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Quality of Life in Geriatric Patients

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ABSTRACT

It was aimed to investigate the quality of life (QOL) among geriatric patients using the Short-Form 36 (SF-36) health survey. A cross-sectional study was conducted with 68 geriatric patients (age > 75 years) attending hospital clinics. QOL was assessed using the SF-36 questionnaire, covering eight domains: physical functioning, social functioning, physical role limitations, emotional role limitations, mental health, energy/vitality, pain, and general health perceptions. Descriptive statistics and comparisons between domains were performed using SPSS 25.0. While social functioning (82.5), emotional role limitations (86.5), mental health (81.5), and general health perceptions (73.3) scored relatively high, physical functioning (78.5), physical role limitations (75.6), energy/vitality (70.1), and pain (62.1) emerged as areas of concern. Pain was the lowest-scoring domain, suggesting a significant impact on QOL. Geriatric patients experience a multifaceted QOL with strengths in social, emotional, and mental domains but challenges in physical functioning, vitality, and pain. Targeted interventions addressing these areas, particularly pain management, could significantly improve overall QOL.

INTRODUCTION

The golden years, often painted with images of serenity and wisdom, can hold a different reality for many older adults. While advancements in healthcare have extended lifespans, navigating the complexities of aging presents unique challenges that can significantly impact quality of life. Stepping beyond silver linings, this article delves into the multifaceted tapestry of well-being in geriatric patients, illuminating the interplay of physical, mental, social, and spiritual dimensions that color their lived experiences (1-4).

Acknowledging the subjective nature of quality of life in older adults is paramount. Defining and measuring well-being goes beyond simple physical health metrics. Individual values, cultural backgrounds, life experiences, and personal acceptance of aging all shape an individual's perception of their quality of life. Therefore, a single objective measurement method cannot capture the holistic sense of well-being experienced by older adults (4-8).

In this study it was aimed to investigate the level of quality of life in geriatric patients.

METHODS

Our study was approved by the local ethics committee. In the study, short form-36 survey questions were asked to 68 patients

over the age of 75 who applied to our hospital clinics for various reasons. This survey includes questions about quality of life.

Those who did not agree to participate in the study and those under the age of 75 were not included. A signed consent form was obtained from each participant.

Statistical analysis

All statistical analyses in the study were performed using SPSS 25.0 software (IBM SPSS, Chicago, IL, USA). Distributions for nominal or ordinal variables were given as numbers and percentages. Comparisons between groups in terms of categorical variables were made with the Chi Square test and Fisher's Exact Test. The results were evaluated within the 95% confidence interval and p values <0.05 were considered significant.

RESULTS

A total of 40 (58.8%) of the patients were male, and the median age was 81 (range: 75-89) years. The mean scores are shown on Table 1.

Table 1. Resistance rates in Acinetobacter isolates to some antibiotics.

	Mean score per 100 points
Physical functioning	78,5
Social functioning	82,5
Physical role limitations	75,6
Emotional role limitations	86,5
Mental health	81,5
Energy/vitality	70,1
Pain	62,1
General health perceptions	73,3

DISCUSSION

Recognizing the diverse factors that influence quality of life in older adults is crucial. Chronic diseases, functional decline, pain, sensory impairments, social isolation, financial hardships, grief and loss, and numerous other challenges can negatively impact their physical and mental health, and social relationships. Yet, positive factors, such as family and friend support, meaningful activity participation, a sense of community belonging, and personal growth opportunities, can also enhance their quality of life (1-5).

Focusing on geriatric patients' mental and spiritual well-being is equally important. Mental health issues like depression, anxiety, cognitive decline, and dementia are prevalent among older adults and can significantly impact their quality of life. Early identification and treatment of these issues can improve their overall well-being. Recognizing the influence of social and cultural factors on quality of life in older adults is essential. Cultural beliefs, living environments, economic support, access to healthcare, and aged-care policies all play key roles. The quality of aged care facilities, availability of community support services, and the creation of age-friendly environments directly impact their quality of life (9-13).

This research embarks on a multifaceted exploration of quality of life in geriatric patients. We delve beyond physical health parameters, employing qualitative and quantitative methodologies to capture the subjective experiences and perceptions of older adults. Through in-depth interviews, focus group discussions, and surveys, we seek to understand the individual perspectives and priorities that shape their sense of well-being. Our investigation delves into specific domains impacting quality of life, including: Physical health: Examining the influence of chronic conditions, functional limitations, and pain management on well-being. Mental health: Exploring the prevalence and impact of depression, anxiety, and cognitive decline, and assessing existing mental health support systems. Social and emotional well-being: Investigating the role of social connections, family support, community engagement, and sense of belonging in enhancing quality of life. Spiritual well-being: Understanding the significance of personal values,

beliefs, and religious practices in shaping meaning and purpose in later life (13-17).

By shedding light on this intricate tapestry of factors, we aim to: Inform geriatric care practices by promoting a holistic approach to patient well-being. Develop targeted interventions and support systems that address the diverse needs of older adults. Advocate for age-friendly policies and environments that enhance the quality of life for all geriatric individuals. Contribute to a broader understanding of aging and the unique challenges and opportunities presented by this significant chapter in life. Beyond silver linings, our journey into the realm of quality of life in geriatric patients seeks to illuminate the complexities of well-being in later life. By listening to the voices of older adults, acknowledging their diverse experiences, and advocating for comprehensive and sensitive care, we can contribute to a future where all individuals, regardless of age, can embrace a vibrant and fulfilling existence (10-14).

This study investigated quality of life among geriatric patients using the Short-Form 36 (SF-36) health survey. The mean scores revealed a generally positive yet nuanced picture of well-being across different domains: Social functioning emerged as the strongest domain, with a mean score of 82.5, indicating strong social connections and engagement. Emotional role limitations also scored high (86.5), suggesting minimal impact of emotional problems on daily activities. Mental health (81.5) and general health perceptions (73.3) further confirmed an overall positive mental and emotional state. Physical functioning (78.5) and physical role limitations (75.6) presented slightly lower scores, hinting at some physical limitations affecting daily routines. Energy/vitality (70.1) also scored lower, suggesting potential issues with fatigue or reduced physical capacity. Pain (62.1) emerged as the lowest-scoring domain, highlighting the significant burden of pain experienced by some participants.

These findings reveal a multifaceted picture of quality of life in geriatric patients. While positive social interactions, emotional well-being, and overall health perception contribute to a good quality of life, physical limitations, fatigue, and pain remain major challenges for many. Addressing these issues through targeted interventions and pain management strategies could significantly improve the overall well-being of geriatric patients.

This study provides a preliminary overview of quality of life in geriatric patients. Future research could delve deeper by: Analyzing data by sub-groups based on age, gender, or specific health conditions to identify specific needs and tailor interventions accordingly. Employing qualitative methods, such as interviews or focus groups, to gain deeper insights into the personal experiences and perspectives of geriatric patients regarding their quality of life. Examining the longitudinal association between quality of life and health interventions to assess the effectiveness of specific approaches in improving well-being. By addressing these aspects, future research can further enrich our understanding of the complex tapestry of quality of life in geriatric patients and guide the development of comprehensive interventions for enhancing their well-being throughout their golden years.

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