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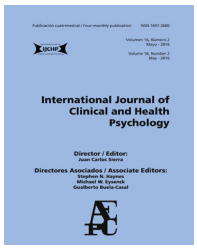

ORIGINAL ARTICLE

Predictive factors of quality of life in acquired brain injury

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KEYWORDS
Quality of life;
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Abstract
Background/Objective: The sequelae and the disability and dependence that follow an acquired brain injury (ABI) may result in a significant reduction in the quality of life (QoL) of those affected. The objective was to assess the QoL of a sample of Spanish patients with an ABI and analyze the influence of certain sociodemographic and injury-related variables on their QoL. Method: The sample comprised 421 adults (60% male; M_{age} = 53.12; SD = 14.87). Professionals and relatives assessed the patients' QoL through the CAVIDACE scale, an ABI-specific tool based on the eight-domain QoL model. Results: Univariate analyses showed statistically significant differences in the QoL scores in several sociodemographic (age, civil status, education level, prior employment status, type of home, level of supports, loss of legal capacity, recognized dependence, and degree of dependence) and injury-related (time since the injury, location of the injury, and presence of post-traumatic amnesia) variables. The multiple linear regression showed that loss of legal capacity, time since the injury, prior employment status, location of the injury, and degree of dependence were significant QoL predictors. Conclusions: These findings provide knowledge for the development of programs aimed at reducing the negative impact of ABI on QoL.

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PALABRAS CLAVE
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daño cerebral adquirido;
Escala CAVIDACE;
predictores;
estudio de encuesta descriptivo

Factores predictores de calidad de vida en adultos con daño cerebral adquirido

Resumen
Antecedentes/Objetivo: Las secuelas, discapacidad y dependencia que siguen al daño cerebral adquirido (DCA) pueden resultar en una reducción significativa en la calidad de vida (CV) de los afectados. El objetivo fue evaluar la CV de una muestra española con DCA y analizar la influencia de variables sociodemográficas y relacionadas con la lesión en su CV. Método: La muestra comprendió 421 adultos (60% hombre; M_{edad} = 53,12; *DT* = 14,87). Profesionales y familiares evaluaron la CV de los pacientes a través de la escala CAVIDACE, una herramienta específica para DCA basada en el modelo de CV de ocho dimensiones. Resultados: Los análisis univariantes mostraron diferencias estadísticamente significativas en las puntuaciones de CV en variables sociodemográficas (edad, estado civil, nivel educativo, situación de empleo previa, tipo de hogar, nivel de apoyos, incapacidad legal, situación de dependencia reconocida y su nivel) y relacionadas con la lesión (tiempo desde la lesión, localización de la lesión y presencia de amnesia postraumática). El análisis de regresión múltiple mostró la incapacidad legal, el tiempo desde la lesión, la situación de empleo previa, la localización de la lesión y el nivel de dependencia como predictores significativos de CV. Conclusiones: Estos hallazgos proporcionan conocimiento para el desarrollo de programas dirigidos a reducir el impacto negativo del DCA en la CV.

Acquired brain injury (ABI) is caused by a sudden injury to the brain that occurs as a result of a cerebrovascular accident (CVA), traumatic brain injury (TBI), brain anoxia, brain tumor, or cerebral infection. As a consequence, the person may experience a variety of lifelong impairments at the behavioral, physical, cognitive, emotional, and social levels (Nestvold & Stavem, 2009), which could lead to a significant deterioration of his/her health conditions and quality of life (QoL) (Andelic et al., 2009; Dikmen, Machamer, Powell, & Temkin, 2003; Jacobsson, Westerberg, & Lexell, 2010; Nestvold & Stavem, 2009). ABI is the leading cause of death and disability in the world (Nichol et al., 2011). Aspects such as its high frequency (i.e., incidence-prevalence), the typical profile of the affected population (usually young and working-active), and the high percentage of survivors (mostly with some type of associated comorbidity) explain its high sociosanitary repercussion (Castellanos-Pinedo, Cid-Gala, Duque, Ramírez-Moreno, & Zurdo-Hernández, 2012).

In Spain, there are approximately 420,064 people with ABI, and 104,701 new cases are estimated per year (Quezada, Huete, & Bascones, 2015). Advances in medicine and medical care have increased the ABI survival rates. However, although these advances have allowed the saving of a large number of lives, many survivors live with dependency and disability that can significantly compromise their QoL. These reasons highlight and justify the need to address the QoL construct in the ABI population as a priority action to improve their life project.

Traditionally, the QoL after an ABI has been discussed and conceptualized from a health-related QoL approach (HRQoL). This model focuses on the impact that a medical condition and its treatment may have on specific domains of a person's life, mainly in physical, emotional, or social well-being areas. However, the outcomes obtained through this approach are circumscribed to a few QoL-related aspects and may offer a limited outcome-profile by disregarding or omitting other crucial areas of people's welfare. In this sense, the HRQoL approach seems limited, insofar as it does not consider the wide variety of sequelae and needs that generally derive from this condition. Therefore, we propose a different approach for the QoL assessment from a comprehensive perspective, characterized by a broader view of personal outcomes and far from the narrow focus of medical models or others focused on restricted domains of life.

According to Schalock and Verdugo (2002, 2007), QoL is a multidimensional phenomenon that reflects the well-being desired by the person in relation to eight basic needs: emotional, material, and physical well-being, interpersonal relationships, social inclusion, rights, self-determination, and personal development. Each domain is operationalized through culturally sensitive indicators and items that reflect the personal outcomes of each domain (Gómez & Verdugo, 2016; Schalock, Verdugo, Gomez, & Reinders, 2016). Moreover, these core domains are common to all people, include subjective and objective aspects, are influenced by environmental and personal factors and their interaction, and can be enriched through quality enhancement strategies, such as individualized supports, personal growth opportunities, or inclusive environments (Schalock, Baker et al., 2018; Schalock, van Loon, & Mostert, 2018; Schalock et al., 2016;). Thus, the model incorporates a positive approach of the person, emphasizing not only the limitations, but also the strengths, as key elements in the enhancement of the systems of supports and QoL outcomes (Schalock, 2018; Thompson, Walker, Shogren, & Wehmeyer, 2018).

QoL-related personal outcomes have been considered as the key element in the rehabilitation process, aimed at limiting the consequences as much as possible and allowing the