Impact Of Asthma Severity on Self-stigma in Adult Asthma Patients

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INTRODUCTION

Asthma severity may be a more salient stressor influencing negatively the psychosocial well-being of the asthma patients.

The asthma symptoms like breathlessness usually lead to the feeling of fear as well as emotional and psychological suffering in asthma patients [1].

Therefore, the patients living with asthma experience more psychological problems and worse social functioning than other normal members in the community.

The aim of this study was to determine the impact of asthma severity on self-stigma in adult asthma patients.

METHODS

This cross-sectional study was conducted at four respiratory specialist clinics in Selangor, Malaysia.

In this study, 74 asthma patients (aged > 18 years old; nil cognitive disability; not diagnosed with other respiratory diseases) were recruited.

Purposive sampling method was used for patient enrollment.

The enrolled patients were classified on the basis of asthma severity according to Global Initiative for Asthma (GINA) guidelines.

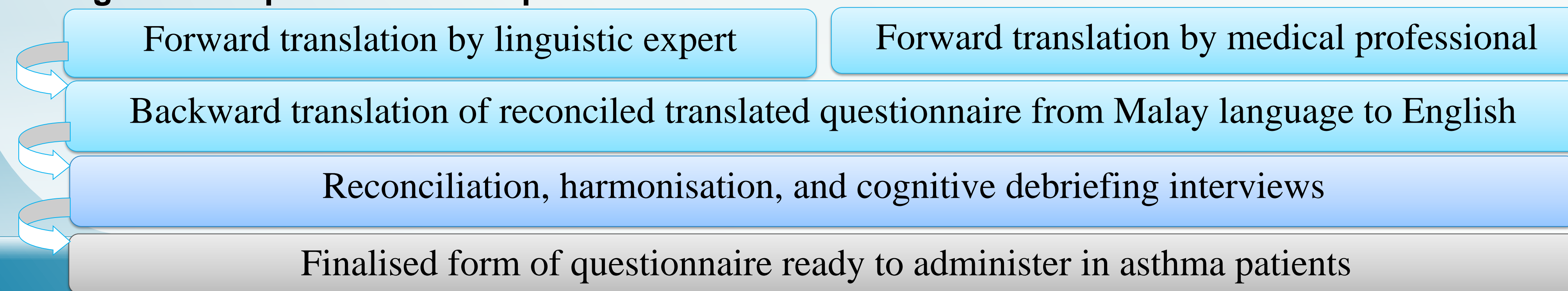Lung function tests were performed by CosMed® spirometer.

A 22-item self-stigma scale was adapted and translated into Malay language using international standard translation guidelines as shown in figure 1. The patients' responses were recorded of a 5-point Likert scale ranging from strongly agree (score = 5) to strongly disagree (score = 1) [2].

The patient's stigma score of
- 75% or above (score ≥ 83/110) reflected severe stigma
- 50% - 74% (score = 55-82/110) represented moderate stigma
- 49% or below (score < 55/110) reflected mild stigma

A one-way analysis of variance (ANOVA) was conducted by Statistical Package for Social Sciences (SPSS)® version 21 to explore the impact of asthma severity on self-stigma in asthma patients.

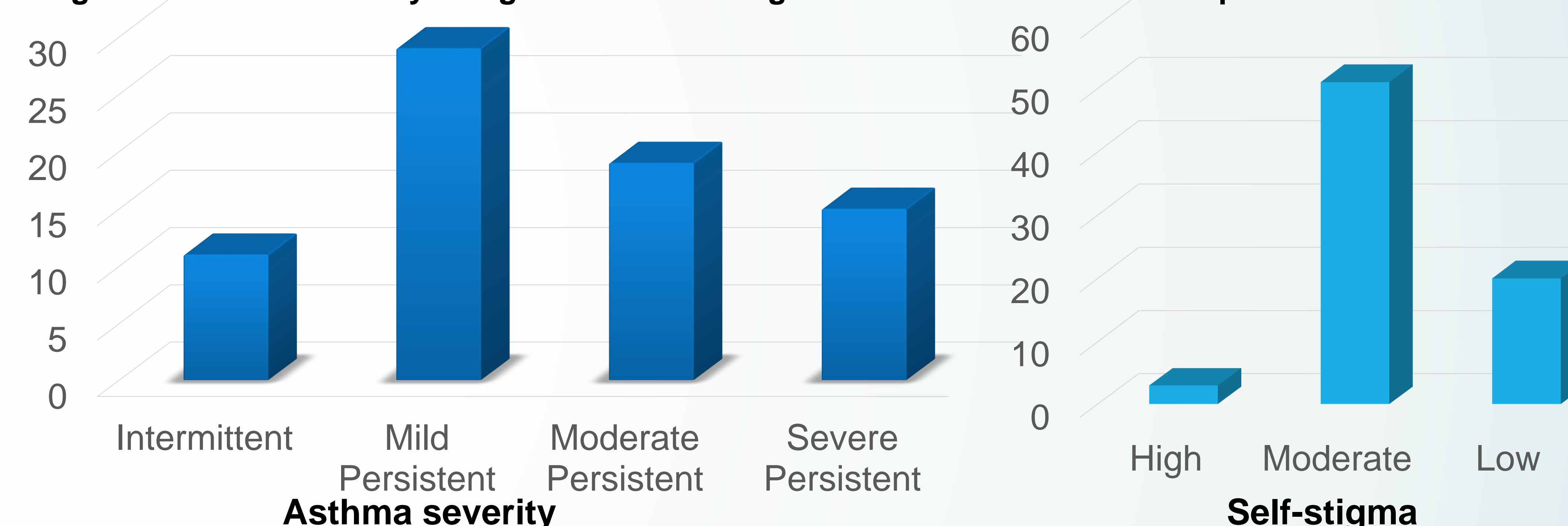**Figure 1: Steps involved for questionnaire translation**

Forward translation by linguistic expert | Forward translation by medical professional

Backward translation of reconciled translated questionnaire from Malay language to English

Reconciliation, harmonisation, and cognitive debriefing interviews

Finalised form of questionnaire ready to administer in asthma patients

RESULTS

Table 1: Socio-demographic characteristics and self-stigma (n=74)

Variable	Category	Mean (± SD)	N %
Age		53.5 (12.64)	
Gender	Male		26 (35.1)
	Female		48 (64.8)
Ethnicity	Malay		40 (54.1)
	Indian		18 (24.3)
	Chinese		16 (21.6)
Self-stigma		61.62 ± 6.52	

Figure 2: Asthma severity categories and self-stigma classification of enrolled patients

A one-way ANOVA revealed a significant difference in the mean score of self-stigma among four asthma severity groups, F (3,70)=6.906, p >0.001. The Post-hoc comparisons using the Tukey HSD test indicated the self-stigma score vary significantly among all asthma severity groups.

CONCLUSION

The findings of this study suggest that the self-stigma in asthma patients becomes more apparent and severe with increasing asthma severity. Therefore, patients with severe asthma need more psychological support from their families and healthcare team.

DISCUSSION

1. Further explorative studies focusing on psychosocial issues of asthma patients especially in patients living with multiple illnesses should be conducted.

2. The awareness of healthcare professionals about the barriers of stigma may be very imperative for better asthma management by appropriate patient education.

REFERENCES

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