

# Study on the quality of life and the factors influencing it in elderly patients

## Review article

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**Abstract:** A society of advanced age is arriving with the increasing number of elderly patients. Little attention has been paid to the quality of life of elderly patients, which is decreasing gradually. This article aims to study the quality of life among elderly patients and explore the factors influencing it, in addition to exploring effective ways to improve the quality of life of elderly patients.

**Keywords:** elderly • elderly patients • Quality of life • influencing factor • long-term care integrated with health care • status quo

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## 1. Introduction

The latest data from the Population Reference Bureau forecast that the world's population will reach 100 billion in 2053.<sup>1</sup> In 2017, "two sessions" (of the National People's Congress [NPC] of the People's Republic of China and the Chinese People's Political Consultative Conference) in our country noted that a man reaches the age of 60 in less than every 4 seconds. China has approximately 230.86 million people aged 60 or older, accounting for 16.7% of the entire population. Further, China's elderly population is not in good health: nearly 40 million are disabled or partly disabled, and nearly 12 million are completely disabled.<sup>2</sup> The quality of life for elderly people is thus difficult to guarantee. This paper reviews a multitude of documents on the quality of life and its impacts on elderly patients, as well as attempts to show that the study of elderly patients can help improve their quality of life.

## 2. Status analysis

### 2.1 Elderly patients' quality-of-life status analysis

Evaluating the quality of life of the elderly consists primarily of self-evaluations of health and predicting how the organs of the body function in the elderly, as well as these patients' general condition and psychosocial factors. The results show that the quality of life is directly related to the self-reported health status and is correlated with both psychological and social statuses.<sup>3,4</sup> To correctly understand the quality of life of the elderly, researchers commonly use quality-of-life scales, including the Short Form (SF)-36 Health Survey Scales, the SF-12 Health Survey Scales, World Health Organization Quality of Life with 100 questions (WHOQLQ-100), World Health Organization Quality of Life-bref (WHO-QOL-bref), European Quality of Life-5 Dimensions

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(EQ-5D), and European Quality of Life-visual analogue scales (EQ-VAS).<sup>5,6</sup> For the cognitive evaluation of physiological features, there are the Activity Daily Living Scale (ADL), Health Assessment Questionnaire Disability Index (HAQ-DI), psychological feature cognitive evaluation by the Geriatric Depression Scale (GDS), and the Mini-Mental State Examination (MMSE); for the cognitive evaluation of social features, there are the social support rating scale (SSRS) and the perceived stress scale (PSS).<sup>7</sup>

Most elderly patients who are disabled or partly disabled and have experienced long-term and repeated hospitalizations suffer from one or many chronic diseases, and they can appear to be irritable, anxious, depressed, and panicky. Chai<sup>8</sup> suggests that in clinical practice, professionals should ensure that elderly patients can accept negative emotions about their self and disability, even in those with low levels of disability, in terms of their cognition and psychology related to their ability, and that professionals should explore effective psychological intervention models to improve their quality of life.

## 2.2 Common diseases of the elderly accompanying psychological symptoms

Hypertension in elderly patients is often accompanied by sleep disorders and poor sleep quality. When the Pittsburgh Sleep Quality Index Scale (PSQI Scale) is  $\geq 7$  points, it indicates the occurrence of sleep disorders. Poor sleep quality will lead to an increase in blood pressure. This vicious circle results in irritable and anxious moods, which reduces the quality of life.<sup>9</sup>

In a study of type 2 diabetes, Najafi noted that anxiety, depression, and negativity influence the physiological and psychological functions of patients but are not involved in metabolic control in diabetic patients.<sup>10</sup> The cause of death in patients with diabetes mellitus was explored; patients with recurrent, severe hypoglycemia were six times more likely to die than were patients without the condition.<sup>11</sup>

Stroke patients are younger today. In this illness, there are movement, perception, communication, and emotional obstacles, so a patient's quality of life is increasingly threatened. Further, the treatment of most acute cerebral apoplexy is effective in the first 6 months, which is relevant for social services and the home environment.<sup>12</sup>

Elassal et al.<sup>13</sup>'s research on respiratory disease notes that the illness severity of patients with chronic obstructive pulmonary disease is mainly associated with their anxiety and depression levels and is not related to age or gender.<sup>13</sup> The onset of lung cancer has increas-

ingly affected young adults and is accompanied by physical discomfort and mental pressure. Fear of disease may lead patients to commit suicide.<sup>14</sup>

## 2.3 Common influencing factors in quality of life

### 2.3.1 Intergenerational relation

Neuberger suggested that structural problems in the relationships between generations, especially with grandparents, were absent in those who had fulfilled the obligations to comply with the country's requirements; they found a reduction in family intergenerational conflict and an improved quality of life for the grandparents.<sup>15</sup> Kim et al.<sup>16</sup> showed that East Asian adults having a good or bad relationship with parents is related to filial piety and faith, intergenerational communication experience, and actual life behavior and suggested that providing support will affect the parents' happiness and improve their quality of life. In cross-cultural families in particular, family cohesion is very important.<sup>16</sup>

### 2.3.2 Sex

Elderly female and male patients have different physical and mental health needs. Kim et al.<sup>17</sup> surveyed female patients and found that they prefer mental health, whereas male patients are more dependent on their physical health. Litzelman and Yabroff also indicated that female patients being treated for a disease receive psychological interventions more easily than male patients do.<sup>18</sup>

### 2.3.3 Personality, age, and social relationships

Elderly patients shift from work to retirement. Shifting from their role from the mainstay of the family to the caregiver role entails a transformation. Personality and social support become important factors affecting the quality of elderly patients' lives.

Park et al.<sup>19</sup> noted that it is more important for older elderly patients to participate in social activities than it is for younger elderly patients. Dumitrache et al.<sup>20</sup> found that optimistic elderly patients are more satisfied with life. With higher levels of social support and a sense of social existence, their lives are happier.<sup>20</sup>

### 2.3.4 Additional influencing factors

The higher the payment ability and the education level of the elderly patients are, the higher their self-evaluations of physical and mental health will be, and the

higher their quality of life will be.<sup>21</sup> Elderly patients with religious beliefs are also more likely to have a higher, subjective well-being than are those who do not believe in religion. Religious patients who pray more frequently are happier.<sup>22</sup>

### 3. Countermeasure analysis

#### 3.1 Hope mode

Hope is a cognitive evaluation beyond one's infinite circle process and his/her positive, continuous, and dynamic personalization state. The study of elderly patients with chronic diseases shows that hope itself is a kind of active coping resource and mechanism. For medical personnel and families who take care of elderly patients for a long time, the two sides will be affected by others' thoughts and behaviors, and the two sides will depend on each other.<sup>23</sup> Therefore, in elderly patients with psychological interventions, patients and their family caregivers should be targeted.

For elderly patients to implement active coping styles and find ways to maintain and raise their hope, treatment should focus on relieving symptoms of depression and improving their quality of life.

#### 3.2 Self-management and care mode

Regular physical examination, preventing disease, and providing treatment in early stages of the disease can help adjust the quality of life. Additional recommendations include appropriate exercise with a reasonable diet, quitting smoking and drinking, and learning to manage their own emotions; an optimistic attitude can prevent the deterioration of the disease. Elderly patients with a mild illness can participate in volunteer service. Through volunteering, they can regain self-confidence, increase their communication skills, and enhance their social presence.

Family care is a great spiritual pillar in the rehabilitation of elderly patients. In care of the elderly patients, there should be filial piety, empathy, and a reduction in intergenerational conflicts.

#### 3.3 Respite service mode

The number of elderly patients continues to increase, and the course of chronic diseases is fairly long and recurrent. There is a lack of hospital beds, professional medical care institutions, and nursing manpower resources, despite a high turnover. To help adapt to changes in the environment, the elderly support strategy "Long-Term Care Integrated with Health Care" was derived, called the Mode Innovation of Long-term Care

based on the associated combination of medical-providing rehabilitation-nursing; integrated care for elderly patients that can maintain their physical, psychological, and social health has thus become a strategy.<sup>24</sup>

The aged living support pattern of "Long-Term Care Integrated with Health Care" can not only take better care of patients and improve their quality of life but can also reduce the burden on caregivers, health-care workers, and their families. Respite service models should be widely adopted across the country, so that nonhospital nursing staff can work directly with clinical staff to consult and communicate their health knowledge.<sup>25</sup>

### 4. Conclusions

With an aging society, maintaining a healthy mind and body, as well as good cognitive function, has become increasingly important because most elderly patients are prone to negative emotions, gradually feel panic in their hearts, and eventually lose their sense of social presence.

The model of "Long-Term Care Integrated with Health Care" will be the inevitable trend by which the long-term care system will develop for disabled and partly disabled elderly patients against the background of an aging population in China. Medical personnel should inform elderly patients about the advancement of their disease according to the different influencing factors during treatment and should inform the patients that they can obtain good therapeutic effects through active treatment, build confidence in the patients, obtain the patient's collaboration, and eliminate their tension, fear, and other negative emotions.

To improve quality of life, family members should spend more time with the elderly to increase their social connections and subjective well-being.

### Conflicts of interest

All contributing authors declare no conflicts of interest.

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