

Does Disease Activity Impact The Sleep Quality In Rheumatoid Arthritis ?

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Introduction :

Rheumatoid Arthritis (RA) is the most common chronic inflammatory disease. One of the major challenges in treating patients with RA lies in managing various symptoms, including sleep disturbances.

Objectives:

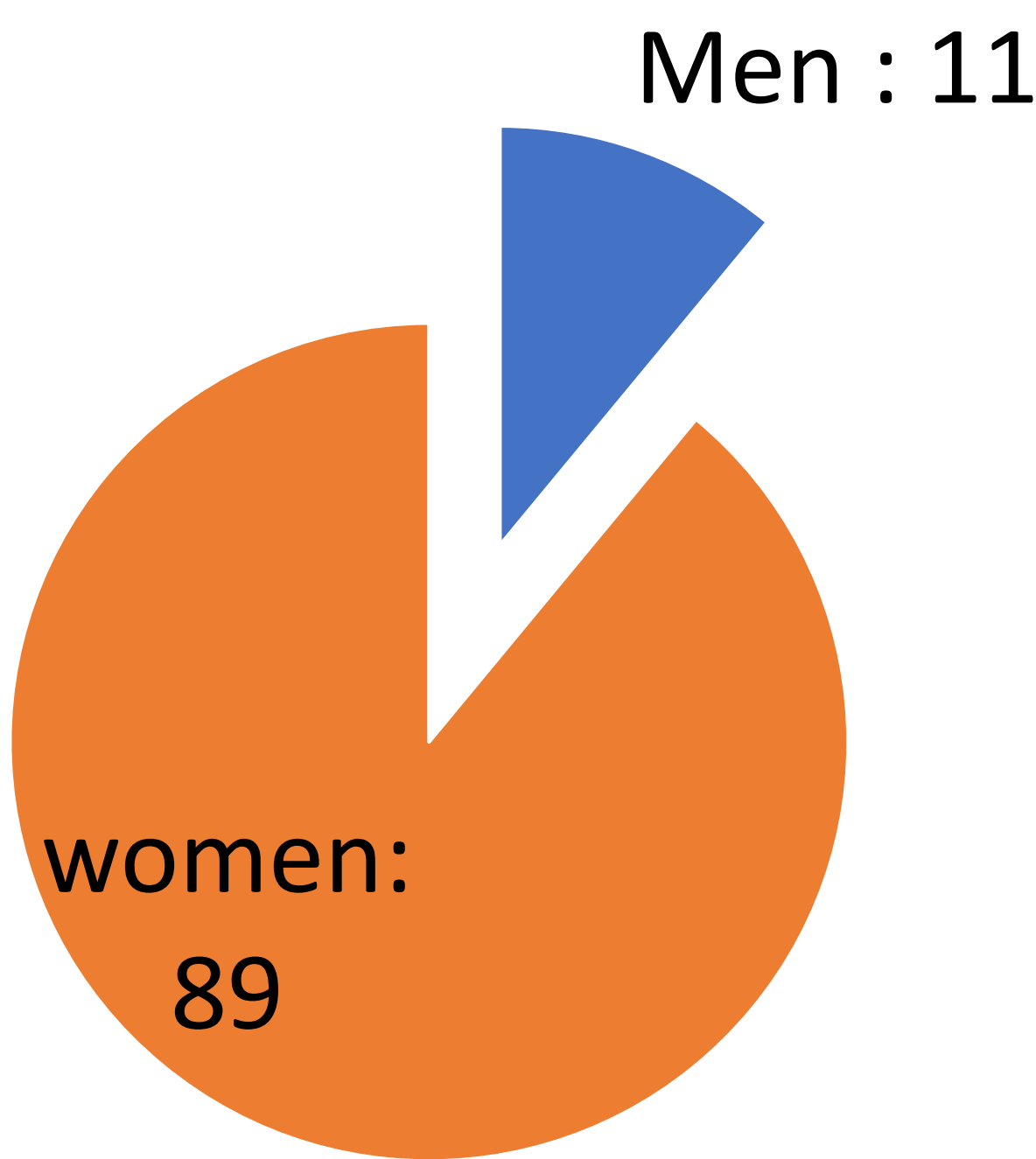
The aim of this study is to establish the relationship between the disease activity and the sleep quality in RA patients.

Methods :

This was a cross-sectional study consecutively including patients followed in the Rheumatology department for RA basing on 2010 ACR/EULAR criteria. We used the Epworth sleepiness Scale and the Pittsburgh Sleep Score to assess sleep quality.

Results :

We included 100 patients , with a sex ratio (M/F) of 0.89 .



The average Epworth 1,28±0,7

the average Pittsburgh 6,9±5,1

The average duration of disease	11,1 ±8,9 ans
Highly active RA	34
DAS-28 (ESR )	3,88 ±1,19
DAS-28(CRP)	4,6±1.19
The average number of tender joints (NTJ)	8,5
The average number of swollen joints (NTJ)	3,95
pain VAS	51mm ±21mm

The most disrupted components were :  
- sleep latency : 1.5±1.1 (0-3)  
- overall sleep quality: 1.25±1.0.8 (0-3)  
- sleep disturbance : 1.19±0.8 (0-3)

A statistically significant positive correlation was observed between disease activity (DAS28)

PSQI score	p<0.01
Epworth Scale score	p<0.01

Conclusion :

Our study revealed that half of RA patients experienced sleep disorders and these were significantly linked to disease activity parameters. This underscores the crucial need to attain remission to enhance sleep quality, daily functioning and the overall quality life of patients .