QUALITY OF LIFE IN ADULT PATIENTS RECOVERING FROM A SEVERE BURN INJURY MANAGED AT A UK BURN CENTRE (037)

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Introduction: Health-related quality of life (HRQoL) is increasingly important as there is a higher rate of survival from large burns due to advances in Burns care over the last 30 years. Consequently there has been a shift in focus in outcome measures from survival towards quality of life assessment. This study aimed to assess the self-perceived quality of life of burns patients during their long-term recovery, following management at a UK burn centre. It also aimed to identify significant factors affecting HRQoL with the hope that such results may influence the direction of management for burns patients.

Methods: A cross-sectional cohort of surviving adult burns patients with ≥ 10% TBSA managed in the preceding 5 years, were included. HRQoL was assessed using the EuroQol 5D (EQ-5D) questionnaire, providing a descriptive profile, a summarized index and visual analogue scale (VAS) of self-perceived health. Bivariate Spearman’s Rank Order Correlation identified the relationship between significant factors within the data. A locally-constructed questionnaire was used to assess patients education and employment status pre- and post-burn, their pre- and post-burn psychological status, and qualitative assessment with regards to confidence, relationships with others, sex life, mood, and ability to take part in hobbies and sports activities.

Results: 27 patients underwent telephone-interview (response rate 24.5%). Male: Female ratio = 18:9. Average %TBSA = 27 ± 16.4. Mean LOS (days) = 47.2 ± 45.4. Mean number of general anaesthetic procedures = 3.4 ± 4.4. Overall, values for EQ-5D domains were: mobility - no problems 40.7% (n=11), some problems 59.3% (n=16); self-care - no problems 70.4% (n=19), some problems 29.6% (n=8); usual activities - no problems 29.6% (n=8), some problems 63% (n=17), severe problems 7.4% (n=2); pain or discomfort - no problems 25.9% (n=7), some problems 63% (n=17), severe problems 11.1% (n=3); anxiety or depression - no problems 48.1% (n=13), some problems 37% (n=10), severe problems 14.8% (n=4). Average VAS = 64.26 ± 28.54 SD. Mean EQ-5D Index (UK version) = 0.585 ± 0.340 SD (range -0.594 - 1) where -0.594 = extreme problems in all domains and 1 = no problems. EQ-5D Index and VAS have a significant negative correlation with deprivation levels (r_s = -0.386, p = 0.047 and r_s = -0.473, p = 0.013 respectively. 56.3 % of patients of economically active age at the time of their burn returned to some form of employment within five years post-burn. Returning to work post-burn held a significant positive correlation with EQ-5D Index (r_s = 0.412, p = 0.033). Deprivation had a negative correlation with return to work (r_s = -0.425, p = 0.027) signifying that individuals who were more socially deprived were less likely to return to work.

Conclusion: Some degree of impairment in HRQoL is experienced long-term by burn patients. Many factors affect each domain. Early rehabilitation of mobility and activities of daily living, pain management and treatment of anxiety or depression will improve quality of life in burns patients.