A STUDY TO ASSESS THE LEVEL OF KNOWLEDGE REGARDING THE MANAGEMENT AND PREVENTION OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE AMONG THE ADULTS IN A SELECTED HOSPITAL

R. Abinaya
Sree Balaji College of Nursing, BIHER, Chrompet, Chennai.

ABSTRACT:

Chronic Obstructive Pulmonary Diseases (COPD) is the major causes of morbidity and mortality which results in economic and social burden. It is a term which refers to a large group of lung diseases characterized by obstruction of airflow that interferes with normal breathing. Emphysema and chronic bronchitis are the most important conditions that compose COPD and they frequently coexist. Level of knowledge about management and prevention of chronic obstructive pulmonary disease. Moderate knowledge 70%, Inadequate knowledge 16%, Adequate knowledge 14%

Key words: Orthopnea, respiratory failure, obstructive, sleep, apnea.

*TUTOR, SREE BALAJI COLLEGE OF NURSING CLC WORKS ROAD, CHROMPET, BIHER, CHENNAI.

INTRODUCTION

Respiration is necessary for life, but people take their respiration for granted unless they encounter problems in breathing. Breathing is a physiological function that is almost synonymous with being alive; we experience difficulty in breathing as threat to life itself. Chronic obstructive pulmonary disease is a serious respiratory disease, which is more prevalent among the people. It develops when the age related losses in pulmonary function exceed the normal excepted losses by a considerable margin. It is now clear that chronic obstructive pulmonary disease does not have a single cause and that multiple factors must act in concert for the disorder to become clinically evident. Cigarette smoking is the principle identified risk factor in the causation of chronic obstructive pulmonary disease. An increased mortality rate from chronic obstructive pulmonary disease among lower socio economic group is observed consistently. This increased risk can be attributed not only to smoking habits and to other factor such as occupation and residence in more polluted regions. A number of occupational exposures appear to be associated with some added risk for developing chronic obstructive pulmonary disease. The exposure of coal, fire, silica, dust, smoke fume, husk, cotton and poisonous gas results in onset of chronic obstructive pulmonary disease in mines, fire fighters, gram handlers, smelters, chemical industry workers. Chronic obstructive pulmonary disease ranks fourth among the leading cause of death in America. Besides pollution, occupational pollutants and deficiency of alpha, antitrypsin are also other causes. Patients with chronic obstructive pulmonary disease have complaints of chronic cough with expectoration, dyspnea and frequent respiratory infection. In later stages cyanosis, pulmonary hypertension, morning headache and swelling of ankle and feet are also seen. The treatment regimen constitutes cessation of smoking, medication to open airways and to get rid of infection.

METHODOLOGY

Research design: Non-experimental research design.

Research approach: Descriptive survey

Selection of Area: The area selected for the research study was Sree Balaji General Hospital, Chrompet, Chennai.

Selection of Sample: The sample selected for the study is of age group between 25 and 55 years. From the above said hospital 50 samples are to be selected for the study.

Selection of Tool: The Tool for this study was a structured interview schedule.
Summary, Conclusion and Recommendation

Summary

The study on “Assess the knowledge regarding the management and the prevention of chronic obstructive pulmonary disease among adults in a selected hospital” was carried out from the point of view the selected samples form Balaji General Hospital, Chromepet.

Study samples of 50 people were selected and the samples were personally explained about the procedure and the purpose of study. Questionnaire was prepared and projected to individuals after obtaining their consent, and then it was analysed in next chapter.

Percentage Distribution of Level of Knowledge

<table>
<thead>
<tr>
<th>S.No</th>
<th>Particulars</th>
<th>Inadequate</th>
<th>Moderate</th>
<th>Adequate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Definition</td>
<td>17</td>
<td>0</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td></td>
<td>34%</td>
<td>0%</td>
<td>66%</td>
</tr>
<tr>
<td>2</td>
<td>Causes</td>
<td>16</td>
<td>24</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td></td>
<td>32%</td>
<td>48%</td>
<td>20%</td>
</tr>
<tr>
<td>3</td>
<td>Signs and Symptoms</td>
<td>37</td>
<td>0</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td></td>
<td>74%</td>
<td>0%</td>
<td>26%</td>
</tr>
<tr>
<td>4</td>
<td>Diagnosis</td>
<td>39</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>78%</td>
<td>0%</td>
<td>2%</td>
</tr>
<tr>
<td>5</td>
<td>Treatment</td>
<td>11</td>
<td>27</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>22%</td>
<td>54%</td>
<td>24%</td>
</tr>
<tr>
<td>6</td>
<td>Complication</td>
<td>22</td>
<td>28</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td></td>
<td>44%</td>
<td>56%</td>
<td>58%</td>
</tr>
<tr>
<td>7</td>
<td>Prevention</td>
<td>21</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>42%</td>
<td>0%</td>
<td>14%</td>
</tr>
<tr>
<td>8</td>
<td>Overall knowledge</td>
<td>8</td>
<td>35</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>16%</td>
<td>70%</td>
<td>14%</td>
</tr>
</tbody>
</table>

The above table represents that majority 17 (34%) of them have inadequate knowledge of definition of Chronic Obstructive Pulmonary Disease, majority 10 (20%) of them have adequate knowledge regarding the causes of Chronic Obstructive Pulmonary Disease, majority 37 (74%) of them have inadequate knowledge of signs and symptoms of Chronic Obstructive Pulmonary Disease, 8 (16%) have inadequate knowledge regarding chronic pulmonary obstructive disease.

Conclusion

The study findings revealed that

- 18 (36%) of people belong to the age group of 25 – 35 years.
- 14 (28%) of people qualified secondary education
- 25 (50%) of people employed as agriculturists.
- 25(50%) of people have the habit of smoking.
- 15 (30%) have pet animals in their house.
- 21 (42%) of people have been exposed to dust.
- 50 (100%) of people have experienced breathing difficulty.
- 8 (16%) of people have inadequate knowledge of chronic obstructive pulmonary disease.
- 35 (70%) of people have moderate knowledge of chronic obstructive pulmonary disease.
- 7 (14%) of people have adequate knowledge of chronic obstructive pulmonary disease.

Recommendations

- Similar study can be done for large number of samples.
- Same study can be conducted in urban community.
- A comparative study between rural and urban community can also be conducted.
- Frequent awareness programme is essential in community area.
- Health education is needed in allotted area.
REFERENCES

BOOKS

JOURNALS
Chronic obstructive pulmonary disease (COPD) is a global health problem and since 2001 the Global Initiative for Chronic Obstructive Lung Disease (GOLD) has published its strategy document for the diagnosis and management of COPD. Chronic obstructive pulmonary disease (COPD) is a common, preventable and treatable disease that is characterised by persistent respiratory symptoms and airflow limitation due to airway and/or alveolar abnormalities usually caused by significant exposure to noxious particles or gases. Dyspnoea, cough and/or sputum production are the most frequent symptoms; symptoms are commonly under-reported by patients. Key indicators for considering a diagnosis of chronic obstructive pulmonary disease (COPD). Symptoms. Chronic and progressive dyspnoea is the most characteristic symptom of COPD. Dyspnoea is a major cause of disability and anxiety in COPD [32]. The terms used to describe dyspnoea vary individually and culturally [33]. Cough. Chronic Obstructive Pulmonary Disease (COPD) is a combination of several different but related diseases which are primarily characterised by difficulty in breathing 1. COPD has considerable impact on the quality of life of the patient, involving long term medical care, frequent hospital admissions for treatment of exacerbations and, often resulting in premature death 2. Smoking as a cause of chronic obstructive pulmonary disease. 1. COPD prevention 2. Early diagnosis of COPD 3. Management of stable COPD 4. Treatment and support during acute exacerbations 5. Care and support at the end of life. 10. Obsolete â€“ for reference use only.