QUALITY OF LIFE IN PATIENTS ADMITTED INTO A BURN CARE UNIT IN THE NORTH OF SPAIN: SYSTEMATIC OUTCOMES ANALYSIS (044)

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Introduction: Burn trauma can impact on many aspects of a person’s life: appearance, relationships with the others and psychological, social and physical functioning. Therefore, there have been several attempts to measure the degree of disability and quality of life in burn survivors. This question has emerged with the increasing number of major burn survivors as the understanding of the intensive care of burn patients and new surgical management strategies have decreased the number of burn-related deaths in major burned patients.

World Health Organization defines quality of life as “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”. There are several scales trying to address quality of life in burn patients. Those scales can be non-specific, such as SF-36 or the World Health Organization Disability Assessment Scale II (WHODAS II); or specific, such as the Burns Specific Health Scale (BSHS).

Methods: We studied a series of patients corresponding to the patients admitted to the Burn Care Center of the Hospital de Cruces in the last 10 years (from 2004 to 2014) to whom we applied a validated spanish version of the BSHS. We selected the patients admitted to our Center who actually fulfilled the actual EBA Burn Care Centre admission criteria.

The English BSHS measures four specific domains, three of which have subdomains. The literature categorizes the four domains of the 80-item BSHS-A as: physical (items 1-20); psychological (21-50); social (51-65); and general (65-80). The Physical domain can be divided into: mobility/self-care (1-10); hand function (11-15); and role activities (16-20). The Psychological domain can be divided into body image (21-27) and affective (28-50). The Social domain can be separated into family/friends (51-62) and sexual activity (63-65). The General domain (items 66-80) captures burn specific impairments such as pain, social sensitivity, and health. The Global score includes items 1-80. The most important modifications in the Spanish version to the original questionnaire were in the inversions from negative statements (English) to their positive sense in Spanish for certain items (26, 32, 33, 42, 44, 49, 51, 52, 53, 59, 61, 64, 65, 66, and 73); conceptual modifications in items 1, 2, 29, 33, 42, 49, 61, 62, and 64; and the elimination of redundant items (7, 8, 17, 19, and 20) or of difficult adaptations to the culture of the study group (item 15 was replaced by two new items).

Results: We analyzed our patients, both participants and nonparticipants, according to important and well established predicting variables such as age, total body surface area (TBSA), burn mechanism, inhalation injury, days until discharge, number of surgical interventions, major amputations, digit amputations, days passed after the initial injury and others.

Conclusion: This work aims to describe the quality of life perceived by our population: burn patients admitted in our Burn Care Center, and to assess connections between our results and the variables listed above, studied as predictors of outcome.