

Brief Report

# Quality of life in Mexican patients with primary neurological or musculoskeletal disabilities

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## Abstract

**Background:** As the population with a disability increases both in number and life expectancy, so does its demand for health services. Very little original research has been done in Mexican populations regarding the effect of disability on quality of life.

**Objectives:** 1) Assessing the subjective quality of life of patients with neuromusculoskeletal and movement-related function disabilities and, 2) Analyzing the possible effect of the medical condition (diseases of the nervous system vs. diseases of the musculoskeletal system and connective tissue) and its interaction with sex and age.

**Methods:** In a cross-sectional design 330 participants were recruited from a public institution in Mexico providing specialized outpatient rehabilitation. After signing informed consent they responded a brief sociodemographic questionnaire and the WHOQOL-BREF scale.

**Results:** In general quality of life levels were satisfactory. Female and elderly patients with diseases of the nervous system were particularly affected in the physical and psychological dimensions. Women with diseases of the nervous system also showed a negatively affected social quality of life. Elderly with diseases of the musculoskeletal system and connective tissue scored the lowest in general health perception.

**Conclusions:** Even though most patients were quite satisfied with their quality of life, not all aspects or cases have such positive perceptions; both the physical and psychological dimensions were particularly negative in female and elderly patients with nervous system diseases. Clinicians would do well to thoughtfully assess patients in these groups and adjust treatment to achieve the greatest possible rehabilitation. © 2016 Elsevier Inc. All rights reserved.

**Keywords:** Disability; Quality of life; Mexican

Perceptions of what a disability is and how it should be treated have changed substantially over time. Patient institutionalization was still common practice only a few decades ago. This placed patients in a passive, dependent role in treatment regimens intended merely to meet basic life needs. Life expectancy has generally increased as medical treatment and techniques have improved, however, for some individuals that means longer life with a permanent disability. The World Health Organization (WHO) defines disability as an umbrella term for impairments, activity limitations, and participation restrictions; denoting the negative aspects of the interaction between an individual (with a health condition) and that individual's contextual factors, both environmental and personal.<sup>1,2</sup> "Disability" is a highly complex concept encompassing medical,

functional and social perspectives, among others; therefore, applying a single overarching definition for disability is a rather debatable practice.<sup>3–5</sup>

According to the WHO, in 2010 approximately 15% of the world's population lived with some form of disability. The number of people with disabilities is growing because populations are aging and older people are at a higher risk of disability. In addition, chronic health conditions associated with disability are increasing.<sup>1</sup> National census data for 2010 in Mexico indicated that 5.1% of the population had a disability, and that mobility disabilities were the most common type (58.3%).<sup>6</sup> The discrepancies between the WHO's global rates and those in Mexico are probably due to the higher frequency of disability with age. The WHO survey included only people aged 15 years or older, while the statistics for Mexico included its entire, rather young, population (30% is younger than 15 years, 90% is younger than 60 years).<sup>7</sup> Moreover, a specific country's disability profile is influenced by trends in prevalent health

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problems, as well as environmental circumstances such as natural disasters, social conflicts, nutritional habits and substance abuse, among others.<sup>6</sup>

As the population with a disability increases both in number and life expectancy, so does its demand for health services. Health is no longer conceptualized as merely the absence of disease or infirmity, but as a state of complete physical, mental and social well-being.<sup>8</sup> A satisfactory quality of life has therefore become a desirable and feasible goal for everyone, regardless of health condition. Quality of life (QOL) is a broad concept referring to an individual's perceptions of their position in life within the context of their culture and value systems, and in relation to their goals, expectations, standards and concerns.<sup>9</sup> It reflects an emerging biopsychosocial perspective of health, and has become an important issue in treatment and rehabilitation, and consequently in research (e.g. see series by Warren and Manderson<sup>10</sup>).

Individuals with a disability would apparently be negatively affected by their health condition and environmental barriers,<sup>11–13</sup> although evidence exists to the contrary.<sup>11,14–17</sup> Increasing research is being done on the overall effect a disability can have on an individual's quality of life,<sup>11,15,18</sup> and its effect in populations with specific medical diagnoses related to mobility disability.<sup>16,19,20</sup> Although it is clearly relevant to the disabled population in Mexico, very little original QOL research has been done in Mexican populations. To the best of our knowledge, no prior studies have addressed the possible differential effect on patient QOL of the diseases of the nervous system and the diseases of the musculoskeletal system and connective tissue, as these are medical conditions particularly affecting neuromusculoskeletal and movement-related functions.

The present study objective was to assess the subjective QOL of patients with neuromusculoskeletal or movement-related function disabilities under treatment at a public health system rehabilitation unit in Mexico, and to analyze the possible effect of medical condition on QOL. Given the known vulnerability of women and the elderly to disabilities,<sup>1,11,21–23</sup> analyses of the interaction of sex and age with the type of medical condition causing the disability was tested at all points in the data. Significant differences are to be expected among men and younger people, who more often report a more favorable QOL.<sup>24,25</sup> Significant differences can be expected in medical condition, but no directionality was assumed.

## Methods

This cross-sectional study was performed at the rehabilitation unit of the Rehabilitation and Special Needs Educational Center (Centro de Rehabilitación y Educación Especial – CREE), the only public institution in Yucatan, Mexico, providing these specialized outpatient services to those in need, regardless of health insurance coverage

status. Authorization and ethical approval was received from the Research and Ethics committees of the School of Medicine, Autonomous University of Yucatan (Universidad Autónoma de Yucatán – UADY) and the CREE.

Participant inclusion criteria were: (1) patient in rehabilitation at CREE; (2) exhibits neuromusculoskeletal and/or movement-related function disability<sup>2</sup>; (3) 18 years of age or older; and (4) no evident intellectual disability. At the time of study recruitment, 2084 patients were being treated at the CREE of which 896 (43.0%) met the inclusion criteria. Most of the latter cases (58.5%) did not have an appointment during the interview time slots or no longer came to appointments at the center. Of the remaining 372 patients, most ( $N = 330$ , 88.7%) agreed to participate in the study, signed an informed consent form, and stated they expected no financial compensation. The few who declined to participate did so due to time constraints, or because they lived outside the city and relied on local government transport to arrive at the CREE.

Basic sociodemographic data (age, sex, marital status, employment status, educational level) were recorded and QOL assessed with the World Health Organization Quality of Life-BREF scale (WHOQOL-BREF).<sup>9,24,26</sup> This self-report instrument consists of 26 items presented in a five-level Likert format assessing four domains of subjective quality of life: physical health (7 items), psychological well-being (6 items), social relationships (3 items) and satisfaction with the conditions of the immediate environment (8 items). Two additional items assessed overall QOL and general health. Using this scale, individual item scores range from 1 (not favorable) to 5 (favorable). Adequate psychometric properties have been reported for this instrument in its original<sup>9,24</sup> and Spanish-language versions.<sup>26–30</sup>

Data were analyzed with the SPSS v.20 software. Descriptive statistics (means, standard deviations, medians, and percentages) were generated from the WHOQOL-BREF dimensions, and then a series of Mann–Whitney tests run. Men were compared to women, and then patients 18–59 years of age were compared to those 60 years or older. Patients with primary diagnoses classified as diseases of the nervous system (CIE-10 codes G00 – G99),<sup>31</sup> were compared to those with primary diagnoses of diseases of the musculoskeletal system and connective tissue (CIE-10 codes M00 – M99).<sup>31</sup> Finally, two-way analyses of variance (ANOVAs) were run to examine the effect on QOL of the interaction between medical condition type and sex and age group. All significant values were two-tailed, and statistical significance was established at  $p \leq .05$ .

## Results

The final sample included 330 participants (62.4% female), most of whom were married or lived with a partner (90.6%), and were employed (73.6%). In terms of

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