

Assessment Of The Quality Of Life Of Burn Patients Admitted In BRD Medical College Gorakhpur Using Burn Specific Health Scale- Brief

Anand Kumar Gautam, Arushi Sumpriya, Neeraj Kumar Nathani,
Kavita Baranwal

Assistant Professor, Deptt. Of General Surgery, B R D Medical College, Gorakhpur, UP, India
Assistant Professor, Deptt. Of Community Medicine, B R D Medical College, Gorakhpur, UP, India
Assistant Professor, Deptt. Of General Surgery, B R D Medical College, Gorakhpur, UP, India
Associate Professor, Deptt. Of Community Medicine, B R D Medical College, Gorakhpur, UP, India

Abstract

Background: Burn injury is one of the most severe traumas a person can experience and a life threatening state in which all of the main integrating systems in the body are affected. Burn injury is the globally occurring health problem leading to high disability, disfigurement & dependency.

Objectives: Assessment of Quality of life of burn injury patients.

Study design: Longitudinal study

Study Settings: Burn & Plastic Surgery ward, Deptt of Surgery, B R D Medical College, Gorakhpur

Study Period: March 2024 to October 2024

Result: A total of 48 burn survivors were validated on this scale. It was found to be associated with very poor quality of life. It resulted in a substantial deterioration in quality of life restricting their functions. Patients subjective to Hr- QOL were highly reduced affecting both physical and mental health. Burn survivors had difficulties in performing everyday activities because of high prevalence of pain. This pain affected the general health badly. The QOL was observed to be better among male burn patients. At the time of discharge the mean scores of QOL was maximum in the domain 'Hand function' and minimum in 'Work' (among males) and 'Body image' (among females). After one month of discharge the mean scores were found to be maximum in the domain 'Affect' and minimum in the domain 'Body image'. After three months of discharge the mean scores were found to be maximum in the domain 'Interpersonal relationship' and minimum in the domain 'Body image'.

The QOL was observed to be better among the age group of 20-40 years of age followed by more than 40 years of age and minimum among patients less than 20 years of age. The QOL was observed to be better among married burn patients. At the time of discharge the mean scores of QOL was maximum in the domain 'Hand function' and minimum in 'Sexuality' (among married) and 'Body image' (among unmarried). After one month of discharge the mean scores were found to be maximum in the domain 'Affect' and minimum in the domain 'Work'. After three months of discharge the mean scores were found to be maximum in the domain 'Interpersonal relationship' and minimum in the domain 'Body image'

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I. Introduction

Burn injury is one of the most serious and a life threatening state in which victim gets physical and psychological traumatized. Burn injury is the globally occurring health problem leading to high disability, disfigurement & dependency. Burns are the fourth most common type of trauma worldwide². The majority of burn cases occur in low and middle-income countries and almost half occur in the WHO South-East Asia Region.

Burns are also a leading cause of disability and disfigurement. Estimated annual burn incidence in India is approximately 6 to 7 million³. Apart from having painful physical trauma and complications like shock, sepsis contracture/ scar coping up during its acute phase, it is also associated with long term psychosocial consequences due to disfigurement and disability. Quality of life (QOL) gets affected by severity of injury, area involved (exposed body parts- face neck, hands), medico legal case, lack of family and social support avoiding coping styles, social stigma, low self-esteem, personality traits- neuroticism, and low extraversion¹¹. Burns lead to physical and psychological sequel and affect health related QOL¹².

Keeping this in background, this study was undertaken with objectives to study the quality of life of burn patients admitted to BRD Medical College Gorakhpur. The QOL was assessed using Burn Specific Health Scale - Brief (BSHS-B). The BSHS-B has 40 items comprising of 9 domains: heat sensitivity, hand function, simple abilities, treatment of regimens, work, body image, interpersonal relationship, effect and sexuality.

II. Materials And Methods:

An interview based detailed study was conducted on all the patients who were admitted in Burn and Plastic Surgery ward of B.R.D. Medical College, Gorakhpur and gave consent to participate from March 2024 to July 2024. A total of 282 patients were admitted. Out of these, 78 either refused to give consent or took LAMA or expired within few hours of admission. Therefore a total of 204 patients were enrolled for socio-demographic profile and etiology of burn. Out of these 204 patients, 98 expired in the Burn and Plastic Surgery ward during the treatment 106 patients were discharged after the treatment of which 27 expired at home due to secondary infection and 33 started taking follow-up treatment from private clinics. So, a total of 46 patients were enrolled for the assessment of QOL. In case of unconscious patients or patients less than 18 years of age or those who were unable to give the interview, these questions were asked from the attendants of the patient after taking their consent. Data regarding socio-demographic profile and etiology of burn patients were recorded on predesigned and pretested questionnaire. The patients ≥ 18 years were selected for assessment of Quality of life. Patients less than 18 years were excluded. Those patients who gave consent to participate in the study were enrolled and questions regarding Quality of life was asked at the time of discharge. These patients were pursued to visit the OPD after 1 month and contact number of the patients and relatives was taken. Follow up second interview for assessment of Quality of life was done after one month when patients visited to the OPD. After the interview they will be pursued to visit the OPD after 3 months. Follow up third interview for assessment of Quality of life was taken after 3 months. The data collected through questionnaire was entered in the MS Excel spread sheet and analyzed using SPSS and ANOVA were applied to show significance between the variables

III. Results:

Table-1: Assessment of Quality of Life of Burn Patients With Respect To Time

BSHS-B Scale	At the time of discharge (Mean \pm SD)	After 1 month of discharge (Mean \pm SD)	After 3 months of discharge (Mean \pm SD)	Test of significance (ANOVA)
Simple abilities (Score= 0-12)	3.26 \pm 0.98	2.69 \pm 1.05	1.13 \pm 0.78	Mean sq= 56.03F= 63.13 P<0.00
Hand function (Score= 0-20)	3.76 \pm 3.16	2.11 \pm 2.67	1.13 \pm 1.61	Mean sq= 81.31F= 12.39 P<0.00
Work (Score= 0-16)	2.89 \pm 1.59	1.19 \pm 1.39	0.54 \pm 0.81	Mean sq= 67.56F= 12.39 P<0.00
Affect (Score= 0-28)	4.17 \pm 2.57	3.46 \pm 2.26	1.46 \pm 1.33	Mean sq= 67.56F= 39.47 P<0.00
Interpersonal relationship (Score= 0-16)	3.09 \pm 1.77	2.96 \pm 1.28	1.85 \pm 0.86	Mean sq= 21.33F= 9.95 P<0.00
Sexuality (Score= 0-12)	1.93 \pm 0.61	1.56 \pm 1.13	1.33 \pm 1.40	Mean sq= 4.32F= 3.17 P<0.04
Body image (Score= 0-16)	1.63 \pm 1.34	1.06 \pm 1.1	0.65 \pm 0.9	Mean sq= 11.00F= 8.71 P<0.00
Heat sensitivity (Score= 0-20)	2.83 \pm 1.43	1.89 \pm 1.23	1.02 \pm 1.04	Mean sq= 37.46F= 24.08 P<0.00
Treatment regimen (Score= 0-20)	3.32 \pm 2.1	2.48 \pm 1.34	1.69 \pm 1.49	Mean sq= 30.59F= 10.83 P<0.00

Note: For the above table Df= 2

Table 1 shows the mean scores of all the 9 domains of QOL of burn patients at the time of discharge, one month after the discharge and 3 months after the discharge. The mean scores of QOL are very poor in all the 9 domains of QOL with respect to time. The mean scores of QOL at the time of discharge was found to be maximum in Affect (4.17 \pm 2.57) and minimum in Body image (1.63 \pm 1.34). The mean scores after

one month of discharge was found to be maximum in Affect (3.46 ± 2.26) and minimum in Body image (1.06 ± 1.1). The mean scores after three month of discharge was found to be maximum in Interpersonal relationship (1.85 ± 0.86) and minimum in Work (0.54 ± 0.81).

Table-2 (A): Assessment Of Quality Of Life Of Burn Patients In Relation To Gender (At The Time Of Discharge):

BSHS-B Scale	Male (Mean \pm SD)	Female (Mean \pm SD)	Test of significance (T-test)
Simple abilities (Score= 0-12)	3.6 \pm 0.68	3 \pm 1.09	t= 2.28 P< 0.03
Hand function (Score= 0-20)	4.76 \pm 2.73	3.42 \pm 2.18	t= 2.04 P< 0.04
Work (Score= 0-16)	1.28 \pm 0.5	0.88 \pm 0.58	t= 2.51 P< 0.01
Affect (Score= 0-28)	4.2 \pm 1.64	3.05 \pm 2.03	t= 2.126 P< 0.04
Interpersonal relationship (Score= 0-16)	3.3 \pm 1.17	2.49 \pm 1.32	t= 2.20 P< 0.03
Sexuality (Score= 0-12)	2.08 \pm 0.98	1.55 \pm 0.72	t= 2.03 P< 0.04
Body image (Score= 0-16)	1.85 \pm 1.18	0.96 \pm 1.45	t= 2.29 P< 0.02
Heat sensitivity (Score= 0-20)	3.05 \pm 1.5	2.15 \pm 1.38	t= 2.09 P< 0.04
Treatment regimen(Score= 0-20)	4.55 \pm 2.14	2.38 \pm 1.55	t= 3.98 P< 0.00

***Note:** For the above table Df= 44

Table 2 (A) shows the mean scores of all the 9 domains of QOL of burn patients with respect to gender at the time of discharge. The mean scores of QOL were poor in all the 9 domains. The mean scores of QOL were greater in all the 9 domains of QOL among male burn patients as compared to female burn patients. The mean scores of QOL among male burn patients were observed maximum in Hand function (4.76 ± 2.73) and minimum in Work (1.28 ± 0.5). The mean scores among females were observed maximum in Hand function (3.42 ± 2.18) and minimum in Body image (0.96 ± 1.45). The mean scores were found significantly higher in male burn patients as compared to female burn patients in all the 9 domains.

Table-2 (B): Assessment Of Quality Of Life Of Burn Patients In Relation To Gender (After One Month Of Discharge):

BSHS-B Scale	Male (Mean \pm SD)	Female (Mean \pm SD)	Test of significance (T-test)
Simple abilities (Score= 0-12)	3.05 \pm 0.89	2.42 \pm 1.1	t= 2.08 P< 0.04
Hand function (Score= 0-20)	2.19 \pm 1.18	1.54 \pm 1.05	t= 1.94 P< 0.05
Work (Score= 0-16)	1.58 \pm 1.53	0.77 \pm 1.11	t= 1.99 P= 0.05
Affect (Score= 0-28)	3.75 \pm 1.71	2.59 \pm 2.23	t= 1.99 P< 0.05
Interpersonal relationship (Score= 0-16)	2.45 \pm 0.94	1.77 \pm 0.81	t= 2.58 P< 0.01
Sexuality (Score= 0-12)	1.81 \pm 0.98	1.25 \pm 0.79	t= 2.08 P< 0.04
Body image (Score= 0-16)	1.55 \pm 1.28	0.5 \pm 0.79	t= 2.81 P< 0.01
Heat sensitivity (Score= 0-20)	2.1 \pm 1.07	1.06 \pm 1.77	t= 2.47 P< 0.01
Treatment regimen(Score= 0-20)	2.9 \pm 1.31	2.15 \pm 1.29	t= 1.94 P< 0.05

***Note:** For the above table Df= 44

Table 2 (B) shows the mean scores of all the 9 domains of QOL among burn patients with respect to gender. The mean scores of QOL were poor in all the 9 domains. The mean scores of QOL were greater in all the 9 domains of QOL among male burn patients as compared to female burn patients. The mean scores of QOL among male burn patients were observed maximum in Affect (3.75 ± 1.71) and minimum in Body image (1.55 ± 1.28). The mean scores among females were observed maximum in Affect (2.59 ± 2.23) and minimum in Body image (0.5 ± 0.79). The mean scores were found significantly higher in male burn patients as

compared to female burn patients in all the 9 domains.

Table-2 (C) : Assessment Of Quality Of Life Of Burn Patients In Relation To Gender (After Three Months Of Discharge):

BSHS-B Scale	Male (Mean ± SD)	Female (Mean ± SD)	Test of significance (T-test)
Simple abilities (Score= 0-12)	1.66 ± 0.8	1.05 ± 0.76	t= 2.62 P= 0.01
Hand function (Score= 0-20)	1.7 ± 0.91	1.22 ± 0.67	t= 1.98 P= 0.05
Work (Score= 0-16)	1.18 ± 0.58	0.74 ± 0.5	t= 2.7 P= 0.01
Affect (Score= 0-28)	1.55 ± 1.05	0.98 ± 0.66	t= 2.12 P= 0.04
Interpersonal relationship (Score= 0-16)	3.6 ± 1.23	2.49 ± 2.03	t= 2.3 P= 0.03
Sexuality (Score= 0-12)	1.8 ± 1.66	0.8 ± 0.69	t= 2.35 P= 0.02
Body image (Score= 0-16)	0.98 ± 0.66	0.55 ± 0.61	t= 2.26 P= 0.03
Heat sensitivity (Score= 0-20)	1.45 ± 0.93	0.77 ± 1.07	t= 2.3 P= 0.02
Treatment regimen (Score= 0-20)	2 ± 0.98	1.53 ± 0.36	t= 2.03 P= 0.04

***Note:** For the above table Df= 44

Table 2 (C) shows the mean scores of all the 9 domains of QOL among burn patients with respect to gender 3 months after discharge. The mean scores of QOL were poor in all the 9 domains. The mean scores of QOL were greater in all the 9 domains of QOL among male burn patients as compared to female burn patients. The mean scores of QOL among male burn patients were observed maximum in Interpersonal relationship (3.6 ± 1.23) and minimum in Body image (0.98 ± 0.66). The mean scores among females were observed maximum in Interpersonal relationship (2.49 ± 2.03) and minimum in Body image (0.55 ± 0.61). The mean scores were found significantly higher in male burn patients as compared to female burn patients in all the 9 domains.

Table-3: Assessment Of Quality Of Life Of Burn Patients With Respect To Time In Patients Less Than 20 Years Of Age

BSHS-B Scale	At the time of discharge (Mean ± SD)	After 1 month of discharge (Mean ± SD)	After 3 months of discharge (Mean ± SD)	Test of significance (ANOVA)
Simple abilities (Score= 0-12)	3 ± 0.89	2.64 ± 0.92	1 ± 0.69	Mean sq= 7.34F= 9.19 P< 0.05
Hand function (Score= 0-20)	3.4 ± 2.88	1.18 ± 1.32	0.82 ± 1.17	Mean sq= 23.19F= 6.85 P< 0.05
Work (Score= 0-16)	3 ± 2	1.2 ± 1.09	0.54 ± 0.82	Mean sq= 16.89 F= 9.08 P< 0.05
Affect (Score= 0-28)	3.27 ± 2.37	2.64 ± 2.25	1.18 ± 1.54	Mean sq= 7.7F= 1.56 P> 0.05
Interpersonal relationship (Score= 0-16)	3.53 ± 1.36	3.36 ± 0.95	2.09 ± 1.81	Mean sq= 4.04F= 2.93 P> 0.05
Sexuality (Score= 0-12)	1.83 ± 0.7	1.45 ± 1.44	1.2 ± 1.35	Mean sq= 0.9F= 0.55 P> 0.05
Body image (Score= 0-16)	1.45 ± 1.13	0.6 ± 0.89	0.27 ± 0.47	Mean sq= 3.81 F= 4.42 P< 0.05
Heat sensitivity (Score= 0-20)	2.54 ± 1.75	1.2 ± 0.45	0.4 ± 0.89	Mean sq= 10.79 F= 10.91 P< 0.05
Treatment regimen (Score= 0-20)	3.63 ± 2.19	2.8 ± 1.45	2 ± 1.59	Mean sq= 5.35F= 1.89 P> 0.05

Note: For the above table Df= 43

Table 3 shows the mean scores of all the 9 domains of QOL among burn patients less than 20 years of age at the time of discharge, 1 month after the discharge and 3 months after the discharge. The mean scores of QOL at the time of discharge were found to be maximum in Treatment regimen (3.63 ± 2.19) and minimum in Body image (1.45 ± 1.13). The mean scores of QOL after one month of discharge were found to be maximum in Interpersonal relationship (3.36 ± 0.95) and minimum in Body image (0.6 ± 0.89). The mean scores of QOL after three month of discharge were found to be maximum in Interpersonal relationship (2.09 ± 1.81) and minimum in Body image (0.27 ± 0.47). Overall the mean scores deteriorated with time in all the 9 domains of QOL. A significant deterioration in mean scores was observed with time in Simple abilities, Hand function, Work, Body image and Heat sensitivity.

Table-4: Assessment of Quality of Life of Burn Patients With Respect To Time in Patients 20-40 Years of Age

BSHS-B Scale	At the time of discharge (Mean ± SD)	After 1 month of discharge (Mean ± SD)	After 3 months of discharge (Mean ± SD)	Test of significance (ANOVA)
Simple abilities (Score= 0-12)	3.4 ± 1.4	2.73 ± 1.14	1.6 ± 0.89	Mean sq= 5.82F= 4.09 P< 0.05
Hand function (Score= 0-20)	4.1 ± 3.29	2.63 ± 3.06	1.3 ± 1.8	Mean sq= 16.07F= 1.75 P> 0.05
Work (Score= 0-16)	3 ± 1.46	1.3 ± 1.58	0.57 ± 0.82	Mean sq= 15.62 F= 6.99 P< 0.05
Affect (Score= 0-28)	4 ± 2.55	3 ± 2.34	1.4 ± 1.25	Mean sq= 12.23F= 2.27 P> 0.05
Interpersonal relationship (Score= 0-16)	2.87 ± 1.17	2.6 ± 1.52	1.64 ± 0.67	Mean sq= 2.71F= 1.43 P> 0.05
Sexuality (Score= 0-12)	2.18 ± 0.4	1.8 ± 1.09	1.64 ± 1.57	Mean sq= 0.78F= 0.74 P> 0.05
Body image (Score= 0-16)	1.63 ± 1.32	0.82 ± 0.98	0.6 ± 0.89	Mean sq= 3.25 F= 2.84 P> 0.05
Heat sensitivity (Score= 0-20)	2.9 ± 1.35	1.54 ± 0.93	0.82 ± 0.98	Mean sq= 10.63 F= 9.51 P< 0.05
Treatment regimen (Score= 0-20)	2.9 ± 2.26	2 ± 0.89	1.2 ± 1.09	Mean sq= 5.96F= 3.08 P> 0.05

Note: For the above table Df= 43

Table 4 shows the mean scores of all the 9 domains of QOL among burn patients 20- 40 years of age at the time of discharge, 1 month after the discharge and 3 months after the discharge. The mean scores of QOL at the time of

discharge were found to be maximum in Hand function (4.1 ± 3.29) and minimum in Body image (1.63 ± 1.32). The mean scores of QOL after one month of discharge were found to be maximum in Affect (3 ± 2.34) and minimum in Body image (0.82 ± 0.98). The mean scores of QOL after three month of discharge were found to be maximum in Interpersonal relationship (1.64 ± 0.67) and minimum in Body image (0.57 ± 0.82). Overall the mean scores deteriorated with time in all the 9 domains of QOL. A significant deterioration in mean scores was observed with time in Simple abilities and Heat sensitivity.

Table-5: Assessment of Quality of Life of Burn Patients With Respect To Time in Patients More Than 40 Years of Age

BSHS-B Scale	At the time of discharge (Mean ± SD)	After 1 month of discharge (Mean ± SD)	After 3 months of discharge (Mean ± SD)	Test of significance (ANOVA)
Simple abilities (Score= 0-12)	3.3 ± 0.99	2.6 ± 0.89	1.27 ± 0.9	Mean sq= 7.33F= 8.71 P< 0.05
Hand function (Score= 0-20)	3 ± 3	1 ± 1.41	0.8 ± 1.30	Mean sq= 18.35F= 4.89 P< 0.05
Work (Score= 0-16)	2.54 ± 1.86	0.91 ± 0.94	0.4 ± 0.89	Mean sq= 13.45 F= 8.76 P< 0.05
Affect (Score= 0-28)	4.53 ± 2.63	3.83 ± 2.23	1.57 ± 1.25	Mean sq= 15.62F= 3.03 P> 0.05
Interpersonal relationship (Score= 0-16)	2.6 ± 1.82	2 ± 0.95	1.4 ± 0.55	Mean sq= 2.87F= 1.96 P> 0.05

Sexuality (Score= 0-12)	2 ± 0.25	1.57 ± 1.04	1.4 ± 1.52	Mean sq= 0.98F= 1.05 P> 0.05
Body image (Score= 0-16)	2 ± 2	1.23 ± 1.16	0.8 ± 0.99	Mean sq= 3.47 F= 1.74 P>0.05
Heat sensitivity (Score= 0-20)	3 ± 1.41	2.13 ± 1.36	1.2 ± 1.06	Mean sq= 6.34 F= 3.49 P<0.05
Treatment regimen (Score= 0-20)	2.4 ± 0.55	1.6 ± 0.89	1.09 ± 1.14	Mean sq= 3.95F= 5.5 P<0.05

Note: For the above table Df= 43

Table 5 shows the mean scores of all the 9 domains of QOL among burn patients more than 40 years of age at the time of discharge, 1 month after the discharge and 3 months after the discharge. The mean scores of QOL at the time of discharge were found to be maximum in Affect (4.53 ± 2.63) and minimum in Sexuality (2 ± 0.25). The mean scores of QOL after one month of discharge were found to be maximum in Affect (3.83 ± 2.23) and minimum in Work (0.91 ± 0.94). The mean scores of QOL after three month of discharge were found to be maximum in Affect (1.57 ± 1.25) and minimum in Work (0.4 ± 0.89). Overall the mean scores deteriorated with time in all the 9 domains of QOL. A significant deterioration in mean scores was observed with time in Simple abilities, Hand function, Work, Heat sensitivity and Treatment regimen.

Table-6 (A): Assessment OF Quality OF Life OF Burn Patients In Relatio N To Marital S Tatus (At The Time O F Discharge)

BSHS-B Scale	Married (Mean ± SD)	Unmarried (Mean ± SD)	Test of significance (T-test)
Simple abilities (Score= 0-12)	3.43 ± 0.98	2.76 ± 0.86	t= 2.21 P<0.05
Hand function (Score= 0-20)	4 ± 3.26	2.04 ± 2.07	t= 2.07 P<0.05
Work (Score= 0-16)	3.19 ± 1.39	2.21 ± 1.89	t= 1.96 P<0.05
Affect (Score= 0-28)	4.75 ± 1.05	2.86 ± 2.41	t= 2.42 P<0.05
Interpersonal relationship (Score= 0-16)	3.21 ± 1.31	2.24 ± 1.27	t= 2.33 P<0.05
Sexuality (Score= 0-12)	2 ± 0.55	1.91 ± 0.64	t= 0.47 P>0.05
Body image (Score= 0-16)	2.78 ± 1.41	1.28 ± 1.14	t= 3.5 P<0.05
Heat sensitivity (Score= 0-20)	3.03 ± 1.43	2.1 ± 1.21	t= 2.12 P<0.05
Treatment regimen(Score= 0-20)	3.47 ± 1.94	2.18 ± 1.46	t= 2.22 P<0.05

***Note:** For the above table Df= 44

Table 6 (A) shows the mean scores of QOL of all the 9 domains of QOL among burn patients with respect to marital status at the time of discharge. The mean scores of QOL were greater in all the 9 domains of QOL in married burn patients as compared to unmarried burn patients. The mean scores of QOL among married burn patients was observed maximum in Affect (4.75 ± 1.05) and minimum in Sexuality (2 ± 0.55). The mean scores among unmarried burn patients were observed maximum in Affect (2.86 ± 2.41) and minimum in Body image (1.28 ± 1.14). The mean scores of QOL were found significantly higher in married burn patients as compared to unmarried burn patients in all the domains except sexuality.

Table-6 (B): Assessment OF Quality OF Life OF Burn Patients In Relatio N To Marital S Tatus (After O Nemo Nth O F Discharge)

BSHS-B Scale	Married (Mean ± SD)	Unmarried (Mean ± SD)	Test of significance (T-test)
Simple abilities (Score= 0-12)	2.78 ± 1.13	2.1 ± 0.85	t= 2.01 P>0.05
Hand function (Score= 0-20)	2.99 ± 2.56	1.27 ± 1.07	t= 2.41 P<0.05
Work (Score= 0-16)	1.52 ± 0.89	0.91 ± 0.71	t= 2.26 P<0.05
Affect (Score= 0-28)	3.94 ± 2.12	2.36 ± 2.24	t= 2.28 P<0.05
Interpersonal relationship	1.91 ± 0.96	1.21 ± 0.61	t= 2.51

(Score= 0-16)			P<0.05
Sexuality (Score= 0-12)	1.86 ± 1.29	1.44 ± 1.04	t= 1.16 P>0.05
Body image (Score= 0-16)	1.78 ± 1.15	0.97 ± 0.78	t= 2.4 P<0.05
Heat sensitivity (Score= 0-20)	2.09 ± 1.33	1.23 ± 0.85	t= 2.22 P<0.05
Treatment regimen(Score= 0-20)	2.03 ± 1.53	0.93 ± 1.07	t= 2.43 P<0.05

***Note:** For the above table Df= 44

Table 6 (B) shows the mean scores of QOL of all the 9 domains of QOL among burn patients with respect to marital status after one month of discharge. The mean scores of QOL were greater in all the 9 domains of QOL in married burn patients as compared to unmarried burn patients. The mean scores of QOL among married burn patients was observed maximum in Affect (3.94 ± 2.12) and minimum in Work (1.52 ± 0.89). The mean scores among unmarried burn patients were observed maximum in Affect (2.36 ± 2.24) and minimum in Work (0.91 ± 0.71). The mean scores of QOL were found significantly higher in married burn patients as compared to unmarried burn patients in Hand function, Work, Affect, Interpersonal relationship, Body image, Heat sensitivity and Treatment regimen.

Table -6 (C): Assessment of Quality of Life of Burn Patients in Relation To Marital Status (After Three Months Of Discharge)

BSHS-B Scale	Married (Mean ± SD)	Unmarried (Mean ± SD)	Test of significance (T-test)
Simple abilities (Score= 0-12)	1.64 ± 0.77	1.09 ± 0.79	t= 2.21 P<0.05
Hand function (Score= 0-20)	1.78 ± 1.78	1.03 ± 0.71	t= 2.01 P<0.05
Work (Score= 0-16)	1.14 ± 0.59	0.75 ± 0.43	t= 2.22 P<0.05
Affect (Score= 0-28)	1.96 ± 1.13	1.2 ± 0.95	t= 2.19 P<0.05
Interpersonal relationship (Score= 0-16)	3.59 ± 1.49	1.93 ± 1.86	t= 3.22 P<0.05
Sexuality (Score= 0-12)	1.86 ± 1.7	1.09 ± 1.2	t= 1.74 P<0.05
Body image (Score= 0-16)	0.84 ± 0.99	0.21 ± 0.42	t= 2.28 P<0.05
Heat sensitivity (Score= 0-20)	1.63 ± 0.89	0.98 ± 0.41	t= 2.6 P<0.05
Treatment regimen(Score= 0-20)	2.03 ± 1.53	0.93 ± 1.07	t= 2.03 P<0.05

***Note:** For the above table Df= 44

Table 6 (C) shows the mean scores of QOL of all the 9 domains of QOL among burn patients with respect to marital status after 3 months of discharge. The mean scores of QOL were greater in all the 9 domains of QOL in married burn patients as compared to unmarried burn patients. The mean scores of QOL among married burn patients were observed maximum in Interpersonal relationship (3.59 ± 1.49) and minimum in Body image (0.84 ± 0.99). The mean scores among unmarried burn patients were observed maximum in Interpersonal relationship (1.93 ± 1.86) and minimum in Body image (0.21 ± 0.42). The mean scores of QOL were found significantly higher in married burn patients as compared to unmarried burn patients in all the 9 domains

IV. Discussion

Burn injuries are among the most devastating of all injuries and a major global public health crisis⁴. Almost 95% of global burn deaths and disabilities are estimated to occur in low- and middle-income countries of the world⁵.

V. Conclusion And Recommendation

In our study Quality of life was poor among post-burn patients which further deteriorated with time. The mean scores of quality of life were poor in the entire 9 domain of female burn patients. The mean scores of quality of life were poor in the entire 9 domain of unmarried burn patients. The mean scores of quality of life were poor in the entire 9 domains of burn patients less 20 years of age. A high incidence of burn is attributed to illiteracy, poverty in the population. 90% of the burn injuries are preventable. Lack of proper knowledge is the

keyhole of most of the LPG and kitchen accidents. The public especially housewives and young girls should be properly educated about use of LPG gas cylinder and stoves. The general public should be emphasized on prevention from burn rather than reacting violently to it. Burn rehabilitation includes measures such as training, exercises and compensatory strategies; pain management; support and counseling; education; environmental modifications and provision of resources to improve the quality of life of burn patients.

Post burn patient should be counselled so that they (i) can maintain a normal routine. (ii) Take time to do things that feel good to them. (iii) Do not try to block out thoughts of what has happened. (iv) Practice relaxation exercises. (v) Try to return to normal work as early as possible.

Support from family and friends are strongly recommended. Counselling of spouse/family members is strongly recommended. The general public should be emphasized on prevention from burn rather than reacting violently to it.

Coping with your burn

People respond in all kinds of ways to burn injury, but often there is a period when you might notice some emotional changes. In most of these cases settle over time and are related to factors such as experience of the burn injury rather than the size of burn injury.

Patient should be counseled so that they can maintain a normal routine; keep busy and structure your day. They must take time to do things that feel good to you. They must be counselled time to time so that they are relieved of those stressful moments. They should practice relaxation exercises. Try to return to normal work as early as possible.

Support from family and friends are strongly recommended. Counseling of spouse/family members are strongly recommended so that they can:

1. Understand the feelings of sufferer.
2. Allow the patient to do things whatever he/she wants.
3. Don't take the anger or other feelings personally.
4. Encourage the patient to resume interest or activities as early as possible.
5. Psychosexual counselling of spouse should be done.