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ScienceDirect

Procedia - Social and Behavioral Sciences 222 (2016) 450 – 457

Procedia
Social and Behavioral Sciences

ASLI QoL2015, Annual Serial Landmark International Conferences on Quality of Life
ASEAN-Turkey ASLI QoL2015
AicQoL2015Jakarta, Indonesia. AMER International Conference on Quality of Life
The Akmani Hotel, Jakarta, Indonesia, 25-27 April 2015
"Quality of Life in the Built & Natural Environment 3"

Quality of Life among Lower Limb Amputees in Malaysia

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Abstract

The aim of this study was to determine the impact of lower limb amputation on quality of life (QoL) amongst the Malaysian population undergoing rehabilitation. QoL data was gathered using the validated WHOQOL-BREF questionnaire. The overall quality of life amongst lower limb amputees in Malaysia was satisfactory. Psychosocial domain played the most prominent role in supporting good quality of life which scored the highest (66.6), followed by the social relationship domain (63.4), environmental domain (63.0) and physical domain (61.6). Results also showed that the level of amputation (transtibial versus transfemoral) played a role in QoL.

Peer-review under responsibility of AMER (Association of Malaysian Environment-Behaviour Researchers) and cE-Bs (Centre for Environment- Behaviour Studies, Faculty of Architecture, Planning & Surveying, Universiti Teknologi MARA, Malaysia.

Keywords: Quality of life; lower limb amputation; rehabilitation

1. Introduction

The World Health Organization (WHO) defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Therefore, a holistic measurement of patient's health must also fulfil an estimation of well-being which can be assessed by measuring the improvement in the quality of life. Quality of life is defined as individuals' perceptions of their position in life in the context of the culture and value

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Peer-review under responsibility of AMER (Association of Malaysian Environment-Behaviour Researchers) and cE-Bs (Centre for Environment- Behaviour Studies, Faculty of Architecture, Planning & Surveying, Universiti Teknologi MARA, Malaysia.
doi:10.1016/j.sbspro.2016.05.135

systems in which they live and in relation to their goals, expectations, standards, and concerns. (The World Health Organization Quality of Life assessment (WHOQOL),1995.)

Lower limb amputation (LLA) is often performed for a variety of reasons including to remove ischemic, infected, necrotic tissue or locally unresectable tumour (Wong, 2005.). 79% of all amputations were contributed by peripheral arterial disease whereas trauma is the second leading cause. (Lääperi, Pohjolainen, Alaranta, Kärkkäinen,1993.) Amputation impact negatively on physical function, physical role performance, social function, vitality and general health compared to the normal population. (Eiser, Stride, Grimer, 2001.)

In a study by Breakey (1997) pointed out the threefold loss of function, sensation and body image after an amputation, and not merely just a loss of the anatomical limb. People with an LLA may require a walking aid, a wheelchair or a prosthesis to ambulate. Despite all the challenges faced by people following LLA, some remain independent in activities of daily living with the use their prostheses (Mac Neill, Pauley, Yudin, 2008). The difficulty to walk independently may affect patient's involvement in social activity & reintegration. Due to this challenge, people with LLA often suffer from anxiety and depression (Shula, Tripathi, 1982). Although the study by Shula et al. (1982) appears to be an old reference, the psychiatric relevance of depression and anxiety post amputation is very much still relevant in today's clinical practice. Irrespective of the cause of lower limb amputation, it brings a catastrophic change in a person's life, affecting the quality of life (QoL) of the individual. This may be due to the physical activity limitations immediately after amputation as well as the longer-term implications in varied facets of life.

With this background and an apparent dearth of publications on impacts of amputation on quality of life among Malaysian amputees, led to the initiation of this study. The aim of this study was to determine the impact of LLA on quality of life among Malaysian population undergoing rehabilitation. Our study result may be useful to identify potential improvements in managing LLA patients in Malaysia.

The two common levels of LLA are that of above knee (transfemoral) and below knee (transtibial) amputations. Figure 1a shows an example of above knee prosthesis while Figure 1b shows a model of below knee prosthesis.

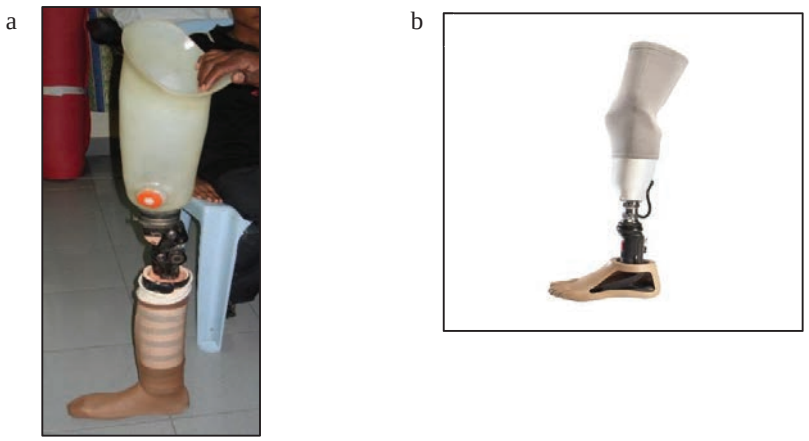

Fig.1. (a) Above knee prosthesis (transfemoral prosthesis); (b) Below knee prosthesis (transtibial prosthesis)

2. Methodology

Before embarking on the study, the team had gained approval from UiTM research ethics committee (REC) to conduct the survey. It is a cross-sectional study involving 43 respondents of lower limb amputation. The participants that fulfilled the inclusion criteria were adult men and women who had unilateral or bilateral lower limb amputation and were attending a post-amputation rehabilitation programme. The participants were a mixture of successfully fitted and ambulatory with a prosthesis, awaiting prosthetic restoration or were undergoing assessment for prosthetic restoration fitness. The lower age limit was set at 18 years old as per guideline for the administration of the