

Assessing the Quality of Life for Patients with Rheumatoid Arthritis : A Cross-Sectional Study in Thi-qar, Iraq

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Abstract

Rheumatoid arthritis (RA), which is a chronic autoimmune and inflammatory disease, Rheumatoid arthritis is characterized by being chronic and multisystem, RA affects various parts of the body joints and primarily affects the small joints of the hands and feet. Quality of life (QOL) serves as a sensitive measure to evaluate a patient's health status after receiving treatment and assessing the overall impact of the treatment on their well-being.

The objective of the study is to was measure QOL of a group of Iraqi patients who have rheumatoid arthritis and to explore potential connections between different components of QOL and specific factors related to the patients. The researchers used the Arabic version of the WHOQOL-BREF questionnaire (by asking the patient) to assess the participants' quality of life. One hundred patients were selected based on their accessibility and availability to the researchers. The average age of the RA patients in the study was 14- 60 years. The study was conducted at AL Hussein Teaching Hospital / Rheumatology department in Thi-qar city between April 2022 and July 2023. The questionnaire covers four main domains: physical Health (seven items), psychological well-being (six items), Social Relationships (three items), environment (eight items), each domain contains several questions that collectively measure that specific aspect of QOL

One hundred patients were selected. 50 patients (50 %) were female, and 50 patients (50 %) were male. The age range of the RA patients in the study was 14- 60 years. The overall QOL mean was 26.43 ± 12.37 . The mean for social health was the highest (38.17 ± 17.17), while the mean for environmental health was the lowest (12.68 ± 19.95) as well as there was significant negative correlation between gender and physical, psychological, and social domain of QOL. Age and marital status have negative correlations with every component of QOL (physical health, psychological health, social health, and environmental health in the univariate analysis. higher level of education has a direct correlation with all aspects of QOL. as well as a negative correlation between gender and the physical, psychological, and environmental health of QOL.

Rheumatoid arthritis patients in this study perceived lower quality of life in environmental and physical aspects with better improvements in social and psychological health scores. In addition, age, marital status and education considers a significant factor affecting QOL especially among those older age, lower education levels and married.

Keywords: Age, Gender, Rheumatoid arthritis, Quality of life , WHOQOL-BREF questionnaire.

Introduction

Rheumatoid arthritis (RA), is a chronic autoimmune and inflammatory disease. Rheumatoid arthritis is characterized by being chronic and multisystem^(1,2,3). It affects various parts of the body joints. RA primarily affects the small joints of the hands and feet^(4,5,6). These joints are often impacted symmetrically^(7,8). RA typically presents with several symptoms, including constant pain, progressive destruction of joints, stiffness, and deformity, these symptoms can lead to significant disability over time. The disease progression in RA can result in substantial

disability, this disability can manifest as limitations in performing daily activities due to joint pain, deformities, and reduced mobility^(9,10,11).

Functional disability refers to the impact of the disease on a person's ability to perform normal daily activities, such as dressing, grooming, cooking, and other tasks. RA can lead to functional disability due to joint pain and limitations in movement^(12,13). Rheumatoid arthritis can also be associated with depressive symptoms. Living with chronic pain, disability, and the challenges posed by the disease can contribute to feelings of

depression^(14,15). The changes caused by RA can negatively affect a person's ability to perform daily living activities and work tasks.^(16,17) The joint pain, stiffness, and deformities associated with RA can make these activities challenging^(18,19). The limitations imposed by RA can have a direct impact on an individual's quality of life^(20, 21). Quality of life refers to a person's overall well-being, including their physical, emotional, and social aspects. The pain, disability, and reduced ability to engage in normal activities can lower a person's quality of life^(22,23,24). The pathogenic processes, or the disease-causing mechanisms, of rheumatic diseases like RA often start years before the clinical diagnosis is made, this means that the immune system's attack on the joints and tissues begins silently and progressively leads to joint damage. If left untreated, this damage can become irreversible, this means that the destruction of joints and the resulting deformities cannot be reversed even with treatment^(25,26). Early intervention and proper management are crucial to preventing or minimizing irreversible damage⁽²⁷⁾. These points emphasize the importance of early detection, proper medical treatment, and lifestyle adjustments in managing rheumatoid arthritis. Effective management can help mitigate the negative impact on daily activities, work performance, and overall quality of life for individuals with the condition^(28,29,30).

The World Health Organization defines quality of life as an individual's perception of their position in life, this perception is shaped by their cultural context, value system, goals, expectations, parameters, and social relationships⁽³¹⁾. In essence, QOL encompasses a person's overall well-being and satisfaction with various aspects of life. Quality of life is used as an indicator for health outcomes, it serves as a sensitive measure to evaluate a patient's health status after receiving treatment and assessing the overall impact of the treatment on their well-being⁽³²⁾.

The concept here is that improvements in a patient's quality of life indicate the effectiveness of the treatment in enhancing their overall health. Evaluating quality of life is important because it helps identify the specific aspects that hold significance for a patient's overall well-being. By understanding what matters most to patients in terms of their quality of life, healthcare providers can tailor their treatments and interventions to address these key factors effectively⁽³³⁾.

The evaluation of quality of life is crucial in patient care as it provides a holistic perspective on their health, it goes beyond mere medical outcomes and takes into account the patient's emotional, social, and psychological well-being⁽³⁴⁾. Overall, the inclusion of quality of life as a measure for health outcomes underscores the importance of

considering not only the physical aspects of health but also the patient's broader life experiences and well-being. It allows healthcare professionals to better understand the impact of their interventions on patients' lives and tailor treatments to improve overall quality of life⁽³⁵⁾. previous studies have consistently found that individuals with rheumatoid arthritis experience significantly lower levels of quality of life compared to the general population; This means that the impact of RA on various aspects of well-being, including physical, emotional, and social dimensions, is substantial and negatively affects their overall quality of life. Overall, the studies cited illustrate the significant negative impact that rheumatoid arthritis has on the quality of life of affected individuals, This emphasizes the importance of comprehensive care, effective management strategies, and support systems for RA patients to improve their overall well-being and maintain a higher quality of life despite the challenges posed by the disease^(36,37,38).

The objective of the study is to measure the quality of life of a group of Iraqi patients who have rheumatoid arthritis (RA) and to explore potential connections between different components of quality of life (such as physical, psychological, social, and environmental health) and specific factors related to the patients.

Materials and Methods

Materials

One hundred patients were selected and chosen based on their accessibility and availability to the researchers. The age range of the RA patients in the study was 14- 60 years. The study was conducted at AL Hussein Teaching Hospital Thi-qar / Rheumatology department between April 2022 and July 2023.

Inclusion Criteria

- 1-RA patients who are aged 18-60yr who are accepted to participate in the study.
- 2-Disease duration for six months and more
- 3-Present treatment with steroids and NSAID
- 4-Patient used the same medication in the last three months.

Exclusion Criteria

- 1-Patient who can't understanding the questions because of hearing and speech problems
- 2- they were receiving no medication.

The questionnaires: The researchers used the Arabic version of the WHOQOL-BREF questionnaire (researcher-administered) of 24 questions (paper-based) (by asking the patient) to assess the participants' quality of life. The questionnaire covers four main domains: physical Health (seven items), psychological well-being (six items), Social Relationships (three items), Environment (eight items). Each domain contains several questions that collectively measure that

specific aspect of quality of life. In addition to the four domains, there are two standalone questions; first question pertains to a person's general perception of their overall quality of life while second question relates to a person's general perception of their overall health. Participants respond to the questions using a five-point Likert-type scale. The scale ranges from 1 to 5, where 1 represents "not at all/never/very dissatisfied/very poor" while 5 represents "extremely/always/very satisfied/very good" Higher scores on the Likert scale that indicate greater personal satisfaction in the respective domain or aspect of quality of life (39).

Study design: It's important to note that this data collection process for this a cross-sectional study by the Arabic version of the WHOQOL-BREF questionnaire aims to ensure that participants understand the study's objectives and the content of the questionnaire. This informed consent process and the provision of clear instructions help to maintain the ethical standards of research and ensure that participants are making an informed decision to participate. Additionally, the time it takes for each patient to complete the questionnaire (approximately 5 minutes) gives an indication of the level of effort required from participants and potentially the complexity of the questions involved.

Statistical analysis: SPSS software, version 22.0 (IBM Corporation, USA), was used for statistical

analyses. Continuous variables are expressed as the mean $\pm$ standard deviation. Categorical variables are expressed as percentages and frequencies. Linear regression analysis performed to evaluate the relationship between different variables, r (correlation coefficient or standardized beta is a representative of magnitude and direction of the relationship), 0.00-0.29 = little or no correlation; 0.30-0.49 = weak; 0.50-0.69 = moderate; 0.70-0.89 = strong; and 0.90-1.00 = very strong. The negative sign indicates the inverse relationship, but a positive sign represents a direct relationship. P values less than 0.05 were considered statistically significant.

Results and Discussion

The age range of the RA patients in the study was 14- 60 years. Regarding the gender distribution, out of the total sample, 50 patients (50 %) were female, and 50 patients (50 %) were male. This indicates that the participants in the study were the same. The mean age of the patients was 44.24 ± 14.54 years and 29% of them were between 40-49 years old. The percentage of married was 94, and 46% were illiterate, as shown in Table [1]

In Table [2], most patients 64% were unhappy and had a low rate of quality of life.

Table 1. Socio-demographical characteristics of patients

Variables	Value
Age	
Age (years), mean $\pm$ SD	44.24 $\pm$ 14.54
<30 years, n (%)	27 (27.0%)
30 – 39 years, n (%)	5 (5.0%)
40 – 49 years, n (%)	29 (29.0%)
50 – 59 years, n (%)	17 (17.0%)
≥ 60 years, n (%)	22 (22.0%)
Gender	
Male, n (%)	50 (50.0%)
Female, n (%)	50 (50.0%)
Marital status	
Single, n (%)	6 (6.0%)
Married, n (%)	94 (94.0%)
Level of education	
Illiterate, n (%)	46 (46.0%)
Primary school graduate, n (%)	11 (11.0%)
Secondary school graduate, n (%)	17 (17.0%)
College graduate, n (%)	26 (26.0%)
Abbreviations:	
SD: standard deviation; n: frequencies; %: percentage.	

Table 2. quality of life of the participants.

Quality of life	Value
Good, n (%)	36 (36.0%)
Poor, n (%)	64 (64.0%)
Rate of happiness	
Happy, n (%)	36 (36.0%)
Unhappy, n (%)	64 (64.0%)

Summary data on the patient's overall and sub-scores for quality of life are shown in Table 3. The overall quality of life mean was 26.43 ± 12.37 . The

mean for social health was the highest (38.17 ± 17.17), while the mean for environmental health was the lowest (12.68 ± 19.95).

Table 3. Quality of life questionnaire scores of patients.

Quality of life (QOL)	Mean $\pm$ SD
Physical health	34.79 ± 5.24
Psychological health	20.08 ± 9.75
Social health	38.17 ± 17.17
Environmental health	12.68 ± 19.95
Total score	26.43 ± 12.37
Abbreviations: QOL: quality of life; SD: standard deviation. Scores of QOL: very poor = 0-19; Poor = 20-39; Neither poor nor good = 40-59; Good = 60-79; Very good = 80-100	

The results of the correlational analysis are shown in Table 4. Age and marital status have negative correlations with every component of QOL (physical health, psychological health, social

health, and environmental health) in univariate analysis, nevertheless a higher level of education has a direct correlation with all aspects of QOL

Table 4. Univariate linear regression analysis between QOL and other variables of patients.

Variables	QOL-Physical health		QOL-Psychological		QOL-Social		QOL-Environmental	
	Regression coefficient	P value	Regression coefficient	P value	Regression coefficient	P value	Regression coefficient	P value
Age	-0.780	0.000	-0.718	0.000	-0.815	0.000	-0.755	0.000
Gender	0.110	0.278	0.155	0.125	0.039	0.700	0.110	0.275
Marital status	-0.362	0.000	-0.345	0.000	-0.420	0.000	-0.395	0.000
Educational level	0.668	0.000	0.703	0.000	0.628	0.000	0.543	0.000
Abbreviations: QOL: quality of life * P values less than 0.05 were considered statistically significant.								

In the multivariate analysis, there was a negative correlation between age and all quality of life components (physical, psychological, social, and environmental health). As shown in Table 5, there was a negative association between marital status

and the physical, the environmental and social health of QOL as well as there was significant negative correlation between gender and physical, psychological, and social domain of QOL

Table 5. Multivariate linear regression analysis between QOL and other variables of patients.

Variables	QOL-Physical health		QOL-Psychological		QOL-Social		QOL-Environmental	
	Regression coefficient	P value	Regression coefficient	P value	Regression coefficient	P value	Regression coefficient	P value
Age	-0.685	0.000	-0.714	0.000	-0.878	0.000	-0.897	0.000
Gender	-0.165	0.012	-0.126	0.040	-0.242	0.000	-0.129	0.055
Marital status	-0.149	0.022	-0.114	0.060	-0.217	0.000	-0.205	0.002
Educational level	0.124	0.246	0.132	0.187	-0.067	0.451	-0.203	0.065
Abbreviations: QOL: quality of life * P values less than 0.05 were considered statistically significant.								

Rheumatoid arthritis is considered a common chronic disease because it affects a significant number of people worldwide, which can lead to joint damage^(40,41). The World Health Organization's (WHO) recognizes that an individual's well-being is influenced by biological, psychological, and social factors, environmental health was affected mostly and this is similar to previous study^(40,41) which concluded that environmental health domain of QOL is the mostly affected in Iraqi patients with RA. Followed by physical and psychological health were affected subsequently to health. In contrast, domains 4 (social relationship) showed comparable score. Where rheumatic illness has itself been considered as a stressor^(42,43). Rheumatic illness can, therefore, have substantial consequences for patient's focuses on how the environment, including physical, chemical, and biological factors, can affect human health^(44,45).

Higher scores in the social relationship domain could indicate that the participants have strong social support systems in place. When multiple studies yield similar findings, it adds credibility to the idea that social relationships can have a positive impact on the QOL of individuals facing health challenges^(45,46,47).

Certainly, there could be various possible explanations for the observed preservation of social relationship domains in quality of life assessments among individuals with chronic conditions like RA as pervious study⁽⁴⁵⁾ showed that Social support can play a significant role in helping individuals cope with chronic conditions like RA and can contribute to improved QOL and also may be due to Emotional Health as shown by previous study that concluded that Participants in these studies may have better emotional well-being, which can positively influence their social interactions and relationships. Effective emotional management can lead to healthier social connections^(47,48). Also, Education and awareness about the importance of social relationships in managing chronic conditions can lead individuals to prioritize and nurture their social connections as show in another study⁽⁴⁹⁾.

The results of the correlational analysis of the present study of age, have negative correlations with every component of QOL (physical health, psychological health, social health, and environmental health), this is similar to other study that have found a negative association between increased age in RA patients and reduced QOL. The investigators found that older age was significantly associated with lower QOL scores, particularly in the physical component of QOL. They concluded that age was an important factor to consider when assessing QOL in RA patients⁽⁵⁰⁾.

Another study also investigated the relationship between age and QOL in RA patients. The

investigators found that older age was associated with poorer physical functioning, which ultimately lead to lower QOL. They suggested that age-related factors such as comorbidities and disease progression may contribute to the reduced QOL in older RA patients⁽⁵¹⁾.

Additionally, a systematic review examined the impact of age on QOL in RA patients across multiple studies. The review found consistent evidence that increasing age was associated with reduced QOL in various domains, including physical functioning, pain, and mental health. The authors emphasized the importance of considering age-related factors when assessing and managing QOL in RA patients. Overall, these studies highlight the negative impact of increased age on QOL in RA patients. Understanding this association can help healthcare professionals tailor interventions and support to improve the QOL of older individuals with RA⁽⁵²⁾.

The results of the correlational analysis of the present study of marital status had negative correlations with every component of QOL (physical health, psychological health, social health, and environmental health), this is similar to several studies that have found a negative association between marital status in RA patients and reduced QOL and The RA patients had a high level of limitations in their physical activities like (mobility, self-care, usual activities), in addition to a high level of pain/discomfort and anxiety/depression before biological therapy^(53,54,55). The present study consistently has shown that a higher level of education is positively correlated with various aspects of quality of life (QOL). Other study have found that individuals with higher levels of education tend to report better physical health, psychological well-being, social relationships, and overall life satisfaction. For example, a study examined the relationship between education and QOL in a large sample of adults. The researchers found that higher levels of education were associated with better physical health, mental health, and overall life satisfaction^(45,56,57).

These findings suggest that education plays a significant role in shaping an individual's QOL. Higher levels of education can provide individuals with better opportunities for employment, income, access to healthcare, and social support, all of which contribute to improved QOL.

Conclusion

In conclusion, rheumatoid arthritis patients in this study perceived lower quality of life in environmental and physical aspects with better improvements in social and psychological health scores. In addition, age, marital status and education consider significant factors affecting

QOL especially among those older age, lower education levels and married.

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Conflicts of Interest

The authors declare that there is no conflict of interests regarding the publication of this article.

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Ethics Statements

Official administrative approvals were obtained from AL Hussein Teaching Hospital /Rheumatology department (who were provided with detailed information regarding the study aim and methodology), all participants in the study received a detailed explanation of the study's purpose and methodology, and that their verbal informed consent was obtained after clarifying the objectives. This demonstrates a strong commitment to ethical research practices.

Author Contribution

Suha Nadem Muhsin , Amena LafetaMutlaq Al-Shareefi 2, Alyaa abdalrazaq abass3 are participated in collecting the sample, All authors reviewed the results and approved the final version of the manuscript.

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تقييم جودة الحياة لمرضى التهاب المفاصل الروماتزمي: دراسة مقطعية مستعرضة في محافظة ذي قار، العراق

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الخلاصة

مرض التهاب المفاصل الروماتزمي هو مرض مناعي مزمن، مرض التهاب المفاصل الروماتزمي يتميز بكونه مزمن ويكون في عدة انظمة. هذا المرض يؤثر على اجزاء مختلفة من مفاصل الجسم. هذا المرض يؤثر على المفاصل الصغيرة للرأس والأقدام بشكل رئيسي. جودة الحياة لمرضى التهاب المفاصل الروماتزمي تستخدم كدليل للنتائج الصحية لهذا المرض. وهي قياس حساس ودقيق لتقييم الحالة الصحية للمريض بعد العلاج وتقييم جميع تبعات المعالجة على الصحة العامة.

الغرض من الدراسة هو تقييم جودة حياة لمجموعة من المرضى العراقيين المصابين بمرض التهاب المفاصل الروماتزمي واكتشاف الارتباط المهم بين اساسيات جودة الحياة (مثل المجال البدني والنفسي والاجتماعي والمحيطي) وعوامل محددة تتعلق بالمرضى.

استخدم الباحثون النسخة العربية من استبيان تقنين مقياس جودة الحياة المختصر الصادر عن منظمة الصحة العالمية بواسطة سؤال المرضى المشتركين. مئة مريض تم اختيارهم للمشاركة في هذه الدراسة واختيروا اعتمادا على إمكانية الوصول اليهم وتوفيرهم للباحثين. معدل العمر للمرضى المشتركين هو من ١٤ إلى ٦٠ سنة وهذه الدراسة أجريت في مستشفى الحسين التعليمي/ قسم الروماتيزم في مدينة ذي قار في الفترة من أبريل ٢٠٢٢ إلى يوليو ٢٠٢٣. الاستبيان يغطي اربعة مجالات: المجال البدني ويضم سبع فقرات والمجال النفسي ويضم ست فقرات والمجال الاجتماعي ويضم ثلاث فقرات والمجال المحيطي او البيئي ويضم ثمان فقرات ، وكل مجال يحتوي عدة اسئلة والتي تكون بشكل مجموعة وتقيس محاور محددة لجودة الحياة للمرضى.

معدل جودة الحياة العام كان $26,43 \pm 12,37$. معدل مجال الصحة الاجتماعية هو الأعلى حيث بلغ $(17,17 \pm 38,17)$ بينما معدل الصحة البيئية او المحيطية هو الأقل والذي بلغ $(12,68 \pm 19,95)$. كان للعمر و الحالة الزوجية علاقة عكسية مع كل مجالات جودة الحياة الاربعة في التحليل الاحادي . المستوى العالي من التعليم له علاقة مباشرة مع كل مجالات جودة الحياة ايضا وكذلك علاقة عكسية بين الجنس و المجال الاجتماعي والبدني والنفسي لجودة الحياة للمريض.

مرضى التهاب المفاصل الروماتزمي في هذه الدراسة سجلوا أقل جودة حياة في المجال البدني والبيئي مع جودة افضل في المجالين الاجتماعي والبيئي. إضافة الى ذلك ؛ العمر والحالة الزوجية والتعليم تُعتبر جميعها كعوامل هامة وبارزة في تأثيرها على جودة الحياة ، خاصة العمر الكبير ، مستويات التعليم الأقل والمتزوجين .

الكلمات المفتاحية : العمر، الجنس، مرض التهاب المفاصل الروماتزمي , جودة الحياة , استبيان تقنين مقياس جودة الحياة المختصر الصادر عن منظمة الصحة العالمية .