

ABSTRACT

The objective of the present study was to compare the quality of life of patients diagnosed as having a myocardial infarction against a control group. Quality of Life was determined in respect of physical function, psychological function and social role function.

The study was conducted in the out patients clinics of the Cardiology Unit of the National Hospital of Sri Lanka. A random sample of cases was recruited into the study and an age and sex matched control group was selected from persons who had no previous history of myocardial infarction. Information on the Quality of Life was obtained using an interviewer administered Functional Status Questionnaire. The questionnaire was translated from English to Sinhala, modified to suit local social/cultural backgrounds. The questionnaire consisted of three separate profiles examining the physical function (9 items), psychological function (5 items) and social role function (work performance 6 items, social activity 3 items and quality of interaction 5 items) plus a miscellaneous group of 6 questions.

There was no difference in the Quality of life in regard to the Basic ADL used in the account of physical function. A significant difference was seen in the Quality of life in regard to the Intermediate ADL (mean score for the controls and the mean score for the cases in regard to Basic ADL being 3.75 and 3.76 and for Intermediate ADL being 3.67 and 2.66 respectively).

Only 14% of the cases had an Intermediate ADL score of over the mean value for the control group. In regard to social role function significant differences were observed between the two study groups. The mean scores for the cases and controls in regard to these being 2.92 and 3.12 for work performance and 2.92 and 3.62 for social activity respectively. It was seen that only 32.7% and 37.3% of the cases had the same or a higher score in work performance and social activity than the controls respectively. It was interesting to note that in the study the cases had a higher quality of life in respect of the quality of interaction and psychological profile than the controls, in spite of their physical and social activity being limited. The mean score for the cases and controls was 5.46 and 4.53 for the quality of interaction and 5.03 and 3.92 reported in the assessment of psychological function. This observation which is contrary to reported findings may be due to socio cultural differences in perception of illness roles.