

Adherence to the physiotherapy among patients with chronic respiratory diseases at Central Chest Clinic, Borella, Sri Lanka

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Chronic respiratory diseases (CRDs) are long-lasting lung conditions caused by various harmful exposures, with symptoms often lasting more than 18 months and affecting people globally. Physiotherapy is crucial in managing CRDs, and patient adherence to physiotherapy is variable depending on various factors. This study was conducted to identify the prevalence of patients' adherence to physiotherapy and to describe the associated sociodemographic factors of patients with CRDs. A descriptive cross-sectional study was conducted at the outpatient physiotherapy clinic of the Central Chest Clinic (CCC), Borella, Sri Lanka. Patients with CRDs aged 18 - 65 years and who were referred to the physiotherapy clinic were recruited. An interview-administered questionnaire was used to gather data, while gender, place of residence, marital status, educational status, mode of transport, and age were considered as sociodemographic characteristics. The data were analyzed through the chi-square test and Mann-Whitney U test using the Statistical Package for Social Sciences (SPSS) version 25.0. Participants who performed the physiotherapy interventions at home continuously for the past six months were considered adherent, those who did not were considered non adherent. Among 159 participants with CRDs, 79% (n=125) adhered to interventions. A significant association was found between place of residence and physiotherapy adherence (p=0.006). The majority of those who adhered to interventions lived in permanent residences (93.6%) compared to non-adherents (79.4%). Other sociodemographic factors, including gender, marital status, educational status, mode of transport, and age, did not show any statistical significance (p>0.05) with physiotherapy adherence. Nearly equal representation of males (48.8%) and females (51.2%) adhered to physiotherapy. The majority of participants in both groups were married, with 88.8% in the adhered group and 88.2% in the non-adhered group. However, educational status varied notably between the two groups. The majority of the participants who adhered to physiotherapy used buses (n=78.4%) for transportation, whereas non-adhering patients relied on a more varied range of transportation options. The majority of the patients with CRDs attending physiotherapy adhere to prescribed interventions. Residential stability may play an important role in enabling consistent adherence to physiotherapy interventions.

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