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QUALITY OF LIFE IN PATIENTS WITH ANKYLOSING SPONDYLOARTHRITIS AFTER COVID-19

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ANNOTATION

The article presents data from our own research on the study of the quality of life of patients with ankylosing spondylitis who have had COVID-19. In the study, the patients were applied quality of life questionnaires: SF-36, ASQol and HAQ. According to the results of the studies, a sharp decrease in the quality of life was revealed in patients with ankylosing spondylitis who underwent COVID-19, compared with the group without coronavirus infection.

Keywords: quality of life, COVID-19, ankylosing spondylitis.

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КАЧЕСТВО ЖИЗНИ БОЛЬНЫХ АНКИЛОЗИРУЮЩИМ СПОНДИЛОАРТРИТОМ, ПЕРЕНЕСШИХ COVID-19

АННОТАЦИЯ

В статье представлены данные собственных исследований посвященных изучению качество жизни больных анкилозирующим спондилоартритом пренесших COVID-19. При исследовании больным были применены опросники качество жизни: SF-36, ASQol и HAQ. По результатам исследований было выявлено резкое снижение качество жизни у больных с анкилозирующим спондилоартритом, перенесших COVID-19, по сравнению с группой не болевшей каронавирусной инфекцией.

Ключевые слова: качество жизни, COVID-19, анкилозирующий спондилоартрит.

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COVID-19 ЎТКАЗГАН АНКИЛОЗЛОВЧИ СПОНДИЛОАРТРИТГА ЧАЛИНГАН БЕМОРЛАРНИНГ ҲАЁТ СИФАТИ

АННОТАЦИЯ

Мақолада анкилозловчи спондилоартритли COVID-19 ўтказган беморларнинг ҳаёт сифатини ўрганиш бўйича ўз тадқиқотимиз маълумотлари келтирилган. Тадқиқотда беморларни ҳаёт сифатини баҳоловчи сўровномалар қўлланилди: SF-36, ASQoI ва HAQ. Тадқиқот натижасига кўра, COVID-19 ўтказган анкилозловчи спондилоартритли беморларда каронавирус инфекцияси билан қасалланмаган гуруҳга нисбатан ҳаёт сифати кескин пасайганлиги аниқланди.

Калит сўзлар: ҳаёт сифати, COVID-19, анкилозловчи спондилоартрит.

Ankylosing spondylitis (AS) is a chronic autoimmune inflammatory rheumatic disease that mainly affects the axial skeleton, including the spine and sacroiliac joints, and is characterized by inflammatory back pain and peripheral joint involvement [1, 2, 4, 15].

As the disease progresses, limitation of movement and pain in the spine, morning stiffness joint, which affect not only the physical condition, but also the psychological health of patients, causing a pronounced decrease in the quality of life of patients with AS [2, 6, 9].

COVID-19, which gave rise to a pandemic in 2020, was characterized not only by damage to the lungs, but also by the involvement of other organs and systems of the body, including the musculoskeletal system, in the pathological process [3, 5, 8, 11]. The study of the effect of the long-term consequences of COVID-19, as well as its impact on the quality of life in such comorbid conditions as AS, is of particular interest.

The aim of the study: to study the quality of life (QoL) according to the Health Assessment Questionnaire (HAQ), Medical Outcomes study 36 - item short form health status survey (SF-36), Ankylosing spondylitis quality of life (ASQoI) in patients with AS who underwent COVID-19.

Materials and methods of research: In the period from 2020-2022, 98 patients with a diagnosis of (AS) were examined in the City Clinical Hospital # 3 of Tashkent city and the Multidisciplinary Clinic of the Tashkent Medical Academy. The control group was 30 healthy volunteers of the corresponding average age. The diagnosis of AS was made according to the modified New York criteria for the diagnosis of AS. The patients were divided into two groups: group I - 47 patients with AS who underwent COVID-19 and group II - 51 patients with AS who did not have a history of COVID-19 infection. The mean age of patients in group I was 37.5 ± 3.4 years and in group II 38.8 ± 6.1 years. Disease activity was studied using the BASDAI and ASDAS scales, pain syndrome was assessed using the visual analogue scale (VAS). All patients underwent in-depth clinical and laboratory studies, as well as testing using quality of life questionnaires - HAQ, SF-36, ASQoI. All patients underwent PCR, as well as ICLA tests for the presence of antibodies to COVID-19.

Statistical processing of the research results was carried out using Microsoft Office, Excel 2013, "Statistics" applications on a personal computer.

Research results: Clinical studies have shown that the majority of patients with AS experienced COVID-19 asymptotically or with few symptoms, with a mild or moderate form of the disease. In most cases, the presence of an elevated titer of IgG antibodies to COVID-19 was an incidental finding for patients, while not one patient received vaccination against coronavirus infection due to a relative contraindication for AS. Studies of both groups showed the presence of both axial and peripheral forms of joint damage.

The main complaints of patients in both groups were such as morning stiffness, which was observed in 82% of patients in both groups; nocturnal and daytime back pain was noted by 95% of patients of group I and 76% of patients of group II; joint swelling was noted in 72% of group I, in 59% of group II.

The study of pain intensity according to VAS was 8.9 ± 2.2 in group I and 6.6 ± 1.4 in group II ($p < 0.05$). The study of AS activity using the BASDAI scale showed a high level of 5.01 ± 0.9 points in group I in group II ($p < 0.05$). And the study of activity on the ASDAS scale showed a high level of

activity of 4.09 ± 1.2 points in group I and an average of 2.7 ± 1.2 points ($p < 0.02$) in group II, which indicates a very high activity of the pathological process in group I and high activity in group II.

Our survey of patients according to the functional state questionnaire - HAQ showed that in group I, the severity of pain syndrome significantly affected the quality of life of AS patients in the study groups, which was the reason for their treatment for inpatient treatment in the hospital. According to the HAQ questionnaire, self-care of patients also suffered and the ability to move independently along the street was reduced. When questioned using the HAQ questionnaire, the average score in the first group was 42.5 ± 4.5 points and in the second group 24.7 ± 3.1 points (Fig. 1).

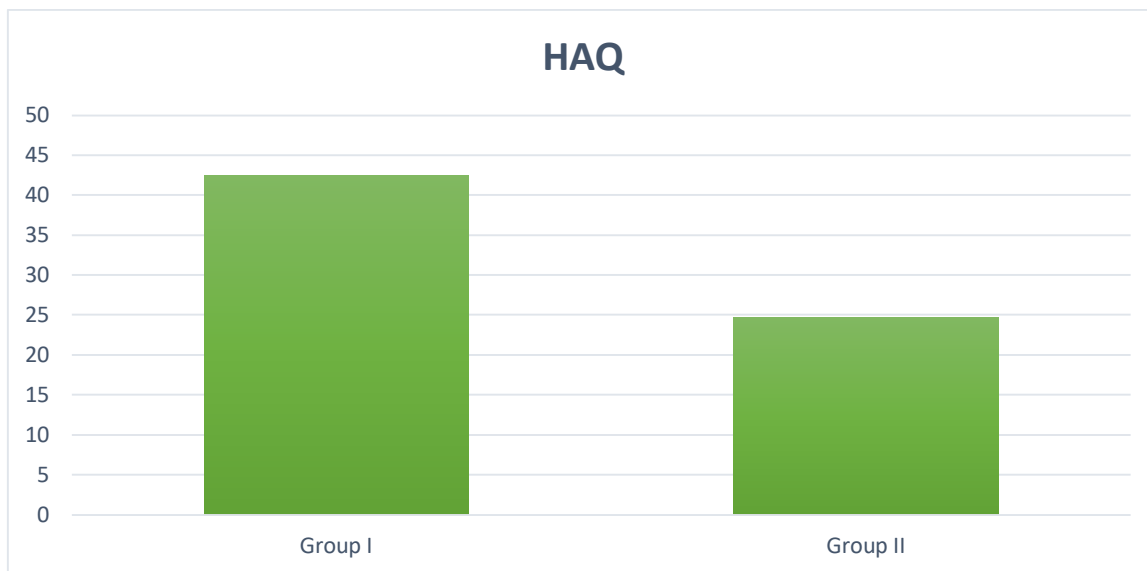


Fig.1. HAQ health index in study groups. Note. $p < 0.001$ between groups I and II

The study of patients according to the HAQ questionnaire showed a pronounced limitation of functional ability, which proceeded in the form of motor function disorders mainly in group I.

When studying the results of a survey of patients using the SF-36 QoL assessment questionnaire, pronounced violations of the physical component of health were identified. In patients of the first group, physical functions (PF) (25.3 ± 2.4), physical activity (PA) (21.5 ± 1.8) were significantly reduced, a high intensity of pain syndrome (BP) (23.6 ± 0.9), and the general state of health (GH) also suffered significantly (25.3 ± 1.3). In patients of the second group, physical dysfunctions were also detected, but their severity was not as pronounced as compared with the main group (Table 1.).

Table 1.

Assesment of the quality of patients life according to the questionnaire SF-36 in the research groups

	Indicator	Group I	Group II
Physical component of health	Physical functions (PF)	25,3±2,4	41,7±1,71*
	The role of physical activity (RP)	21,5±1,8	32,1±2,8*
	Pain intensity (BP)	23,6±0.9	34,4±2,7**
	General health (GH)	25,3±1,3	45,1±1,9*
Psychological	Vitality (VT)	17,8±0,8	35,0±1,5**
	Social activity(SF)	20,5±1,5	37,2±1,7*

The role of emotional activity (RE)	23,8±2,9	43,2±2,3*
Mental health(MH)	44,7±3,01	45,6±1,4

*p<0.001 – between groups I and II; **p<0.05 between groups I and II;

When considering the psychological aspect of health, there was a decrease in vital (VT) activity (17.8±0.8), social (SF) functions (20.5±1.5), emotional (RE) activity (23.8±2.9). Mental (MH) health (44.7 ± 3.01) in patients of the first group compared to the second group practically did not differ and was relatively satisfactory (Fig. 2).

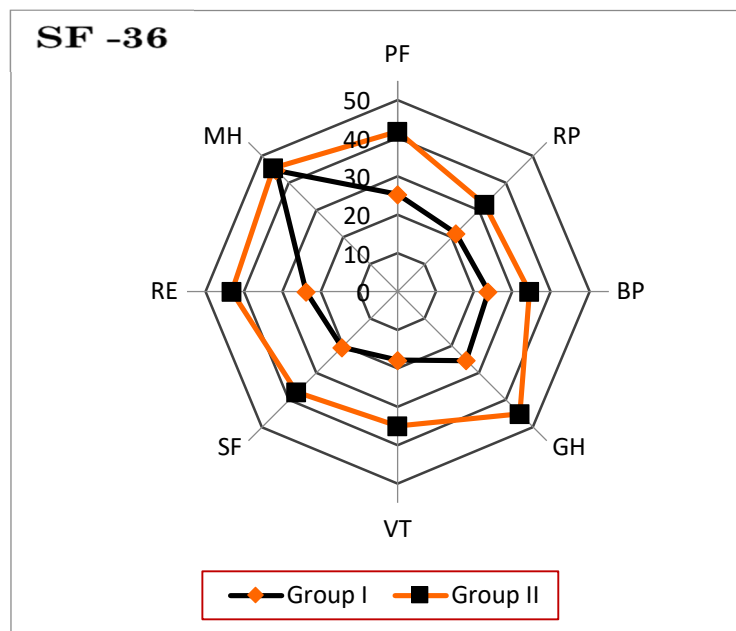


Fig.2. Comparative results of the survey on the SF-36 questionnaire.

Studies using the SF-36 questionnaire showed a pronounced decrease in the physical and psychological components of the quality of life in patients with AS who underwent COVID-19.

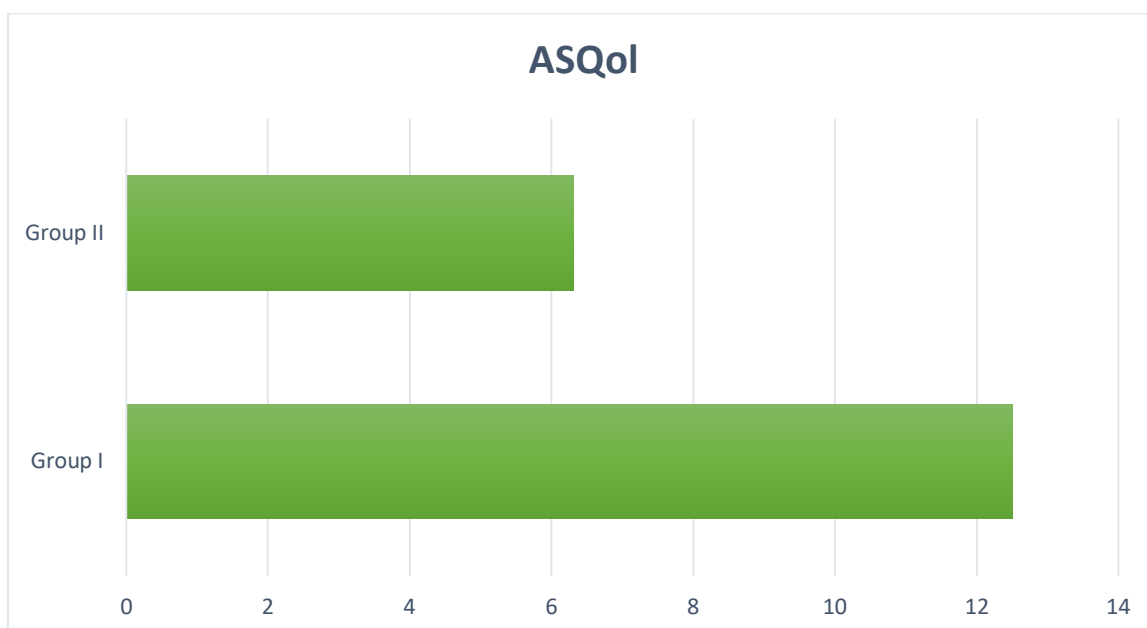


Fig. 3. QoL of patients with AS according to the ASQoL questionnaire.

When questioned using the ASQoL questionnaire, patients with AS in both groups showed the following results: in group I there was a pronounced decrease in QOL (12.5 ± 3.2) compared with group II (6.3 ± 0.8) (Fig. 3).

When analyzing the ASQoL questionnaire in patients with AS who had undergone COVID, in 100% of cases there were difficulties in the introduction of housekeeping, fatigue, difficulties in attending any events with family or friends. Less than 20% of patients noted the presence of helplessness and a desire to cry.

According to the HAQ, SF-36 and ASQoL questionnaires, pronounced changes in the QoL of patients, a decrease in the ability to self-care and professional activity in patients with AS who underwent COVID-19 were revealed.

Discussion:

In the last decade, special attention has been paid to the issue of studying the quality of life of patients, especially those suffering from chronic rheumatic diseases, which are accompanied by pain, functional disorders, psychological problems and social restrictions [10, 12, 14]. QOL is an important indicator that reflects the degree of adaptation of a person to a disease and the ability to perform his usual functions, corresponding to his social-economic status [16]. The results reported by patients play an important role in assessing the state of health in clinical practice and provide valuable information in addition to the activity of the disease, the effectiveness of the basic therapy used, and the impact of the disease on the psycho-functional state of the patient [13].

Quality of life in ankylosing spondylitis (ASQoL) is the most commonly used disease-specific QoL tool to assess the impact of AS and its treatment on QoL in clinical settings and research. ASQoL is a validated disease-specific quality of life measure that provides important information about activity and participation limitations that are not covered by other AS specific outcome measures [6,7]. The HAQ and SF-36 questionnaires also showed their high informativeness about the psychological and functional state of AS patients [13,15,16].

The results of our study showed a significant deterioration in QOL in patients with AS who underwent COVID-19 according to three questionnaires HAQ, SF-36 and ASQoL.

In the comparison group, a decrease in QOL was also found, but in comparison it was not so pronounced. If we compare the clinical and functional characteristics of patients with AS who underwent COVID-19, we found a more pronounced limitation of functional activity, a higher activity of the disease on several scales at once, a pronounced intensity of the pain syndrome, which was reflected in a decrease in the quality of life of patients.

Conclusions:

1. The study of the quality of life of patients according to the HAQ questionnaire showed a pronounced limitation of functional activity and a pronounced impairment of motor functions in patients with AS who had COVID-19 compared to the group who had not had coronavirus infection ($p < 0.05$).

2. In the study of the quality of life according to the SF-36 questionnaire, a pronounced decrease in physical activity, a pronounced pain syndrome and a significant violation of the psychological state of patients in the main group with AS were revealed compared to the group who did not undergo COVID-19 ($p < 0.05$). The result of the study on the ASQoL questionnaire also showed a decrease in the quality of life, with a predominance of difficulties in housekeeping.

3. The condition after suffering COVID-19 in patients with AS contributed to an increase in the activity of the underlying disease, which in turn led to a pronounced decrease in the quality of life.

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