

Health-Related Quality of Life and its associated factors among South Asian and Middle Eastern patients with chronic diseases in the UK

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Background

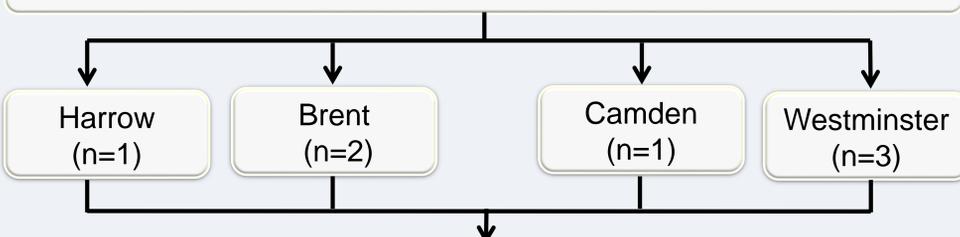
- Ethnic minority groups (EMGs) including South Asians (SA) and Middle Easterners (ME) in the UK are rising.^[1,2]
- These groups often experience a higher than average prevalence of chronic diseases.^[1,2]
- People from different cultural backgrounds may experience language barriers, demonstrate different beliefs, needs and experiences which may affect their ability to use medicines and access services effectively.^[1,2]
- This may lead to poor chronic disease management and health outcomes. Thus, describing EMGs Health-Related Quality of Life (HRQoL) is an important point of interest.

Purpose

To assess the quality of life among SA and ME patients with chronic diseases in the UK and to investigate factors associated with lower EuroQoL five-dimension (EQ-5D) visual analogue scale (VAS).

Materials and Methods

The study was conducted with seven community pharmacies in:



Patients from :

- SA and ME origins in the UK,
- aged over 18,
- and prescribed three or more regular medicines for chronic diseases were invited to participate in the study.

Patients were identified when presenting with a prescription

If the informed consent was obtained, the data were collected in face-to-face structured interviews in community pharmacies using EQ-5D-3L.

Information about patients' characteristics, healthcare of the participants, number and type of prescription and non-prescription medicines used by respondents was collected and quantitative procedures were conducted with Software package used for Statistical Analysis (SPSS) 21.

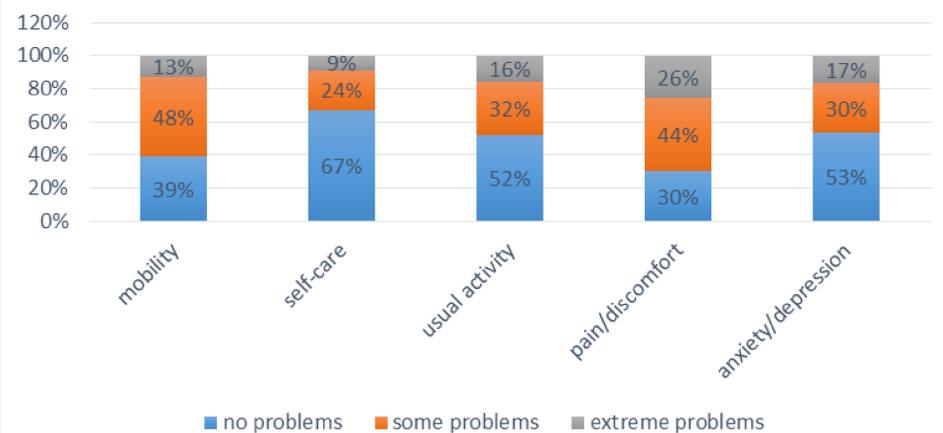
Reference

- Alhomoud F, Dhillon S, Aslanpour Z, Smith F. Medicine use and medicine-related problems experienced by ethnic minority patients in the United Kingdom: A review. *International Journal of Pharmacy Practice*, 2013; 21: 277-87.
- Alhomoud F, Dhillon S, Aslanpour Z, Smith F. South Asian and Middle Eastern patients' perspectives on medicine-related problems in the United Kingdom. *International Journal of Clinical Pharmacy*, 2015; DOI 10.1007/s11096-015-0103-6.

Results

Participants (61% male) had mean (SD) age 58 (13.4) years and on a mean (SD) of 8 (4) medicines. Based on the EQ-5D-3L, the most significant problems reported by respondents were pain/discomfort (70%), followed by mobility (61%), usual activities (48%), anxiety/depression (47%), and self-care (33%) (i.e. where some and extreme problems of each dimension were combined), Figure 1. The mean EQ-5D visual analogue self-rating scale (VAS) score for SA and ME patients was 60.0 (SD ± 23.8).

Figure 1: EQ-5D self-reported health states of SA and ME patients



Lower EQ VAS score were associated with the female gender, ME ethnic origin, lower level of education, high number of A&E consultations and emergency GP consultations, Table 1.

Table 1: Factors influencing the EQ-5D visual analogue score in SA and ME patients.

| Parameter | EQ VAS Mean (SD) | P value |
|---------------------------------------|----------------------|---------------|
| Gender* | Male | 64.06 (24.12) |
| | Female | 53.92 (22.11) |
| Ethnicity* | South Asian | 65.51 (23.92) |
| | Middle Eastern | 54.38 (22.65) |
| Education level* | Above high school | 71.67 (19.76) |
| | High school or below | 53.75 (23.58) |
| Number of A & E consultations* | None | 69.21 (22.26) |
| | ≥ 1 | 51 (22.31) |
| Number of emergency GP consultations* | None | 65.61 (24.59) |
| | ≥ 1 | 50.17 (19.66) |

*Mann-Whitney U test; a p value of <0.05 was taken as conferring statistical significance.

Conclusions

The results add to the volume of knowledge regarding SA and ME patients' health status. Medical, policy and individual attention should be given to the management of chronic diseases and improvement of QoL in EMGs. Longitudinal studies must be performed to monitor changes in QoL and to permit evaluation of the outcomes of chronic disease intervention programs.

