PSYCHOEMOTIONAL STATE AND QUALITY OF LIFE IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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ABSTRACT

Introduction: Systemic lupus erythematosus (SLE) is a disease of uncertain genesis

characterized by a wide range of clinical manifestations and lesions of various systems and organs. A number of authors note that the treatment of SLE should focus not only on improving clinical indicators, but also on the qualitative components of the patient's well-being, namely, improving the quality of life related to health.

Objective: to assess the quality of life in patients with SLE in the city of Families, depending on the psycho-emotional state, medical, social and ethnic characteristics.

Materials and methods: a single-stage cross-sectional study of the quality of life

of patients with systemic lupus erythematosus was conducted. To the study 45 patients assigned and diagnosed with a history of systemic lupus erythematosus were included. The Lupus Qol questionnaire (McElhone et al.) was used to assess the quality of life of patients, were used to assess the presence or absence of depression and anxiety. The correlation between age was analyzed, duration of the disease, depression and anxiety scores, and 8 domains of the questionnaire LupusQol using Spearman correlation coefficient p. The Mann-Whitney statistical criterion was used to assess the differences between the 2 groups. The value of $p<0.05$ is taken as the critical level of significance. Statistical analysis was performed using the SPSS version 20.0 program.

Results: The average age of patients was 43 years (45, 18). The overall average quality of life in patients was 50.21 (51.2; 35.45). In 24 (53.3%) patients, according to the HADS scale,there were no signs of depression, subclinically pronounced depression was detected in 11 (24.4%), 10 (22.2%) had clinically pronounced depression. Indicators of the domains of quality of life: "Physical health", "Pain", "Planning", "Burden imposed on others", "Emotional health", "Body image", "Fatigue" in the group of patients with depression were lower compared to the group of patients without depression. Patients whose anxiety scale scores exceeded the normal level had worse quality of life indicators for all domains, unlike patients whose anxiety scores were within the normal range.

Conclusion: Exposure to SLE has a negative impact on all areas of patients' lives. In our group of patients, the deterioration of QOL correlated with high scores of depression and anxiety. The presence of marriage had a positive effect on some domains of QOL.

Keywords: Systemic lupus erythematosus, quality of life, depression and anxiety.

INTRODUCTION

Treatment of SLE should focus not only on improving clinical indicators, but also on the qualitative components of the patient's well-being, namely, improving the quality of life (hereinafter referred to as QOL) related to health. In a study by American researchers Ng X. et al., patients expressed a desire to improve treatment, reduce side effects from medications, the amount of exacerbation of the disease, prevent organ damage, and return to normal life and improve their psycho-emotional state. QOL related to health is an integrated indicator that includes various aspects of human life, which are influenced by his state of health. In a study of a Swedish cohort of patients SLE showed a significant decrease in QOL indicators compared to the general population. In a multiethnic study, the authors

report differences in QOL indicators depending on ethnicity, education, degree of organ damage and manifestations of the disease. The SF36 questionnaire (Rand Corporation, Santa Monica) was used in their study., California). Thus, the physical component of health was the worst among Australians, and the psychological component was the worst among Chinese. Mexican patients in the study Etchegaray-Morales I. et al. had the worst performance in domains: "The burden imposed on others", "Fatigue" and "Emotional health". Pain, fatigue and limitations in the ability to perform daily activities worsen the quality of life of patients with SLE. Patients also experience difficulties socially: SLE maladapts them, disrupting their usual lifestyle and changing the nature of relationships with relatives and friends. In addition, SLE has a negative effect on the quality of life of relatives of patients.

The purpose of our study is to study the quality of life of patients with SLE and its difference depending on their medical, social, ethnic characteristics and psycho-emotional state.

MATERIALS AND METHODS OF RESEARCH

The study was conducted using a continuous method, since the general population of patients with SLE was 54 people. Of these, 45 agreed to take the questionnaire. 6 patients refused to participate in the study, 2 patients' data were lost and 1 patient was excluded due to non-compliance with the selection criteria. Prior to the study, 45 patients gave written confirmation of informed consent. Criteria for inclusion in the study: patients with a history of SLE diagnosis and assigned to clinics;

female persons; age 18 years and older. Exclusion criteria from the study: patients with no history of SLE and not attached to clinic; mental illness or cognitive impairment, which prevents the understanding of questionnaires within the framework of this

study; under 18 years of age; those who refused are divided into 8 domains (blocks): "Physical health" – consists of 8 questions, "Pain" – of 3 questions, "Planning" – of 3 questions, "Intimate relationships" – of the 2 questions, "The burden imposed on others" – of the 3 questions (the patient's perception of the burden, which he exerts on people close to him), "Emotional Health" – out of 6 questions, "Body Image" – out of 5 questions (the patient's perception of the impact of SLE on his appearance and attractiveness), "Fatigue" – out of 4 questions. The answers correspond to a five-point Likert scale: 0 – constantly, 1 – almost always, 2 –quite often, 3 – occasionally, 4 never. The QOL score takes a value from 0 to 100, where 100 is the best value and 0 is the worst.research; male persons, due to the small number of Families on the territory of the city. Socio-demographic data (age, marital status, nationality, education, employment) and clinical data (disability, duration of illness) were filled in during questionnaires. To collect this data, the authors have developed a questionnaire. Marital status was recorded as: married /cohabiting, single, divorced, widow. All data on marital status were grouped into two groups: group 1 – married/cohabiting patients; group 2 – unmarried, divorced, widowed. Also, the data on nationality were grouped into 2 groups: Uzbek and Tatars – 1 group, 2 – Russians. Patients they were divided into 2 groups according to the level of education: 1 group with higher education, 2

groups with secondary, specialized secondary and incomplete higher education.

A specialized questionnaire was used to determine the quality of life of SLE patients LupusQoL. This questionnaire consists of 34 questions. In turn, the HADS questionnaire was used to assess anxiety and depression. The HADS questionnaire, in general, consists of 14 questions. The first part (7 questions) evaluates the absence or presence of depression, the second part (7 questions) – anxiety. The maximum number of points in each parts – 21 points, where 0-7 points indicate the absence of depression and anxiety (the norm), from 8 to 10 points inclusive – subclinically expressed depression and anxiety, from 11 points to 21 – clinically expressed depression and anxiety. To compare QOL, patients with scores of depression and anxiety within the normal range were grouped into group No. 1, and patients with scores of depression and anxiety outside the normal range were grouped into group No. 2

THE RESULTS AND THEIR DISCUSSION

The average age of the patients was 43 years (45, 18). Ethnic composition: the majority of patients were Uzbek 36 (80%), there were significantly fewer Russians 7 (15.6%) and a small number of Tatars 2 (4.4%). The average duration of the disease from the beginning of diagnosis was 11 years (8-10). Of 45 patients, 36 (80%) had a disability, including: 19 (42%) people had the 3rd degree of disability, 17 (38%) people had the 2nd and 9 (20%) people they had no disability, which indicates a high disability of patients with this disease. 27 (60%) patients were not

employed, 18 (40%) patients had a place of work. Of the 45 patients, 23 (51.1%) were unmarried, while 22 (48.8%) were married or cohabiting. During the study, 4 (8.9%) patients indicated that they had secondary education, 27 (60%) – specialized secondary education, 3 (3.7%) – incomplete higher education and 11 (24.4%) – higher education. The overall average quality of life in patients was 50.21 (51.2; 35.45). The average value of the domains: "Physical health" was 46.52 (43.75; 46.88), Pain – 47.59 (50, 50), "Planning" – 49,81 (58,33; 58,33), " Intimate relationships" – 45,83 (50; 100), " The burden imposed on others" –

53,89 (58,33; 41,67), " Emotional health" – 56,11 (54,17; 33,33), "Body image"

54.54 (60; 50), "Fatigue" – 44.86 (37.5; 43,75). These data demonstrate that in patients, the domains "Physical health", "Fatigue" and "Pain" had the worst indicators. In the course of the study, we found that 21 (46.7%) patients had normal anxiety levels, while 10 (22.2%) had subclinically expressed anxiety and 14 (31.1%) had clinically expressed anxiety. According to the HADS scale, more than half of the patients (53.3%) had subclinically and clinically pronounced depression. Also, during the analysis, the following were found statistically significant differences in the domains "Physical health", "Intimate relationship", and "Emotional health" between patients in groups 1 and 2. Only in the "Physical health" domain was there a statistically significant difference between employed and unemployed persons. There were no statistically significant differences in the remaining domains. The domain "Body image" in patients of Russian nationality was lower than in the group of patients of Uzbek and Tatar nationality (p=0.038). In other domains no statistically significant differences were found ("Physical health" p=0.355; "Pain" p=0.479; "Planning" p=0.157; "Intimate relationships" p=0.874; "Burden imposed on others" p=0.412; "Emotional Health" p=0.252;

"Fatigue" p=0.214).

We have not found a correlation between age and performance QJ, as in the study by Mexican scientists Garcia-Carrasco M. and others. Contrary to our data, previous studies have found a link between age and quality of life in patients with SLE. In a study by scientists from Great Britain, McElhone K. et al., an inverse correlation was observed between age and the domains of "Physical Health", "Intimate Relationships" and direct correlation with the domain "Emotional Health". Two studies using the LupusQol questionnaire also the inverse correlation of age with the domains "Pain" and "Body Image" was found. Also, in our study, the duration of the disease was not correlated with the domains of QOL. Similar results have been demonstrated in a number of studies. However, in the Golder V. study et al., an inverse correlation was found between the duration of the disease and the QOL of patients. Perhaps the discrepancy in the results is due to the fact that in the last study, only patients with a low disease activity state were selected. We also found that patients with anxiety-depressive disorders had worse quality of life compared to patients whose scores of depression and anxiety were within the normal range. The results of our research largely coincide with the results of the previous study. Thus, in the study by Tam L.-S. et al., patients with depression and

anxiety scores above the norm had lower QOL scores, in contrast to the group of patients who had depression and anxiety scores at the normal level. They noted that depression scores correlated with all SF-36 domains, whereas anxiety scores were correlated only with some.

CONCLUSIONS

Exposure to SLE has a negative impact on all areas of patients' lives. Our group of patients has a deterioration in QOL correlated with high scores of depression and anxiety. The presence of marriage had a positive effect on some domains of QOL. QOL is an important evaluation measure of a patient's subjective perception of their own health. When managing patients with SLE, it is necessary to take into account not only clinical and diagnostic data, but also QOL and psycho-emotional well-being. Psychological help can have a positive effect on the quality of life of patients, helping to overcome difficulties psychological problems that have arisen as a result of SLE.

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