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**QUALITY OF LIFE OF ALGERIAN SPONDYLOARTHRITIS**

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**Introduction**

The assessment of quality of life (QoL) has become a major issue in medical decision-making. Spondyloarthritis (AS) due to its frequency, its evolution towards joint ankylosis and its occurrence at the peak of productive life, has a major impact on the patient's life. These complications have significant repercussions, particularly on the physical, psychological and socio-economic levels.

**Methods**

 Prospective cross-sectional study of 250 patients with AS recruited from the Rheumatology Department of Douera University Hospital and conducted over a period of 2 years from April 2016 to March 2018, the aim of which is to study the quality of life of patients with spondyloarthritis (AS) and to identify the predictive factors of the alteration of quality of life. Quality of life is assessed by the SF-12 questionnaire. Disease severity is assessed by the Bath Ankylosing Spondylitis Metrology Index (BASMI), the Bath Ankylosing Spondylitis Disease Functional Index (BASFI) is used for functional assessment, disease activity is assessed by the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), assessment in ankylosing spondylitis-Endorsed Disease Activity Score (ASDAS-CRP) and VSG and CRP biological parameters. The Bath Ankylosing Spondylitis Radiologic Index (BASRI) is used for radiological evaluation. A search for clinical, biological and radiological predictors of quality of life is carried out.

**Results**

 We have 193 men and 57 women with an average age of 38.60 ± 11.83 years. 88 patients, or 35.2%, have a higher level of education. 109 (43.6%) are employed and 141 (56.4%) are unemployed. The age of onset of the disease is 23.52 years ± 9.42. The juvenile onset was found in 67 patients (26.8%). The delay in diagnosis is 6.48 ± 3.70 years. The average duration of the SA is 15.9 ± 9.28 years. 56 patients (22.4%) have a family history of spondyloarthritis (AS). The isolated axial form was found in 196 patients (78.4%), a form associated with peripheral involvement in 54 patients (21.6%). Spinal deformities were found in 97 patients (38.8%) and coxitis in 196 patients (78.4%). The average VSG is 42.94 ± 24.41mm, the average CRP is 16.05 ± 18.36. The mean BASDAI is 4.54 ± 2.11, the average ASDAS-CRP is 2.20 ± 0.86. The average BASMI is 5.67 ± 2.11. The average BASFI is 5.42 ± 0.86. HLA-B27 was present in 149 patients (59.6%). The average spine is 6.87 ± 1.32, the average hip is 2.37 ± 1.47. The extra-musculoskeletal manifestations sought, uveitis was found in 23 patients (9.2%) and 127 patients (50.8%) had a restrictive syndrome. In terms of treatment, 190 patients (76%) are on conventional treatment and 58 or (23.2%) are on biological treatment. The study of quality of life finds an average of the overall SF-12 at 28.40 ± 6.02, the physical SF-12 (PCS) at 32.67 ± 11.18, the mental SF-12 (MCS) at 24.14 ± 16.40 and the different domains at (PF: 31.24 ± 12.62), (PR: 32.03 ± 11.91), (BP: 33.77 ± 10.47), (GH: 33.63 ± 10.32), (VT: 24.52 ± 16.27), (SF: 24.50 ± 16.58), (OR: 24.30 ± 16.20) and (MH: 23:26 ± 16:68). The physical, mental and social disability felt is considered significant in the 190 patients, i.e. 76% on conventional treatment. Disability is moderately improved in the 58 patients, i.e. 23.2% treated with biologic. Factors associated with impaired SF-12 quality of life include low educational attainment, absence of work activity, high SIM, SADAI, ASDAS-CRP and SGB. Anti-TNF treatment improves quality of life.

**Conclusion**

The study shows the significant impact of AS on patients' quality of life. The existence of predictive factors for a lower quality of life, mainly related to mobility, the functional capacity of patients and the activity of the disease, encourages better management of the disease.

