

Quality of Life Assessment in Patients with Rheumatoid Arthritis in Greece

Tzagaraki Z , Hatzikou M , Flouri I , Theodorou P
7th Regional Health Authority, Heraklion, Greece, Hellenic Open University, Patras, A1, Greece,
University of Crete, Heraklion, Greece

ID: PCR 108

Background

Rheumatic diseases are diseases of our immune system and patients during their lifetime face limitations in their functionality, sociability and daily life. As they are an important cause of morbidity in the general population worldwide, they are the subject of study and research for many scientists. e face limitations in their functionality, sociability and daily life.[1].

Rheumatic diseases have a significant adverse effect on the individual from physical, mental and social aspects, resulting in low health-related quality of life (HRQL), affecting different areas of the patient's life. Adapting to the disability and limitations caused by an illness is very difficult for many patients. The main goal of a therapeutic process should be to improve health-related quality of life (QoL).[2].

Objective

The objective of the study was to investigate the quality of life of Rheumatoid Arthritis patients, of University General Hospital of Heraklion, Crete

Methods

- A cross-sectional non-interventional study was conducted from March to April 2024. The Greek version of the General Health Survey questionnaire SF-36 was used along with other demographic factors. The sample consisted of 122 patients of the Rheumatology Clinic of the University General Hospital of Heraklion, Crete, diagnosed with RA. The 8 dimensions assessed were physical functioning, physical role, physical pain, general health, vitality, social functioning, emotional role and mental health.

Table 1. Demographic & Occupational Characteristics of the sample

VARIABLE	CATEGORIES	N=154	RATE (%)
SEX	MAN	17	13,90%
	WOMAN	105	86,10%
AGE	26-35 YEARS OLD	5	4,10%
	36-45 YEARS OLD	6	4,90%
	46-55 YEARS OLD	32	26,20%
	56-65 YEARS OLD	34	27,90%
	OVER 66 YEARS OLD	45	68,00%
FAMILY	MARRIED	83	63,64%
	SINGLE	11	9,00%
	DIVORCED	5	4,10%
	WIDOWED	23	18,90%
PROFESSIONAL STATUS	SEDENTARY WORK (Accountant, Researcher, etc)	25	20,50%
	LIGHT MANUAL WORK (Seller, Doctor, etc)	26	21,30%
	HEAVY MANUAL WORK (Worker, Farmer, etc)	15	12,30%
	PENSIONER	27	22,10%
	HOUSEHOLD	29	23,00%
	UNEMPLOYED	1	0,80%
EDUCATION	PRIMARY SCHOOL	31	25,40%
	HIGH SCHOOL	18	14,80%
	DIPLOMA GRADUATES	12	9,80%
	UNIVERSITY	17	13,90%
	POSTGRADUATE	11	9,00%

Results

- The majority of the sample was female (86.1%), while the dominant age group was ≤66 years (36.9%).
- The results showed that the patients had a moderate quality of life in the following dimensions: physical functioning (M=42.83 , SD=21,93), physical pain (M=40.51 , SD=20,29), general health (M.=56.24 , SD=10,24), vitality (M=49.63 , SD=10,93) and mental health (M=50.23 , SD=11,20), while low quality of life in the following: physical role (M=30.33 , SD=38,06), social functioning (M=39.75 , SD=19,15), emotional role (M=35.52 , SD=41,93).
- The comparison of the dimensions of the questionnaire with the socio-demographic characteristics showed that gender, age, marital status, professional status, educational level, place of residence as well as the age of diagnosis influence the quality of life of the patients.
- Patients diagnosed with the disease between the ages of 18-25 reported a lower quality of life in the dimensions of vitality and mental health compared to the other individuals (p=0.001). The remaining dimensions of the SF-36 did not show a statistically significant difference in comparison to the age of diagnosis.

Results (continued)

Table 2. Dimensions of Quality of Life

Variables	N	Mean	SD
Physical Functioning	122	42,83	21,93
Physical Role	122	30,33	38,06
Physical Pain	122	40,51	20,29
General Health	122	56,24	10,24
Vitality	122	49,63	10,93
Social Functioning	122	39,75	19,15
Emotional Role	122	35,52	41,93
Mental Health	122	50,23	11,20

Table 3. Statistical Analysis Results

Variables	Independent Variables	Categories	N	Mean	SD	pvalue
General Health	Sex	Male	17	51,76	9,00	0,029*
		Female	105	56,97	10,28	
Physical Functioning	Age	56-65 Years Old	34	40,74	22,70	0,001**
		Over 66 Years Old	45	33,00	15,25	
Physical Role	Age	46-55 Years Old	32	36,72	42,59	0,008**
		56-65 Years Old	34	27,21	39,58	
		Over 66 Years Old	45	20,00	30,43	
Emotional Role	Family	Divorced	5	6,67	14,91	0,032**
		Widowed	23	17,39	33,14	
Physical Role	Family	Married	83	34,04	39,35	0,007**
		Divorced	5	20,00	44,72	
		Widowed	23	10,87	25,92	
Physical Functioning	Professional Status	Pensioner	27	29,44	15,28	0,001**
		Household	29	35,69	20,30	
Emotional Role	Professional Status	Heavy Manual Work	15	20,00	37,37	0,001**
		Household	29	21,84	37,03	
		Pensioner	27	24,69	37,66	
Physical Role	Professional Status	Light Manual Work	26	27,88	36,96	0,001**
		Pensioner	27	16,67	29,42	
		Household	29	28,45	39,94	
		Heavy Manual Work	15	32,10	15,69	
Physical Functioning	Education	Primary School	31	39,72	21,59	0,010**
		High School	18	43,03	18,79	
		Diploma Graduates	12	47,08	23,30	
		University	17	51,76	26,51	
		Postgraduate	11	59,09	24,78	
Vitality	Age of Diagnosis	18-25 Years Old	6	39,17	8,61	0,001**
Mental Health	Age of Diagnosis	18-25 Years Old	6	40,00	6,20	0,013**

* Mann-Whitney Test

** Kruskal-Wallis Test

Conclusions

The need to dene a holistic treatment protocol for people with RA with the aim of relieving pain, improving functionality and enhancing their social dimension is highlighted.

References

1. Hashimoto, A., Sonohata, M., & Mawatari, M. (2020). The use of oral analgesics and pain self-efficacy are independent predictors of the quality of life of individuals with rheumatoid arthritis. *Pain Research and Management*, 2020.
2. Tański, W., Dudek, K., & Adamowski, T. (2022). Work ability and quality of life in patients with rheumatoid arthritis. *International journal of environmental research and public health*, 19(20), 13260.