionnaires and were requested to respond candidly according to the given instructions printed on the tests. The questionnaire included Health-Related Quality of Life Scale, Coping Behaviour Scale and the Personal Data Sheet. Each respondent took one hour time in completing all the questionnaires. They were assured that their responses would be kept strictly confidential and used for research purpose only. After data collection scoring for both the tests was done by the investigator himself.

Data Analysis: The data were analyzed by means of various statistical techniques such as simple percentages, and rank-difference correlation coefficients.