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Assessment of quality of life (QoL) of burn patients in India using BSHS-RBA scale



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ABSTRACT

Introduction: The Burn Specific Health Scale-Brief (BSHS-B) is a popular instrument to measure quality of life (QoL) in burn patients. The current study aims at identifying the prognostic variables for our burn population using the BSHS-RBA (revised, brief and adapted) scale.

Materials and methods: The study was conducted on 60 post-burn patients using the BSHS-RBA scale. The questionnaire was administered by an interview as majority of patients were illiterate. The socio-demographic and clinical variables were analyzed against domain scores and total scores of the scale, using Mann-Whitney test and Kruskal Wallis test.

Results: The median age of the sample was 28 years, of which 60% were females. Their median TBSA burn was 30%. The median time since burn at the time of interview was 10 months. Higher scores were noted in the domains of simple abilities and mobility, hand function and interpersonal relationship, while poorer scores were recorded in domains of skin sensitivity and body image.

Discussion: The mean score in our study was 2.36, which is quite less as compared to reports from high income countries (range: 2.58–3.36). This study provides an insight on an aspect of burn care outcome, which can be reasonably expected in low income countries with the available standard of care. Being a female, presence of hand and face burn, requirement of corrective surgeries and inability to resume work were factors associated with poor QoL. **Conclusion:** Strategies to improve QoL of burn patients should target psychological aspects, work rehabilitation (early release of contractures) and skin hypersensitivity (including itching) to derive maximum benefit.

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1. Introduction

For any burn service provider it is imperative to measure the quality of life (QoL) of burn survivors to analyze outcomes

and to improve care. Burns are still endemic in India [1–3] with a high mean %TBSA [3,4], and the absolute number of survivors is so high that it is a serious task to rehabilitate and integrate the victims back into the society [5]. With an increasing number of burn victims destined to live with

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reduced physical and mental ability it's an appropriate time to evaluate the impact of demographic and clinical variables which may impact outcomes, and need to be addressed to maintain physical, psychosocial and economic health of the individual for better integration into the society post-injury. Hindi is the second largest spoken language in the world [6] and QoL in this large section of world population has never been measured. Burn Specific Health Scales can be used to predict the adverse prognostic factors in burn patients [7,8]. Of late, Burn Specific Health Scale-Brief (BSHS-B) [8,9] has become a popular instrument to measure QoL in burn patients and it has been translated and adapted across cultures [5,10–16].

Our study aims to identify the prognostic indicators for our burn population using the BSHS-RBA (revised, brief and adapted) scale, and provide an insight on an aspect of burn care outcome which can be expected in low income countries. At the same time this provides an assessment of QoL of burn survivors in a low income country because besides Egypt [10] no other similar study has been reported.

2. Material and methods

2.1. Tools

For Indian population, we had not only to translate and culturally adapt BSHS-B, but we had to additionally modify it [5]. The modified BSHS-B was accorded the acronym BSHS-RBA, which was used as QoL assessment tool. BSHS-RBA includes 45 items distributed over nine domains [5].

2.2. Methodology

The patients were enrolled in the study from our outpatient clinic. All consecutive patients who consented to participate in the study were included. These patients were not necessarily treated at our centre for burn injury and are, thus, representative of a large geographical area. The questionnaire (i.e. BSHS-RBA) was administered by an interview rather than patients filling the performa as majority of patients enrolled were anticipated to be illiterate [5]. All interviews were conducted in a seminar room of the department after personally escorting the patients from the outpatient's clinic to make them feel comfortable. The Likert scale was used to score 45 items in the scale. The Likert scale rates responses from 0 (extremely affected) to 4 (not at all) for each of the items. Mean and median scores were calculated for each of the nine domains, and of the entire questionnaire as a whole. A higher final score indicated a more positive outcome and better QoL for the patient.

Various socio-demographic variables like age, sex, marital status and education were recorded during the interviews. Clinical parameters like TBSA burn, mode of injury, involvement of hand or face, length of hospitalization, duration to complete healing, the ability to get back to work, time since burns at interview, and need for corrective surgeries were recorded from discharge summaries carried by the patients.

2.3. Study

This study was considered on 60 post-burn patients for adequate power of the study. Patients were enrolled from the outpatient clinic of the Department of Burns and Plastic Surgery at Lok Nayak Hospital and associated Maulana Azad Medical College, New Delhi, from February to August 2014. The study protocol was presented before the Institutional Ethics Committee and its approval was obtained by letter number F.1/IEC/MAMC/(40)/6/2013/No:02 dated 10/01/2014. Sixty three consecutive patients during the study period met the inclusion criteria and of these 60 patients consented to participate. All study patients answered all the questions.

2.3.1. Inclusion criteria

- a. Adults (aged 18–65 years).
- b. Patients who had sustained thermal burns > 20% TBSA.

Patients between six to 12 months after burn injury and after all their wounds had healed were included in the study. Wounds were considered healed when epithelial coverage of 99% of the wound was achieved.

2.3.2. Exclusion criteria

- a. Patients with suicidal burns and pre-existing psychiatric illness.
- b. Patients with any other chronic debilitating illness like ischemic heart disease, end stage renal disease, malignancies etc.

As a significant element of the study was assessment of psychological status it was necessary to exclude a pre-existing psychiatric disorder, or chronic conditions, which could impact psychological well being of the individual [5].

2.4. Data analysis

Data entry was done using Microsoft Excel 2013 Home edition. Statistical analysis was done using SPSS software v17. The power of this study with 60 patients was 82%. Quantitative data was presented as median and interquartile range while qualitative data was summarized as percentage. The socio-demographic and clinical variables were analyzed against mean domain scores and total scores using Mann Whitney and Kruskal Wallis tests wherever appropriate. A 'p' value <0.05 was considered significant.

3. Results

3.1. Sample description

The sample of 60 patients with a median age of 28 years (IQR: 8.5 years,) consisted of 60% females. 38.34% patients ($n = 23/60$) had not completed their primary education (10/23 males) and 73.33% subjects were married. In this study, 88.33% patients had flame burns while median TBSA burn was 30% (IQR: 21.25%). 68.33% patients ($n = 43/60$) had either hand or face

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