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FEATURES OF QUALITY OF LIFE IN RHEUMATOID ARTHRITIS IN A HOSPITAL CONDITION

N. H. Khudayberganova,
M. M.Azimova,
B. M. Solixov,
B. I. Abdakimova
Tashkent Medical Academy

Abstract
Rheumatoid arthritis (RA) is one of the chronic inflammatory diseases of the joints, leading to early impairment of the functional ability of patients, temporary and then permanent disability. Destruction of joints as an outcome of slowly or rapidly progressing symmetrical erosive arthritis, involvement of other organs and systems in the process, undesirable side effects of therapy, rare development of long-term remissions, lead to significant psychological disorders and social restrictions, which significantly worsens the quality of life (QoL) of patients.

Keywords: rheumatoid arthritis, quality of life.

Introduction

Quality of life, being an integral characteristic of various spheres of human functioning, in the medical understanding of this term is always associated with health [11] and is based on the subjective perception of the patient. Currently, it is one of the key concepts of modern medicine, allowing analysis of the components of human life in accordance with the criteria of the World Health Organization.

The need for a comprehensive assessment of the impact of the disease on the most important human functions is obvious, and the possibility of their quantitative measurement until recently seemed unlikely, since no reliable tools for assessing the subjective parameters of QoL had been developed. The process of creating tools for assessing QOL was complex and lengthy: from development to scientific justification and examination by the International Society for Quality of Life Research (ISOQOL).

QOL assessment tools, developed by experts from leading clinical centers in accordance with the principles of evidence-based medicine and the requirements of Good Clinical Practice (GCP), have created the possibility of quantitative assessment of the main areas of human life.

The use of generally accepted international research tools (general and specific questionnaires) along with other generally accepted clinical, laboratory and instrumental research methods has made it possible to expand the doctor's understanding of the patient's condition as a whole. General questionnaires, assessing a wide range of health perception functions, can be used to compare patients suffering from different diseases, as well as to study QoL in a population, while specific instruments are more focused on problems associated with specific diseases. Due to the fact that the original questionnaires were created in English, questions of cultural and linguistic

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adaptation and testing of their psychometric properties (assessment of reliability, validity and sensitivity) always arise before researchers.

The concept of QOL research in medicine is based on unified methodological approaches, including three basic principles: multidimensionality of assessment, variability of QOL parameters over time, and the patient's participation in assessing his condition [6].

The principle of multidimensional assessment includes information about the physical, psychological, emotional and social spheres of a person's life and allows one to determine the impact of the disease on the general health of the patient.

Two centuries ago, the clinician M.Ya.Mudrov wrote: "I intend to tell you a new truth, which many will not believe, and which, perhaps, not all of you will comprehend. Medicine is not about treating illness. Healing consists of treating the sick person himself." This approach was warmly supported by S.P. Botkin [3] and remains relevant today in the treatment of patients with RA. Being a systemic disease, RA has a diverse range of disorders in all spheres of the body's vital activity, primarily physical or functional, which determines the patient's individual level of quality of life. Quantitative determination of the functional state of RA patients is a rather complex task. Since in the existing domestic classification [5,7], the determination of the degree of functional joint insufficiency (FJ) is made dependent on the patient's labor capabilities, the solution to this problem becomes practically impossible due to the violation of cause-and-effect relationships, because it is the correctly assessed functional state that should determine level of ability to work, and not vice versa. In the international classification of RA [8,9], the functional class (FC) is determined by the patient's attitude to performing not only professional, but also non-professional duties. However, in this case, the assessment of the patient's functional activity is schematic and not expressed quantitatively, which makes it very difficult to assess changes in the functional status of patients over time, especially in short-term studies. In 2005 foreign researchers have proposed a quantitative index for assessing the functional activity of patients PA Patient Activity Scale (PAS), based on indicators of quality of life (HAQ), assessment of pain and general health status by the patient, which allows to quantitatively assess the functional activity of the patient, however, its use has not been described and its psychometric properties have not been studied.

The second principle of QOL research is based on the variability of QOL indicators over time, which allows monitoring the patient's condition and, if necessary, adjusting therapy.

For patients with RA, one of the most important indicators that changes over time is the inflammatory activity of the disease. The criteria developed by the European League Against Rheumatism (EULAR) [10] for determining the activity of RA and assessing the effectiveness of therapy create the possibility of a differentiated approach to assessing the patient's health status, however, they are based exclusively on clinical and laboratory data and do not take into account the patient's quality of life. In the criteria of the American College of Rheumatology (ACR) [1], only one of the five additional points when assessing the effectiveness of therapy includes the determination of the functional index HAQ.

Since RA is a chronic disease that requires constant treatment, determining the effectiveness of therapy is especially important for a rheumatologist. At the same time, one of the main goals of therapy should be to achieve QoL in RA patients comparable to the population level. In this regard, the question arises of creating a reference base of standardized population "norms" of QoL depending on the gender and age of respondents, which could be easily interpreted.

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Despite the fact that criteria for the effectiveness of therapy in terms of quality of life indicators have not yet been developed, empirical correction of therapy for patients with RA by a doctor in real clinical practice in most cases is carried out taking these indicators into account. It is aimed at reducing inflammatory activity and pain, improving the patient's functional state and reducing psychological problems associated with the disease. Scientific studies of this aspect of the problem are rare and are mainly devoted to the dynamic assessment of the HAQ index during clinical trials of drugs. In 2003 Russac S.M. et al. have proposed grades for assessing the effectiveness of therapy for scales ranging from 0 to 100 [2], however, they are currently under discussion and are not yet generally accepted. In domestic rheumatology, such studies have not been carried out, and minimally significant changes in QOL indicators have not been developed to assess the effectiveness of therapy for RA.

The third principle of QOL research is based on the patient's participation in assessing his condition. This component of QoL is especially important, since data on QoL assessed by the patient, along with the traditional medical report made by the doctor, will allow a more complete and objective picture of the patient's illness and health status to be formed.

Thus, the concept and methodology of QoL research, developed over the past two decades [4], have created opportunities for studying various aspects of a patient's life and raised new questions and challenges for the development of further approaches to the comprehensive assessment of QoL in RA patients, validation and new research tools and their use in assessing the effectiveness of therapy.

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