

Evaluation of the quality of life in patients with rheumatoid arthritis

I.ELAROUSSI , A.CHBIHI , I.CHARGAOUI , A.KHERRAB , M.GHAZI , I.EL BOUCHTI , R.NIAMANE.

Departement of Rheumatology , Mohamed VI University Hospital Center , Marrakech - Departement of Rheumatology , Avicenne Military Hospital , Marrakech

Introduction and objective

The quality of life in patients with rheumatoid arthritis (RA) is often overlooked in their medical care. While these patients suffer from a poor quality of life, resulting from pain, impaired physical function, and fatigue.

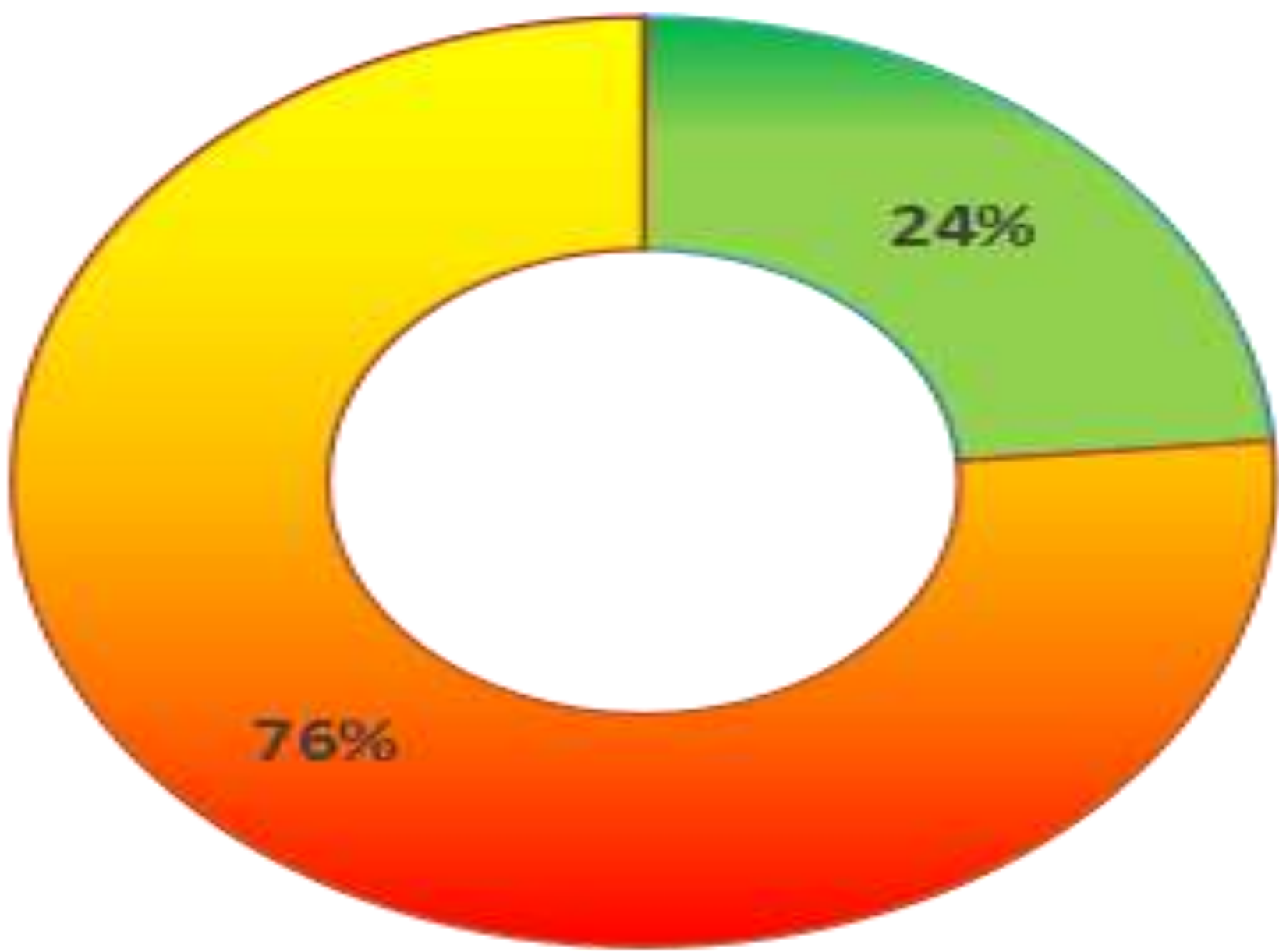
Objective : The primary objective of this study was to assess the quality of life in patients with rheumatoid arthritis (RA).

Methodology

This is a descriptive, cross-sectional, retrospective study of patients with confirmed RA according to the 2010 ACR/EULAR criteria. A data collection form was developed, which included demographic, clinical, paraclinical, and therapeutic information, as well as the scale assessing quality of life (SF-36 score). The eight domains are: physical functioning, role limitations due to physical problems, role limitations due to emotional problems, vitality (energy/fatigue), emotional well-being, social functioning, bodily pain, and general and mental health perception.

Results

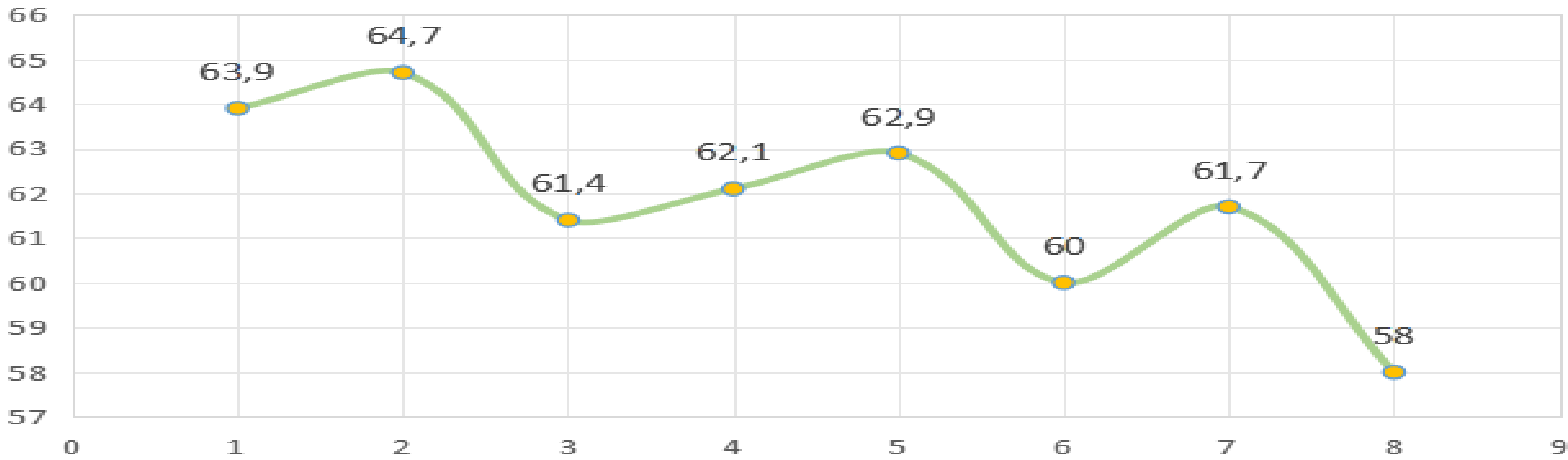
Fifty-five women and 17 men were included in this study. The average age was 55 ± 1.3 years [23–75], and the average disease duration was 12 years.



Graphic 1 : Distribution by Gender in Our Study.

Active RA, according to the DAS28, was noted in 80.6% of patients. Methotrexate was the most commonly used disease-modifying treatment (59.2%). The mean HAQ score was 1.3 ± 0.8 .

The average scores for each domain of the SF-36 were as follows: physical functioning **1** : 63.9 ± 3.2 ; role limitations due to physical problems **2** : 64.7 ± 3.3 ; role limitations due to emotional problems **3** : 61.4 ± 3 ; vitality (energy/fatigue) **4** : 62.1 ± 3 ; emotional well-being **5** : 62.9 ± 4 ; social functioning **6** : 60 ± 3 ; bodily pain **7** : 61.7 ± 3.1 ; general and mental health perception **8** : 58 ± 3.1 . One-fifth of our patients had an SF-36 score ≤ 33 .



Graphic 2 : The means of the different components of the SF36 .

In multivariate analysis, impaired quality of life was significantly associated with the average disease duration and disease activity ($p = 0.001$ and $p = 0.05$, respectively)

Discussion and Conclusion

The SF-36 is a useful tool for the clinical assessment of patients with RA. Identifying factors that affect quality of life is essential for determining modifiable targets that would positively impact the management of these patients.