ISSN 0974-3618 (Print)
0974-360X (Online)
www.rjptonline.org
RJPT Research Journal of Pharmacy and Technology

RESEARCH ARTICLE

Prospective Study on the Quality of Life in Patients with Anorectal Disease

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ABSTRACT:
Objectives: To assess the impairment of health related quality of life in patients with Anorectal disease by evolving a Questionnaire. To evaluate the impact in the quality of life in patients with Anorectal disease. **Methodology:** This method involves prospective analysis of quality of life in men and women with anorectal disease. The study is carried out by the collection and documentation of general information of the patient regarding the disease.SF-12 Questionnaire**:** The SF-12 Health Survey includes 12 questions from the SF-36 Health Survey (Version 1). These include: 2 questions concerning physical functioning; 2 questions on role limitations because of physical health problems; 1 question on bodily pain; 1 question on general health perceptions; 1 question on vitality (energy/fatigue); 1 question on social functioning; 2 questions on role limitations because of emotional problems; and 2 questions on general mental health (psychological distress and psychological well-being). **Results:** The study was conducted among 100 patients .There is an extremely significant (P<0.0001**) values were obtained when compared between pre counseling and post counseling phases of knowledge, attitude and perception scores**. Conclusion:** Hemorrhoids is a common anorectal disease condition seen in almost all the age group except for neonates. Seen from my study that quality of life of patients with hemorrhoids could be improved to some extend with good education regarding the disease.

KEYWORDS: Hemorrhoids, Quality of life, Anorectal disease

INTRODUCTION:
Hemorrhoids are a common condition where the venous drainage of rectum and anal canal become dilated. Fissure in anus is a condition where there may be tear in the anal canal.[1] More than men women are mostly affected with hemorrhoids usually at the age of 50 years and older will develop during the lifetime.[2] Hemorrhoids classified into internal hemorrhoids and external hemorrhoids. External hemorrhoids located in the anus around the skin and the Internal hemorrhoids may protrude or prolapsed through the anus.[3]

External hemorrhoids located in the anus around the skin and the Internal hemorrhoids may protrude or prolapsed through the anus.[3] The exact pathophysiology of hemorrhoids still unknown. For many years of the theory research the varicose veins, that hemorrhoids were caused by varicose veins in the anal canal. In patients with portal hypertension and varicose there is no chance of sudden incidence of hemorrhoids.[4] The straining during bowel movements, coughing or lifting the heavy weight etc there will be a back pressure on the anal venules and tense the tender swelling appears lateral to the anal margin.[5] The common symptom of internal hemorrhoids blood on the stool is bright red , or on the toilet paper or on the toilet after the bowel movement. In external hemorrhoids may form blood clot and the blood clot in the vein, the condition called thrombosis. Thrombosed external hemorrhoids cause bleeding, painfull swelling or hard lump around the anus. The itching and irritation and pain are the worse condition.[6]

Received on 18.08.2016 Modified on 19.09.2016
Accepted on 20.10.2016 © RJPT All right reserved
Research J. Pharm. and Tech. 2017; 10(1): 145-148.
DOI: 10.5958/0974-360X.2017.00032.4

The medical history should include some factors like duration of disease, nature of the symptom, bowel habit, co morbid condition, medication like non steroidal anti-inflammatory drug (NSAIDs), Anti-coagulant.[7] There are variety of treatments are available for hemorrhoids disease, as non-surgical and surgical. The non-surgical approaches are successful in 80-99 % of patients with hemorrhoid issues. The goal of the non-surgical treatments is:

- Decrease hemorrhoid vascularity
- Reduced redundant tissue
- Promote hemorrhoid fixation to the rectal wall to improve prolapsed [8]

The treatment include Rubber band ligation, Sclerotheraphy, Infrared coagulation, Meta-analyses, Cryo-surgery and lord's procedure, stapled haemorrhoidopexy (SH), Milligan-Morgan Haemoridectomy (MMH),The acute complication in hemorrhoid disease in the Internal hemorrhoids the reason for the venous drainage cause is still unknown and it result in the venous thrombosis and more or less tense swell is edema. The External hemorrhoids with thrombosis results in the sudden pain in the perianal skin swelling[9].The grade system described by Goligher Grade I: No prolapse, vascular cushions in the anal canal visualized by endoscopy. Grade II: Prolapse during defecation, but spontaneous reduction. Grade III: Prolapse during defecation, which need manually reduction. Grade IV: Persistent prolapse irrespective attempt to reduce the prolapse[13].Hemorrhoids are the part of our anatomy like eye, ear, nose, toes, we born with 6 hemorrhoids three within the anus(internal hemorrhoid) and the three outside of the anal(external hemorrhoids)[14].The conservative management for avoidance of constipation and hard stool, most fiber agent are bulking agent which softening the stools by absorbing water[12] Quality of life (QOL) is generally done for the individuals and societies for their well being. Education plays a key role in improving the quality of life of patients with the particular disease.

MATERIALS AND METHODS:

The study was carried out in a 6months period in a tertiary care hospital

STUDY INSTRUMENT:

SF12 Questionnaire. People were first selected for the study and following were the inclusion and exclusion criteria. In-patients diagnosed with Benign Anorectal disease willing to participate in completing the simple questionnaire Patients of age less than18.In the exclusion criteria Pediatric patients with Anal disease , Patients with psychiatry complications, Patients with morbid disorders, Pregnant patients, Patients of age above 25, Patients with Malignant Anorectal disease, Patients with traumatic conditions

METHOD:

This method involves prospective analysis of quality of life in men and women with Anorectal disease. The study is carried out by the collection and documentation of general information of the patient including personal history. The family background, clinical findings, investigations and medical illness associated with Anorectal disease. Further quality of life is documented using specific questionnaire designed to assess the impact of Anorectal disease and their complications. Data collected from the questionnaire was then tabulated and scored in their respective charts.

STATISTICAL ANALYSIS:

The obtained data were carefully tabulated, scored and categorized in accordance to their respective categories. Data analysis was further done using Statistical analysis was done by calculating the mean and standard deviation @ student t test. The collected data will be analyzed using graph pad prism software.

SF12 QUESTIONNAIRE VALUATION:

The sf12 questionnaire health survey includes question like, 2 questions concerning physical functioning; 2 questions on role limitations because of physical health problems; 1 question on bodily pain; 1 question on general health perceptions question on vitality (energy/fatigue); 1 question on social functioning; 2 questions on role limitations because of emotional problems; and 2 questions on general mental health psychological distress and psychological well-being. Finally, the documented questionnaire is evaluated for the final outcome. The study was conducted after obtaining informed consent from the patient. This study was approved by the Ethics committee IEC/DOPV/ 2015/23

RESULTS:

The out of 100 patients,42 patients were male and 58 patients are female. In the age group 23% were in the age group of less than 18,and 35% were in the age group of 18-25 and 40% were in the age group of more than 25. So in this study, indicated that more number of people in the age group is affected in the range of more than 25. The table bmi value ae classified into 3 group less than 18, 18-25,more than 25 more increase in the range of more than 25.out of 100 patients married(68%) and unmarried(32%) patients study also done, and the married are mostly affected by the anorectal disease. The co morbidities ration the diabetes mellitus patients are more prone to the disease. The results for the pre counseling value for pcs (physical component score)

mean-39.7 and SD-21.0 and mcs(mental component score) mean 33.5 and SD -5.15, Post counseling value pcs mean-50.4 and SD- 6.173, mcs mean-42.7 and SD-4.153. Pre counseling value for pcs 39.7 and the post counseling value is 50.4 and the pre counseling value for mcs is 33.5 and the post counseling value is 42.7. The value for pcs and mcs for pre counseling for pcs 39.7 and the mcs pre counseling value us 33.5 and the p value is significant <0.005*. The value for pcs and mcs after post counseling, the pcs for post counseling is 50.4 and mcs for post counseling is 42.7 and the p value is significant <0.0001**

Table 1 Gender Wise,age and bmi distribution:

Gender	No. Of patients	Percentage
Male	42	42%
Female	58	58%
Age		
Less than 18	25	25%
18-25	35	35%
Above 25	40	40%
BMI		
Less than 18	25	25%
18-25	35	35%
More than 25	40	40%

Table 2 Distribution based on Marital status and disease

Marital status	No.of patients	Percentage
Un married	32	32%
Married	68	68%
Disease		
Diabetes mellitus	49	49%
Thyroid	25	25%
Hypertension	26	26%

Table 3 precounselling for PCSandMCS

precounselling		mean	sd
PCS	54%	39.7	21.01
MCS	46%	33.5	5.15

Table 4 post counselling for PCS and MCS

post counselling		mean	s.d
PCS	54%	50.4	6.173
MCS	46%	42.7	4.153

Table 5 for PCS pre and pro counselling

Mean pcs before counselling	mean pcs after counselling
39.7	50.4

Table 6 for MCS pre andpost counselling

Mean mcs before counselling	mean mcs after counselling
33.5	42.7

Table 7 for pre counselling PCSandMCS

Pre counselling mean pcs	pre counselling mean mcs	p value
39.7	33.5	<0.005*

Table 8 for post counselling PCSandMCS

Post counselling mean pcs	post counselling mean mcs	p value
50.4	42.7	<0.0001**

DISCUSSION:

This study was designed to find out the quality of life among hemorrhoids patients and to create awareness about the anorectal disease. In this study ,total 100 patients are included who were all suffering from the anorectal disease. It is an interventional study conducted in the Anorectal disease patients. By using Performa, the patients demographics, patient medical history, lab investigation and other report were monitored. Assessment is done by using SF-12 Questionnaire, which consists of 12 question about the physical and mental component summaries respectively. Patient counseling was provided at the initial level and the patient knowledge about hemorrhoids, cause, risk, management, treatment and life style modification were assessed during the Pre counseling phase and Post counseling phase. Out of 100 patients, 42 patients were male and 58 patients are female In the age group 25 % were in the age group of less than 18, and 35% were in the age of 18-25 group, and 40% were in the age group of more than 25.So in this study, indicated that more number of people in the age group is affected in the range of more than 25. The table bmi are classified into 3 age group less than 18, 18-25, more than 25 more increase in the bmi value is in the range of more than 25. Out of 100 patients, 32 patients (32%) are unmarried and 68 patients (68%) are married, the study shows that married people are more affected from the anorectal disease. Out of 100 patients. 45 patients are diabetes mellitus, 20 patients were thyroid, 21 patients are hypertension, 14 patients are no co morbid. The pre counseling values for the pcs and mcs, pcs mean-39.7 SD-21.0, mcs mean-33.5 SD-5.15. The post counseling values for pcs and mcs. Post counseling value for pcs mean-50.4 and SD-6.173 Post counseling value for mcs mean-42.7 and SD-4.153. The value for pcs in pre - counseling 39.7 and the post counseling pcs is 50.4. The value show the pre and post counseling of mcs, in the pre counseling the value of mcs is 33.5 and the post counseling mcs is 42.7. The value for pcs andmcs for pre counseling for pcs pre counseling value is 39.7 and the mcs pre counseling value is 33.5 and the p value is significant <0.005*.The value of pcs and mcs after post counseling, the pcs value for post counseling is 50.4 and the mcs value for the post counseling is 42.7 and the p value is significant <0.0001**,. In this study female are more affected than the male due to changes in the life style modification, in the pregnancy time, diet changes Mahesh.c.Misra et al(2005) conducted a study on the Drug Treatment of Hemorrhoids and the study concluded that in ancient times drugs are developed for treating the anorectal disease condition. Today in the modern condition also the drugs are developed comparing to the ancient time[10] De Miguel M, et al 2005 conducted a study on the surgical treatment of hemorrhoids and the study concluded that

surgery is most effect in the symptomatic grade III-IV. The study showed no respond by the outpatient treatment. The study also discussed in detail regarding the surgery practice and other technique[11]

CONCLUSION:

The quality of life patients with the anorectal disease shown that quality of life have been effective for the patient undergone for the survey from the current study it was concluded that the females above 25 years of age with a BMI of above 25, married and patients with diabetes were more prone and had hemorrhoids . Furthermore studies are required to support this data.

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