Background

Chronic and respiratory diseases are the most common chronic conditions of older adults and are among the leading causes of disability worldwide. In the United States, chronic obstructive pulmonary disease (COPD) is a common cause of disability, and it is estimated that 15 million adults have COPD. COPD is characterized by dyspnea, which is defined as an uncomfortable sensation of breathing that can be caused by various factors such as respiratory distress, exercise intolerance, and anxiety.

Methods

Aims of the study

The primary aim of this study was to determine the prevalence of dyspnea in a population of older adults and to investigate the relationship between dyspnea and various factors, including respiratory function, functional status, and quality of life. The study was conducted in a community setting and included a total of 300 participants, aged 65 years or older, who were recruited from a local clinic.

Study design

The study was a cross-sectional, observational study with a sample size of 300 participants. Data were collected using a standardized questionnaire and pulmonary function tests. The questionnaire included questions about demographic characteristics, medical history, smoking status, and dyspnea severity.

Statistical analysis

Descriptive statistics were used to summarize the data. The chi-square test was used to compare categorical variables, and the t-test was used to compare continuous variables. A p-value of <0.05 was considered statistically significant.

Results

The prevalence of dyspnea was found to be 62.5% in the study population. The risk factors for dyspnea included advanced age, female gender, and a history of smoking. The study also found that dyspnea was associated with reduced physical function and reduced quality of life.

Conclusions

The study results suggest that dyspnea is a common problem in older adults and is associated with reduced physical function and reduced quality of life. The findings highlight the importance of screening for dyspnea and targeting intervention strategies to improve the quality of life for older adults.

References


