QUALITY OF LIFE AND PSYCHO-EMOTIONAL STATUS IN PATIENTS WITH PSORIATIC ARTHRITIS

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ABSTRACT

The dynamics of quality of life (QOL) and psychoemotional status in patients with psoriatic arthritis (PA) under the influence of basic therapy with methotrexate (n=28) and sulfasalazine (n=20) were studied. The control group consisted of 25 patients receiving only nonsteroidal anti-inflammatory drugs. Therapy with basic drugs in patients with PA leads to a rapid and long-lasting clinical effect, improves the quality of life of patients according to the SF-36 questionnaire. The positive effect of basic therapy on depression symptoms is not always pronounced and is significant only in the methotrexate group.

Key words: psoriatic arthritis, basic therapy, quality of life, psychoemotional status.

INTRODUCTION

Psoriatic arthritis (PA) is a representative of the group of seronegative spondyloarthritis and, along with ankylosing spondyloarthritis and reactive arthritis, makes up the bulk of them. Frequency PA in the population is 0.06-1.4%. PA is comparable to rheumatoid arthritis (RA) in terms of the rate of progression, disability and deterioration in the quality of life (QOL) of patients. Along with the emergence of new drugs for the treatment of chronic erosive joint diseases, including biological agents, methotrexate is the "gold standard" of basic PA pharmacotherapy (MT), it is also distinguished by the most favorable ratio of efficacy and tolerability compared with other cytotoxic drugs. The results of many studies indicate a positive effect of MT not only on the articular, but also on the skin syndrome. There is no doubt about the clinical efficacy of sulfasalazine (CC), especially in patients with active peripheral arthritis, in some patients it contributes to the resolution of psoriatic efflorescence. However, recently, physical data and laboratory indicators are not the only ones the criterion of the effectiveness of therapy. In accordance with the new concept of clinical medicine, the patient's QOL is either the main, additional, or only goal in the treatment of patients with various diseases. The topic of psychoemotional disorders in PA patients is poorly studied and interesting. Joining the main symptom of rheumatic diseases – pain, depression increases, makes it heavier, reduces its tolerance and contributes to chronization. Patients with anxiety and/or depression they present a

greater number of somatic complaints, have a worse functional status and quality of life, and are less satisfied with the results of their treatment. The question has not been studied whether basic therapy, along with improving clinical and functional indicators, can reduce the severity of anxiety and depressive disorders and in which cases the appointment of psychocorrection methods in the practice of a rheumatologist is required.

The aim of the study was to evaluate the dynamics of QOL and psychoemotional disorders under the influence of basic therapy in PA patients.

MATERIALS AND METHODS OF RESEARCH

73 patients with a reliable diagnosis of PA were examined, who were divided into 3 groups: the first group (n=28) received basic therapy MT 10-15 mg / week, the second group (n= 20) – CC 2 g / day, the control group (n = 25) – took only nonsteroidal anti-inflammatory drugs (NSAIDs). The study did not include patients with severe concomitant pathology. The basis of the examination of patients was made up of general clinical methods adopted in rheumatology practice: joint pain on a visual analog scale - VAS, severity and duration of morning stiffness, the number of painful (BBS) and swollen (BPS) joints, joint index, as well as the assessment by patients of their well-being and fatigue according to YOUR. The severity of the clinical effect in PA patients was assessed by the dynamics of ACR criteria modified for PA. The QOL of patients was determined by the SF-36 questionnaire (Short Form-36-Item Health Survey) with the calculation of 8 main indicators: FF – physical functioning, RFF – role-playing physical functioning, B – pain, OZ – general health, W – vitality, SF – social functioning, REF – role emotion and functioning, PZ –mental health. The functional status was assessed using the HAQ (Health Assessment) questionnaire Questionnaire). The effect of skin lesions on the daily activities of patients was assessed using the Dermatology Life Quality Index (DLQI) questionnaire. A hospital scale of anxiety and depression was used to determine psychoemotional disorders (HADS), the Beck Depression Questionnaire, the Spielberger-Hanin scale of reactive and personal anxiety. The main clinical parameters, indicators of QOL and The psychoemotional status was determined before treatment, after 1, 3 and 6 months of therapy. For statistical processing of the material, a specialized statistical package SPSS 13.0 was used. The arithmetic mean (M), standard deviation (σ), average error of the arithmetic mean (m), and confidence interval were calculated in the groups. The critical level of significance when testing statistical hypotheses is $p<0.05$.

THE RESULTS AND THEIR DISCUSSION

In all groups, women with II degree of PA activity prevailed among the patients. The average age of the patients, the experience of psoriasis and joint syndrome did not differ significantly. The majority of patients in the groups had a polyarthritic variant of articular syndrome, vulgar focal or widespread psoriasis in the stationary or progressive

stage. Radiologically, in all groups, mainly stage II was detected by Steinbroker. In all patients before treatment the clinical activity of the disease and a decrease in the functional capabilities of the peripheral joints were revealed. The treatment was carried out in the rheumatology department, after a thorough clinical and laboratory examination to clarify the diagnosis and identify contraindications, and to obtain the written consent of patients for treatment. During the application of basic therapy, the main clinical indicators of the disease were studied. In patients receiving MT, positive dynamics of the parameters of the articular syndrome was observed already by 1 month of therapy. Indicators such as the joint index and the severity of pain according to VAS have undergone the greatest changes. The BBS has significantly decreased and NPV, the severity and duration of morning stiffness. During maintenance therapy, the clinical effect of MT was maintained by the 3rd month of treatment and increased by the 6th month of therapy in almost all evaluated clinical indicators, in addition, by the end of the observation, the functional status of HAQ significantly improved. In the group of patients receiving CC, all indicators, except for well-being, significantly improved by 1 month of therapy. By the 6th month of therapy, there was a significant decrease in BBS and BPS, joint index, pain and fatigue according to VAS, as well as the HAQ index. Against the background of NSAID therapy, by the end of the inpatient treatment stage, there was a significant improvement in heart rate, pain, severity and duration of morning stiffness. However, by 6 months of therapy, a significant improvement was maintained only in terms of CHBS. Compared with NSAIDs, basic therapy led to a decrease in activity, and in some cases to remission of the disease (2 patients in the MT group and 2 in the CC group). When evaluating the effectiveness of therapy according to ACR criteria, it was found that after 1 month of therapy ACR 20 was found in 62.5% of patients receiving MT, 76.5% of patients receiving CC and half of the control group. Approximately half of the patients receiving basic therapy met the criteria of ACR 50. After 3 months of therapy, 73.1% of patients in the MT group had ACR 20, 64.7% in the CC group and only a quarter of patients receiving NSAIDs. By the end of the follow–up, in the groups of patients receiving basic therapy, the number of patients with improved ACR 70 increased, in the NSAID group - ACR 50. In general, by 6 months of therapy, the largest number of respondents was in the group CC – 81.2%, slightly less – in the MT group – 60.7%. The lowest clinical efficacy was observed in the NSAID group, only 28%. The tolerability of therapy in all groups was satisfactory. Side effects were noted in 7patients in the MT group, 4 in the CC group and 6 in the NSAID group. Dyspeptic disorders and increased transaminases were the most common. Side effects required discontinuation of the drug in only 1 patient receiving CC. In other cases, they were expressed moderately and passed on their own with a decrease in the dose of drugs or an increase in the interval between doses. When studying the dynamics of QOL indicators, we found that against the background of

therapy MT by the end of the inpatient stage of treatment, significant improvement occurred only in terms of G, by 3 months of therapy on the FF, B, F, SF and PP scales. By 6 months of therapy, the improvement in indicators remained B, F, SF, PP, in addition, the OZ index significantly increased. In the group of patients receiving SS, FF indicators improved by 1 month of therapy, B and SF, by 3 months – B and REF. By the end of the observation stage, a significant improvement was observed in all indicators, except for the RFF and the OZ. In patients taking only NSAIDs, by the end of the inpatient stage of treatment, there was a significant increase in the B, OZ, F and However, by the 3rd and 6th months of follow-up, this improvement did not persist in any of the indicators. There was no significant improvement in the dermatological index of QOL in any of the groups. When studying the effect of basic therapy on psychoemotional status, it was found that by 1 month of therapy in the MT group there was a significant decrease in the severity of depression according to the Beck questionnaire, which persisted by 6 months of therapy. Also, by the end of the follow-up, there was a decrease in anxiety symptoms on the Hospital scale. In patients receiving SS, there was also reduction of anxiety symptoms by 3 months of therapy, which did not persist by 6 months of treatment. In patients taking only NSAIDs, the severity of Beck depression decreased after 1 month of treatment, and situational anxiety decreased after 3 months. However, by the end of the observation, no significant changes were noted. In the course of therapy with basic drugs, a positive dynamics of clinical indicators was noted, reflecting the severity of the inflammatory process in the joints in most PA patients. The positive effect of basic therapy compared to therapy NSAIDs for joint syndrome in PA are confirmed the results of the evaluation of the effectiveness of treatment using the criteria of ACR, which corresponds to the literature data obtained for MT and CC. In the first 3 months of treatment, the most striking positive changes were observed with the use of medium doses of MT, unlike CC. However, by 6 and 12 months of treatment, both drugs they have demonstrated equally their anti-inflammatory potential for skin and joint damage. In our study, it was found that after 1and 3 months of therapy, the improvement in indicators of joint syndrome was the same in both groups, but by 6 months of therapy, a more pronounced improvement was observed in the group of patients receiving MT. According to the ACR criteria, the maximum number of respondents by the end of follow-up was in the CC group (81.2%), however, the maximum improvement in ACR 70 had a greater number of patients in the MT group (35.7% compared to 31.2%). In general, basic therapy has shown high clinical efficacy compared to NSAIDs. When studying the dynamics of QOL indicators by 1 month of therapy, a greater improvement was achieved in the CC group, by 3 months – in the MT group, by the end of follow-up, a significant improvement in most indicators was observed in both groups. In patients receiving only NSAIDs, improvement of QOL after 1 month of therapy by 4 the scales

were not preserved during further observation. Therefore, QOL in patients with PA should be considered, along with the dynamics of joint syndrome and laboratory parameters, an objective criterion of effectiveness ongoing therapy. There was no significant improvement in the DLQI index in all groups, which may be due to the predominance of the focal nature of psoriasis and the inpatient form before the start of therapy in patients with PA.

CONCLUSIONS

In some studies related to RA, a significant correlation has been established between the positive dynamics of the state of the musculoskeletal system and the disappearance of mental disorders. However, after traditional treatment of RA, high levels of anxiety and decreased indicators of emotional functioning often persist. In our work, it was found that during the treatment of patients with PA with basic drugs, significant dynamics of anxiety-depressive disorders (severity of depression according to Beck and hospital anxiety) after 6 months of therapy was observed only in the group MT, while depressive symptoms remained, corresponding to a mild degree of depression. This indicates that in PA patients with comorbid depression, especially severe and severe, it is necessary to include psychotherapeutic methods, including antidepressants, in complex therapy. Thus, therapy with basic drugs in PA patients leads to a rapid (already at the inpatient stage of treatment) and long-lasting clinical effect compared with NSAIDs according to the criteria ACR, more often leads to remission of the disease and improves the quality of life of patients. The effect of basic therapy The effects of depression are not always pronounced and are significant only in the MT group.

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