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Prognosis Symptoms, Quality of Life and Comorbidity Relationship with Cough in Patients with Idiopathic Pulmonary Fibrosis

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Objectives: The aim of this study was to investigate whether there was any difference with respect to prognostic markers, quality of life, depression frequencies, sleep disorders, and reflux symptoms between IPF patients with and without cough symptom.

Methods: Patients with IPF who were admitted to Kocaeli University School of Medicine Chest Diseases Clinic were included in the study. Patients were divided into two groups according to the VAS (Visual Analog Scale) scores as cough group and without cough group following the initial evaluation including demographic information, disease duration and treatment. In each group, Leicester cough questionnaire, reflux questionnaire, Beck depression questionnaire, SGRQ (St George's quality of life questionnaire) and Sleep Quality index were evaluated to determine whether there were any differences between groups.

Results: No significant difference was observed between the groups in terms of age, gender and demographic findings. The smoking history was similar among the groups. The diffusion capacity was decreased in various degrees in all of the study population. It was shown that the Leicester Cough Questionnaire score was lower in the cough group (The cough group 86 ± 24.9 the other group 111 ± 18.9). Beck Depression Score revealed moderate level of depression in both groups (The cough group 22 ± 10.74 the other grup 18 ± 11.86). SGRQ symptom score was significantly higher in the cough dominant group (The cough group 344.8 ($270.8-487.63$) $p=0.04$). Sleep Quality deterioration was found in both groups.

Conclusion: It is found that presence of cough in patients with IPF negatively affected the quality of life and was associated with the Sleep disorders and depression. It is thought that increasing the symptom awareness, especially cough and shortness of breath in these patients and evaluating the treatment options for palliation of symptoms will increase the quality of life and compliance of treatment. Future multicentre studies including more patients are needed to address this problem.