**Health Related Quality of Life, Anxiety and Depression among TB Patients in Kathmandu**

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**Background**

Tuberculosis is specific infectious disease but the people in most country of developing world take at social disease with medical aspect. The social factors are the non medical factors such poor quality of life, poor housing, and overcrowding population explosion, under nutrition, lack of education, large families, early marriages lack of awareness of causes of illness, etc. As well as the long duration of treatments and side effects of drugs also leads co-morbidity of the disease. The psychological aspect of the human health in our society are neglected so in the most of the chronic disease the patients have the Co-morbidity of the depression and anxiety is present so this must me addresses immediately after the diagnosis. Where all TB and its psychological co morbidity, anxiety and depression are deteoriating the quality of life of patients.

**Methods**

Sample size was 150 questionnaires containing socio-demographic characteristics, SRQ-20, SF-36v2, HAM-A, and HAM-D. SRQ-20 for rule out psychiatric co-morbidity, SF-36v3 for nine domain of HRQoL generic tool calculating and scoring. HAM-A and HAM-D for rating anxiety and depression diagnosed by SRQ-20 scoring and calculating. Epi-info7, SPSS 20, and SF-36 Scoring Software were used for data management and analysis.

**Results**

Almost half (51.3%) suffered from Extra Pulmonary Tuberculosis (EPTB). Very few rated clinical attention needed anxiety and depression. The majority (90.6%) had no any other co-morbidity of disease. Over all HRQoL were poor with, only 1.4% female and 1.7% males having HRQoL above the average. All other HRQoL was below the average. All were diagnosed psychotic co-morbidity. Similarly, HRQoL shows Mental Component Score (MCS) score below the average in the majority. In the Pulmonary Tuberculosis (PTB) patients there was no correlation between anxiety, depression, MCS and Physical Component Score (PCS) score, but in EPTB patients there was strong correlation between depression and anxiety. Poor negative significant correlation between MCS and PCS score was seen. There was no association between gender and PCS score on both types TB patients. Same results were found in gender and MCS patients.

**Conclusions**

There must be provision of psychiatric consultation on every TB patients. Quality of life of patients must be assessed during the treatment process at Directly Observed Treatment Short Course (DOTS) centers. Awareness camping and media coverage on the co-morbidity of mental illness should be done.

**Keywords:** anxiety; depression; extra pulmonary tuberculosis; HRQoL; TB patients; quality of life.