ABSTRACT

BACKGROUND: The national burden of bronchial asthma in India was estimated as 18 million. Although, asthma is largely controllable, it tends to occur in epidemics and highly affects young people. Asthma causes either interference in daily functioning or increased hospital stay and it also can present or be associated with psychiatric disorders. Depression and anxiety may lead to increased awareness of physical symptoms. An exacerbation of asthma and resulting functional impairment can lead to an episode of depression or anxiety. In turn, an exacerbation of anxiety and depression can worsen the physical symptoms associated with the medical illness such as asthma. The human and economic burden associated with it, is severe and needs international and nationwide action.

OBJECTIVES: The study examined the prevalence of anxiety and depression and their quality of life in bronchial asthma patients and correlated with the duration and level of control of asthma.

METHODS: A Consenting 100 (71-males and 29 females) adult bronchial asthma patients aged more than 18 years attending pulmonology outpatient department were examined with socio demographic data, Duration of illness, Smoking History, Current status of smoking, Family history of Asthma, Spirometry measures---FEV1%, FVC%, FEV1/FVC%, Hospital visits, Hospital Admissions, medications and their form were assessed. Anxiety level, Depression Level, Level of Asthma control and Quality of life were assessed by using scales HAM A, BDI-II, ACT (asthma control test) and AQLQ (Asthma quality of life Questionnaire) respectively. Family History of Anxiety and Depression were also noted.

RESULTS: The prevalence of anxiety and depression were 36 and 39 percent respectively and 38 percent of participants have well controlled asthma. The mean duration asthma was 12.02±11.897 years. The mean AQLQ Score is 4.58±1.257.
CONCLUSION: Anxiety and depression have a significant positive correlation with asthma chronicity, smoking, family history of asthma and negative correlation with increased FEV1/FVC%, well controlled asthma and good quality of life.

KEYWORDS: bronchial asthma, anxiety, depression and quality of life