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Quality of life of patients who suffer from rheumatic arthritis

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ABSTRACT

The goal of the presented study is to compare the quality of life of patients who suffer from rheumatic arthritis to the quality of life of the rest of the population in six domains. The data collection was carried out quantitatively with the use of the standardized questionnaire: WHOQOL-100. 200 people who suffer from rheumatic arthritis were questioned. The following comparison of the subjectively perceived quality of life of such patients to the population norms of the WHOQOL-100 was carried out using the SPSS programme (Statistical Package for the Social Science). The non-parametric Wilcoxon signed-rank test was used for the analysis. The results showed that patients who suffer from rheumatic arthritis show a significantly worse quality of life than the rest of the population regarding the domains of Physical health and Level of independence. The domains of Experience, Social relationships, Environment and Spirituality showed a statistically significant difference. Nevertheless, it is not such a large difference that it exceeds the norms of the rest of the population. From the practical point of view, it is not possible to say that the quality of life of patients who suffer from rheumatic arthritis is significantly different in the mentioned domains. However, it is not possible to neglect these domains regarding the complex care of such patients. The results proved that these domains include fields that the patients who suffer from rheumatic arthritis assess negatively. For this reason, an individual approach of every patient who suffers from rheumatic arthritis is necessary as well as a detailed assessment of the problems directly connected with the illness and other factors.

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Introduction

In the past, rheumatic arthritis was an illness that was viewed as chronic and not very dangerous for people. However, this myth was overthrown by the evolution of medicine, which brought proof that the illness shortened life by 10 years on average [1]. It is a relatively frequent illness affecting up to 1% of the Czech population. Women are affected more frequently, in the approximate ratio of 3:1 [2]. According to Karges and Al Dahouk [3], people from 60 to 75 years are the most frequent patients; at the same time, they point out the fact that the development of the illness at any age is not an exception. Shoenfeld et al. [2] add that the most frequent diagnosis of the illness occurs between the age of 40 and 50. Currently, rheumatic arthritis is viewed as an incurable illness that impacts the body as well as the mental and social domains [4]. The main problems leading to the negative influence on the quality of life are pain, joint stiffness and the mobility limitations connected to it [5]. Despite the problems being mainly physical, it is not possible to view the illness on this level [6]. Most specialists agree that rheumatic arthritis is the trickiest in terms of the fact that the basic physical symptoms significantly impact other areas of human life. It is necessary to point out their connection to the human psyche. Influencing the psyche is the result of the incurable character of the illness, whose presence means a life crisis and the influence on a number of a person's needs, including self-realization [7]. Newman and Matzko [8] describe the significant influence of pain, whose presence has an impact on the emotional condition. At the same time, they describe the contrary connection as well; when the psychological condition influences pain perception retrospectively [8]. Regarding this interaction, Olejárová [9] mentions the risk of the so-called vicious circle; when on the one hand, pain negatively influences a person's emotions, and on the other, negative emotions strengthen the pain. Besides that, there is the important issue of tiredness, which patients with rheumatic arthritis suffer from for years [10], and which has a significant impact on the quality of life [11]. Fischer and Yu [12] state that to suffer from rheumatic arthritis means to suffer from numbing feelings of tiredness. McCabe et al. [13] add that patients frequently perceive the tiredness to be worse than the pain. Long-term tiredness causes a decrease in everyday functioning and it interferes with normal life [14]. Besides that, the connection with emotional condition appears again, when chronic tiredness may cause a number of negative emotions and negative emotions may cause tiredness [15]. The whole situation may be worsened if tiredness is combined with pain [12].

Sleep must not be neglected when it comes to tiredness. Not only does this fight against tiredness [12], it eases the feeling of pain and improves the psychological condition [14]. In the case of trouble in sleeping, the situation becomes more complicated. Combined with tiredness, it becomes a serious problem because it strengthens the feeling of discomfort on the whole and in turn this worsens the quality of sleep [16]. The connection between the symptoms is well described by Shlotzhauer [15], who states that pain and joint stiffness, together with negative emotions disturb the quality of sleep,

which causes greater tiredness, a more intense feeling of pain and a worse psychological condition. The most serious consequence is depression, whose characteristics are feelings of anxiety, permanent low spirits and feelings of hopelessness [17]. Such a condition may result in exhaustion and the inability to be self-sufficient [15].

The impact of the mentioned problems on the quality of life may be very significant. Social life, family and social relationships may be negatively influenced [18], as well as sexuality [19]. The negative impact of the illness on work is not surprising considering the characteristics of the mentioned problems [20], as well as the impact on leisure time or daily functioning at home [21].

The goal of the presented study is to compare the quality of life of patients who suffer from rheumatic arthritis to the rest of the population.

Materials and methods

Used methods

The presented study shows the results gained with the standardized questionnaire WHOQOL-100 (The World Health Organization Quality of Life) [22], which was given to patients who suffer from rheumatic arthritis. The selection of the questionnaire was based on the analysis of standardized instruments used for the assessment of subjectively perceived quality of life in the database of the WHO. The Czech sample was used, the approval for use was provided by its author PhDr. Eva Dragomirecká, Ph.D. The questionnaire contains one hundred questions and is divided into six domains (Physical health, Psychological, Level of independence, Social relationships, Environment and Spirituality), which are specified using the so-called facets. Each facet contains four concrete questions. The respondents mark one response about their subjectively perceived condition in the last two weeks on a five-level scale. The questionnaire also contains four questions that map the quality of life on the whole. The conclusion of the questionnaire is supplemented with the identification data, which are gender, age, the highest level of education, marital status and the contemporary health condition. The data collection was carried out in 2013.

Research sample group

The research sample group consisted of patients who suffer from rheumatic arthritis in the Czech Republic. The group contained 200 patients: 150 women (75%) and 50 men (25%), which responds to the approximate representative numbers in genders in the basic group. For this reason, the group may be considered representative. The selection of the respondents was based on a quota selection with two quotas – patients who were diagnosed with rheumatic arthritis and gender. The age and the region were random because there are no reliable statistics providing such information to refer to. For reliable data collection, the first addressed organizations were those that have a high occurrence of patients who suffer from rheumatic arthritis, specifically the Institute of Rheumatology

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