

# Studying the quality of life using the SF-36 questionnaire in patients with Rheumatoid arthritis

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**Abstract:** Rheumatoid arthritis (RA) is a chronic progressive joint disease that leads to disability of patients. Of course, the disease affects the quality of life of patients with RA, but not enough attention is paid to the study of this issue by practitioners. Therefore, it is quite important to understand the factors leading to the deterioration of the physical and mental condition of this contingent of patients. Objective: To determine the factors affecting the quality of life of patients with rheumatoid arthritis based on data obtained from a questionnaire with using the sf-36 questionnaire. Tasks: 1. To conduct a questionnaire on the quality of life in patients with rheumatoid arthritis using the SF-36 questionnaire. 2. To conduct a comparative analysis of the results. 3. To identify factors affecting the quality of life of patients with rheumatoid arthritis. Material and methods. The study included 42 patients (average age  $55 \pm 21.61$  years) who were treated in the rheumatology department of the 1st clinic of SAMMU in 2020 - 2022. This group of patients was surveyed using the SF-36 quality of life questionnaire. Results and their discussion. Factors affecting the quality of life of a patient with RA have been identified: age more than 65 years, duration of the disease more than 10 years. Female gender (physical component only) Conclusions: 1. All the surveyed patients with rheumatoid arthritis had a decrease in the quality of life. 2. Risk factors for reducing the quality of life in patients with RA are age over 65 years, duration of the disease for more than 10 years and gender characteristics (belonging to the female sex - only by physical component) 3. Assessment of individual components of quality reduction in patients with RA will allow targeted preventive measures to increase the level of their physical and psycho-emotional state.

**Keywords:** questionnaire, quality of life, rheumatoid arthritis

## INTRODUCTION

Nowadays, modern medicine has long gone beyond the traditional treatment, and high-tech manipulations, methods of genetic engineering, and molecular biochemistry have already been started and successfully used. That is why an important one is added to the main task of the doctor to save life - to improve the quality of this life. In modern healthcare, it is accepted that the patient himself has the

right to choose which treatment option suits him and what outcome he expects from treatment.

In the specialized literature, a number of definitions are given, one of the most

The most famous is the description of the concept of "quality of life" given by the World Health Organization (WHO). This organization defines the quality of life as people's perception of their position in life, depending on cultural characteristics and value systems and in connection with their goals, expectations, standards and concerns.

The quality of life reflects the effects of the disease and treatment on the patient's condition. Therefore, such a research method as quality of life questionnaires is the simplest, qualitative and convenient in determining this indicator.

Rheumatoid arthritis (RA) is a chronic progressive joint disease that leads to disability of patients. Of course, the disease affects the quality of life of patients with RA, but not enough attention is paid to the study of this issue by practitioners. Therefore, understanding the factors leading to the deterioration of the physical and mental condition of this contingent of patients is relevant.

**Objective:** To determine the factors affecting the quality of life of patients with rheumatoid arthritis based on data obtained from a questionnaire with using the sf-36 questionnaire.

**Goal.** 1. To conduct a questionnaire on the quality of life in patients with rheumatoid arthritis USING the SF-36.

2. Questionnaire. To conduct a comparative analysis of the results.

3. To identify factors affecting the quality of life of patients with rheumatoid arthritis.

**Material and methods.** The study included 42 patients (mean age  $55 \pm 21.61$  years) who were treated in the rheumatology department of ultrasound 1gclinics of SAMMU in 2020 - 2022. This group of patients was surveyed using the SF-36 quality of life questionnaire.

The SF-36 questionnaire is one of the most frequently used questionnaires on the quality of life. The questionnaire consists of 36 items on 8 scales: Physical functioning (Physical Functioning - PF), Role-based functioning due to physical condition (Role-Physical Functioning - RP), Pain intensity (Bodily pain - BP), General Health (General Health - GH), Vital activity (Vitality - VT), Social Functioning (Social Functioning - SF), Role - based functioning due to emotional state (RoleEmotional - RE), Mental Health (Mental Health - MH). All ti scales can be divided into two large groups: physical health and psychological health. The results are presented in the form of ratings on each scale. The higher the score, the better the quality of life indicator.

After the survey, a comparative analysis was carried out on the following indicators:

- age,
- gender,
- duration of the disease,
- timing of the start of therapy.

By age, the patients were divided into three groups:

- 1st group - 12 people, age up to 50 years (cf. age  $41.08 \pm 6.3$ )
- 2nd group - 13 people, age from 50 to 65 (cf. age  $57.7 \pm 4.6$ ).
- 3rd group - 15 people, age over 65 (cf. age  $71.3 \pm 5.8$ )

In the analysis, we obtained a statistically significant difference in patients of the third group-the age over 65 years.

By gender, the patients were divided into two groups:

- 1st group - 26 people-women (cf. age  $52.8 \pm 11.9$ ).
- 2nd group - 14 people-men (cf. age  $60.6 \pm 13.1$ ).

Statistically significant difference is observed only in the physical component.

According to the duration of the disease, the patients were divided into two groups:

- Group 1 - 25 people, have been ill for less than 10 years (cf. age  $52.5 \pm 12.2$ ).

The average duration of the disease is  $-3.6 \pm 2.2$

- Group 2 - 17 people, sick for more than 10 years (cf. age  $61.5 \pm 11.5$ ).

The average duration of illness is  $20.5 \pm 6.1$ . The average duration of illness among all respondents is  $8.3 \pm 7.4$

During the analysis, we obtained a statistically significant difference in patients of the two groups. In patients who have been ill for more than 10 years, the quality of life is significantly lower compared to patients who have been ill for a short period of time.

According to the start date of treatment, the patients were divided into two groups:

- Group 1 - 17 people, treatment started in the first six months of the disease.
- Group 2 - 19 people, treatment started after 6 months from the onset of the disease

There was no difference between the survey results.

Results and their discussion.

Factors affecting the quality of life of a patient with RA have been identified:

- age more than 65 years,
- duration of the disease more than 10 years.
- female gender (physical component only)

*Conclusions:*

1. All the surveyed patients with rheumatoid arthritis had a decrease in the quality of life.
2. Risk factors for reducing the quality of life in patients with RA are age over 65 years, duration of the disease for more than 10 years and gender characteristics (belonging to the female sex - only by physical component)
3. Assessment of individual components of quality reduction in patients with RA will allow targeted preventive measures to increase the level of their physical and psycho-emotional state.

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