

Available online at www.sciencedirect.com

ScienceDirect

journal homepage: www.elsevier.com/locate/burns

Review

Health Related Quality of Life in burn patients – A review of the literature



Demetris Stavrou ^{a,b,*}, Oren Weissman ^a, Ariel Tessone ^a, Isaac Zilinsky ^a,
Samantha Holloway ^c, Julie Boyd ^c, Josef Haik ^a

^a Department of Plastic and Reconstructive Surgery, Sheba Medical Center, Tel-Hashomer Affiliated to Sackler School of Medicine, Tel-Aviv University, Israel

^b St George's, University of London/Medical School at the University of Nicosia, Cyprus

^c Wound Healing Research Unit, Institute for Translation, Innovation, Methodology and Engagement (TIME), Cardiff University, School of Medicine, United Kingdom

ARTICLE INFO

Article history:

Accepted 22 November 2013

Keywords:

Plastic surgery

Burns

Health Related Quality of Life

Scars

ABSTRACT

The burn trauma is multifactorial and involves pathophysiologic processes of all of the body's systems. The impact it could have on a person's life includes impairments on their esthetic appearance, interpersonal relationships, psychological, social and physical functioning. Previously, the outcomes of burn care were confined in the context of mortality and length of hospital stay. Currently, a shift is afoot from defining good health care as merely the reduction of morbidity and mortality to a more holistic approach that involves aspects of Health Related Quality of Life. In this article we aim to present a concise review of the relevant literature and relevant topics pertaining Health Related Quality of Life and burn.

© 2013 Elsevier Ltd and ISBI. All rights reserved.

Contents

1. Introduction	789
2. Search strategy	789
3. Outcomes in burn care	789
3.1. Physical outcomes	790
4. Definitions of Quality of Life and Health Related Quality of Life	790
4.1. Health Related Quality of Life in burns	790
4.2. Pre-morbid levels of functioning	792
5. Measurement of HRQoL	793
6. Conclusion	793
References	793

* Corresponding author at: Department of Plastic and Reconstructive Surgery, Sheba Medical Center, Tel.-Hashomer Affiliated to Sackler School of Medicine, Tel-Aviv University, Israel. Tel.: +357 22377259.

E-mail addresses: stavrou.d@unic.ac.cy, drstavrou@drstavrou.com, demetrisstavrou@gmail.com (D. Stavrou).

0305-4179/\$36.00 © 2013 Elsevier Ltd and ISBI. All rights reserved.

<http://dx.doi.org/10.1016/j.burns.2013.11.014>

1. Introduction

A burn is one of the most devastating injuries and conditions a person can experience in their life [1]. It is a type of injury to flesh provoked by several possible agents (thermal, mechanical, chemical, electrical or radiation). Usually it involves different skin layers but in some cases it can reach deeper tissues such as muscle and bone or even cause thermal injury to the airway and the lungs. Initial assessment of the clinical situation is based on the percentage of the Total Body Surface Area (TBSA) that has been burned (for second or third degree burn) and depth of the burn.

However, depending on the location affected, the TBSA and degree of the burn, the trauma patient can experience a number of potentially fatal complications such as shock, infection, respiratory distress and multiple organ failure. These complications happen during the acute phase of the trauma following which the difficult task of rehabilitation and integration back to the society may also have upsetting psychological effects on the burn survivor as well as on other family members [2,3]. Moreover, the financial resources needed to cope with the burn are substantially high and extend from the patient's personal expenses to resources allocated from the health care system as well as other social costs such as property damage. Furthermore even after an optimal treatment a scar cannot be avoided completely, body appendages may be permanently damaged and the patient's appearance and function will probably be impaired [3]. Eventually the burden of rehabilitation will fall on the patient and on family members for many years after surgery [3] affecting the Quality of Life (QoL) in general, and the Health Related Quality of Life (HRQoL) of the patient in specific. [4,5].

In this article we aim to present a concise review of the relevant literature and relevant topics pertaining HRQoL and burn.

2. Search strategy

A literature search was conducted using PubMed, Cochrane Library and Ovid using the search terms “burns”, “burn care”, “quality of life”, “health related quality of life”, “burn specific health scale”, “clinimetrics” alone or in various combinations using Boolean Operators (“and”, “or”, “not”). Relevant clinical trials and systematic reviews were studied and citations within the obtained papers were scrutinized to identify additional studies. The search was limited to publications with abstracts in the last 50 years and in English. Efforts were initially made to evaluate systematic reviews or well-designed prospective trials. However, due to the small number of those kinds of studies, papers with a less rigorous study design (cohort studies, case-control studies and descriptive correlations studies) were assessed. Qualitative work was excluded as it investigates theories and subjective ideas [6] while the aim of this study was to evaluate subjective outcomes related to HRQoL.

The majority of the studies were completed within the last 20 years following the introduction of the Burn Specific Health Scale by Blades et al. [7] making them more relevant to current clinical practice.

3. Outcomes in burn care

In order to cope with the demands of burn care and evaluate health policies, it is necessary to measure the outcomes after the treatment has been provided. Existing evidence [8,9] suggests that in doing so, a high standard of care could be maintained by interpreting research and audit findings, comparing services internationally and constantly improving the quality and cost effectiveness of the provided health services.

An outcome is the result or consequence of an action or non-action in a given situation. Its measure helps bridge the gap between what is done and the actual accomplishment [10]. In the burn care field, the outcomes of the injury or of the given treatment are difficult to define and measure [10]. Mainly because the burn trauma is multifactorial and involves pathophysiologic processes of all of the body's systems. Injuries can range from a minor burn to a massive injury that can disorganize the homeostasis of the human organism [3]. Moreover, the impact it could have on a person's life includes impairments on their esthetic appearance, interpersonal relationships, psychological, social and physical functioning [9].

Previously, the outcomes of burn care were confined in the context of mortality and Length of Stay (LOS) [8]. However, these are indicators of clinical effectiveness rather than true outcome measurements and help assess the effects of a given treatment in a general matter, relevant for all burn patients that can certainly provide a quantitative basis for quality improvement [11]. Nowadays, burn care has evolved, mortality rates have plateaued [12] and an increasing number of major burn survivors are discharged from burn units to the difficult task of integration back to society. As a result, there is an ongoing shift from defining good health care as merely the reduction of morbidity and mortality to a more holistic approach.

A recent review article by van Baar et al. [13] summarized the evidence on functional outcomes after burns. The authors used the International Classification of Functioning disabilities and health (ICF) [14] as a framework to describe functional consequences of burns. From the fifty publications included in the review, the most frequently examined ICF-dimensions were activities and participation related to education and work status (72%), mental function (70%), self-care (68%), interpersonal interactions/relationships (62%) and mobility (60%). However, important health domains of the ICF were only marginally described, for example body structures were mostly restricted to amputations of extremities and impairments of the skin without evaluating functional difficulties or heat sensitivity. Other body organs such as the eyes and ears or systems like the digestive and cardiovascular were not considered. Furthermore, other dimensions of the ICF such as voice function or skin elasticity were not given much attention, even though they may be a significant burden for burn survivors [15]. Van Baar et al. [13] postulated that a standard core set of measurements should be developed, to include both burn-specific and generic QoL measurement tools, in all age populations. Furthermore these measurements should be assessed on a number of occasions

Download English Version:

<https://daneshyari.com/en/article/3104566>

Download Persian Version:

<https://daneshyari.com/article/3104566>

[Daneshyari.com](https://daneshyari.com)