

13th International Conference on Tissue Science, Engineering, Regenerative Medicine & Bio Banking_Health-related quality of life and wound care practices among patients with chronic wounds in a Southwestern Nigerian Communityintroductionand aim_Helen OladunniOladele_ObafemiAwolowo University, Nigeria

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Chronic Wounds (CWs) are a common problem around the world, known to affect quality of life with varying patients' perception among cultures. This study determined the effects of CWs on the health-related quality of life (HRQoL) and identified wound care practices among a select population in southwestern Nigeria.

Methodology:

Sixty (60) grown-up patients >18 years old with wound length >3 months were picked by accommodation non-likelihood examining at the purpose of getting to outpatient care. A pretested, semi-organized, interviewer-administered poll and one guided meeting were utilized to gather information; same were coded for classification and contribution for factual investigation.

Discoveries:

The normal respondent age was 48.3 years (extend, 18-80 years). Male to female proportion was 1:1.2, with 71.7% wedded, 96.7% of the Yoruba ethnic gathering, and 40% merchants by occupation. The normal injury span was 23.2 months (extend, 3-240 months). Injury was the most widely recognized etiology of CWs followed by contamination. There was no connection between wound span and patients' sex. Most patients got to mind from more than one source all the while. The nearness of CWs unfavorably influenced the personal satisfaction ($R = -.288$; $P = .025$). Numerous patients had fluctuating degrees of variation from the norm in their psychological well-being.

Conversation

In this investigation, moderately aged and old patients made up 60% of the taking an interest populace, since CW is generally basic in the third to fifth many years of life.⁴ Although there are more members there was no distinction in the length of CW between the genders. This may propose comparable perspectives toward CW in people. A normal term of 23 months and a greatest span of 240 months recommends poor information and mentality toward CW care, conceivably encouraged by the powerlessness to support surgeries to encourage early mending.

Exchange was the most widely recognized occupation with 40%, contrasted with ranchers and homestead laborers revealed in an investigation in China.⁵ More than 98% had at any rate essential instruction, in spite of the fact that the degree of training doesn't appear impact the length of the injury. The leg was

the most successive site of wounds in 66.7% and injury the most incessant reason, like the outcomes recently detailed in the writing.

In the current study, 4 of 5 patients applied other "medications" to their wounds from other sources in addition to their prescribed hospital treatment. This habit could partly explain the chronicity of wounds, since some of these agents coming from unorthodox sources could have harmful effects on wound healing; this could be the subject of further research. Sources of additional care included patient medicine stores, prayer houses, herbalists, and other outpatient hospitals. This habit can in itself affect wound care and affect the objective assessment of wound care products and outcomes. The 68.3% of patients who preferred other methods of care to their prescribed treatment suggested dissatisfaction with current care. This could affect compliance but may also imply good health seeking behavior.

The results of this study reveal that CWs are associated with higher HADS scores, as noted above. ⁷ These higher scores may imply increased stress in these patients. Stress is a multidimensional concept made up of physiological, psychological and social factors. These factors are interconnected and tend to reinforce each other in patients with CW, potentially creating a vicious circle. 8-10 Gouin and Kiecolt-Glaser¹¹ found that people who suffer from anxiety and depression due to high levels of stress may also have a propensity to adopt negative behaviors such as alcohol and cigarette abuse and poor food and health choices. Although the evidence¹² suggests that such behaviors do not fully address the negative effects of stress on wound healing, they can exacerbate the effects of stress and have a detrimental impact on the wound healing process.

Limitations:

This study was conducted in the southwestern part of Nigeria, which leaves it open to a potential cultural bias. The information generated by the study was subjective, which can affect accuracy and precision. In addition, the adapted instruments had to be translated into the Yoruba language; due to this, slight changes may have occurred during translation despite best attempts to preserve originality.

Conclusion:

CWs are associated with poorer HRQoL, and simultaneous reception of care from multiple sources was common. These suggest a need to pay attention to psychological aspects of patients with CWs.