

## Abstract

**Aims:** The aim of the bachelor thesis is to assess the change in quality of life of patients and their close relatives after hospitalization in the ICU and assess the dependence of this change on patients' age, length of hospitalization in the ICU, length of artificial lung ventilation (UPV) and time since discharge from the ICU.

**Methods:** The research was performed at the Anesthesiology and Resuscitation Clinic of the University Hospital at St. Anny in Brno. Quality of life was measured using quality of life questionnaires, in SF-36 patients, in EQ-5D-3L relatives. Age, sex, length of UPV and hospitalization and time since discharge from the ICU were monitored. The Wilcoxon test was used for statistical comparison of groups, the dependence of quality of life dimensions on other parameters was evaluated using Spearman's correlation.

**Results:** The study group consisted of 61 patients and 45 relatives. With the exception of the physical pain dimension, the quality of life of patients after hospitalization was significantly lower than before hospitalization in all dimensions of the SF-36 questionnaires. Physical performance (PF), the ability to perform normal daily activities for physical (RP) and emotional (RE) reasons, and social functions (SF) were most affected. Neither the length of hospitalization nor UPV correlated with the change in quality of life. Age weakly correlated with the PF ( $\rho = -0.28$ ) and SF ( $\rho = -0.25$ ) dimensions after hospitalization, the time since discharge was negatively correlated with the change in the RP ( $\rho = -0.32$ ) dimension. The quality of life of relatives was reduced by hospitalization in the ICU.

**Conclusions:** The quality of life was reduced by hospitalization in the ICU in all dimensions of the SF-36 questionnaire. Age, length of hospitalization and length of UPV did not predict a worse quality of life after hospitalization. The quality of life of elderly patients has improved since hospitalization, while it has deteriorated in younger patients. The quality of life of relatives was also reduced by hospitalization of the patient in the ICU.