

DYSPNEA AND QUALITY OF LIFE IN PATIENTS QUALIFIED FOR LUNG TRANSPLANTATION

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In the years 2007-2010 in Department of Lung Diseases and Tuberculosis, Medical University of Silesia, 86 patients fulfilling ISHLT criteria qualified for lung transplantation. Our aim was to assess whether there is a correlation between dyspnea and quality of life and how it is related to anthropometric data in examined group. In dyspnea evaluation, there were used MRC, OCD, BDI and Borg scale, whereas quality of life was evaluated with SF-36 and SGRQ. Reference group consisted of 18 females and 68 males of average age 52,23 and BMI 24,24. 30 patients were diagnosed with IPF, 22-COPD and 34-ILD. In the reference group, there was statistically significant correlation between dyspnea and quality of life: between MRC and Pf (SF-36 domain) $R=-0,53$; OCD and activity (SGRQ) $R=0,56$; OCD and Pf $R=-0,55$; BDI and impact (SGRQ) $R=0,51$; Borg scale and impact- $R=0,47$. In patients after lung transplantation correlation in MRC and SF was $-0,92$; OCD and Pf, Bp, MH, PCS $R=-0,97$; OCD and RE $R=-0,89$; BDI and Pf $R=-0,89$; BDI and activity $R=0,9$; BDI and PCS $R=-0,84$. Depending on diagnosis, the strongest correlation in ILD patients was found between OCD and activity ($R=0,62$), in COPD patients- between BDI and impact ($R=0,79$) and in IPF patients $R=-0,62$ for OCD and Pf. Summing up the results, we can conclude that there is statistically significant correlation between dyspnea and quality of life; this correlation seems to be the strongest in patients after lung transplantation. No statistically significant correlation was found between dyspnea, quality of life and BMI or age.