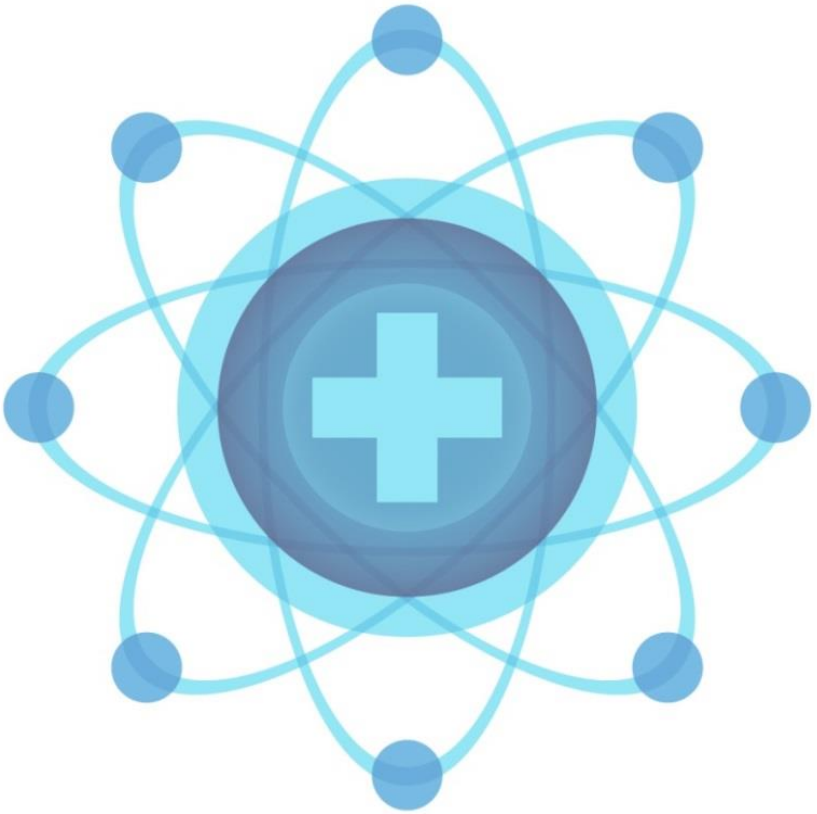

INTERNATIONAL MEDICAL SCIENTIFIC JOURNAL

ART OF MEDICINE

Art of Medicine International Medical Scientific journal

Founder and Publisher **Pascual Izquierdo-Egea**
Published science may 2021 year. Issued Quarterly.
Internet address: http://artofmedicineimsj.us
E-mail: info@artofmedicineimsj.us
11931 Barlow Pl Philadelphia, PA 19116, USA +1 (929) 266-0862

View of the quality of the life in ankylosing Spondiloarthritis

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Abstract: Ankylosing spondylitis (AS) is a chronic systemic inflammation of the joints, mainly of the spine, with limitation of its mobility due to ankylosis of the apophysal (synovial intervertebral) joints, the formation of syndesmophytes (bridges between the vertebrae) and calcification of the spinal ligaments. The study of the quality of life of patients with AS is especially relevant, since the main features of rheumatic diseases are a chronic progressive course leading to dysfunction of the musculoskeletal system and disability. All these factors give them the character of social diseases, which reduce the biological, physiological and psychological activity of members of society.

Keywords: spondyloarthritis; ankylosing spondylitis; the quality of life.

The quality of life is the most important social category that characterizes the structure of human needs and the possibility of meeting them [1]. With regard to medicine, the quality of life is an integral characteristic of the physical, psychological, social and emotional state of a patient, assessed based on his subjective perception. According to the WHO definition, the quality of life is the perception by individuals of their position in life in the context of the culture and the system of values in which they live, in accordance with goals, expectations, norms and concerns [2]. The quality of life is determined by the physical, social and emotional factors of a person's life that are important to him and affect him.

The quality of life is the degree of a person's comfort both within himself and within his society. The quality of life of patients with AS is primarily due to the degree of functional impairment, which is associated with the nature and level of spinal lesions [3].

AS is characterized by late diagnosis, which, according to literature data, is 5-10 years late, which leads to early disability. According to a number of authors, from

10.5281/zenodo.5843266
34 to 81% of patients are partially or completely disabled [4]. Components of quality of life Health-related quality of life is based on 3 main components: physical sphere: rest and sleep; feeling of physical pain and discomfort; vitality, energy and fatigue; the ability to carry out daily activities; ability to work - study, work, etc .; mobility; dependence on drugs in treatment.

Social sphere: personal relationships; practical social support; sexual activity, financial resources; medical and social assistance; opportunities to acquire new information and skills; opportunities for good rest and entertainment; climate; transport.

Psychological sphere: positive and negative emotions; thinking, learning, memory and concentration; self-esteem; appearance, religious beliefs [5]. The physical sphere in AS is characterized by pronounced medical and socio-economic consequences. The onset of the disease at a young age, its steady progression with ankylosis of the spine and large joints, loss of the ability to carry out important activities for the patient and loss of professional independence, significant difficulties in performing simple everyday motor skills - all these are severe consequences of the disease [6].

Pain is the main symptom of this disease along with deformity joints and impaired mobility. It is the severity of pain the syndrome has a significant impact on the quality of life of patients with joint pathology, and can cause various emotional disorders, sleep disorders and pain behavior. Majority AS patients, first of all, expect from treatment a decrease in pain syndrome in comparison with other manifestations of the disease. Vital activity changes also occur in patients with AS. They become less active due to the present pain and stiffness in the joints, they quickly get tired when doing everyday activities. Therefore, after the detection of this disease, patients have to significantly change their usual way of life. Sometimes you even have to change the place of work, profession [7].

As the disease progresses, the affected joints become all less mobile up to complete ankylosis, which is also essential changes the patient's lifestyle and

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significantly affects his emotional and the physical state. AS is quite common all over the world. It is characterized by chronic inflammation, which, without appropriate treatment, leads a person to disability, a significant reduction in life expectancy and a significant deterioration in its quality. AS is among the most expensive in the treatment of diseases. In the absence of timely diagnosis and active therapy, the patient becomes disabled within the first 5 years from the onset of the disease. This disease is of high social importance [8].

AS can affect up to half a million Russians. And given that it is mainly young active people who suffer from it, that is, the future of the country, the problem is acquiring a more general, socio-economic character. As the disease progresses, the appearance of a person with AS begins to change: the patient's spine becomes either even, devoid of physiological bends, or resembles a question mark due to increased cervical lordosis and thoracic kyphosis. Because of this, isolation and self-doubt may appear, which in the future can lead to impaired socialization and the development of healthy interpersonal relationships [9]. Uncertainty leads to a deterioration in the quality of life of patients with AS and significant psychosocial problems etiopathogenesis of the disease, frequent inconsistency of clinical manifestations diseases of the severity of AS, the need for constant intake of drugs, insufficient therapeutic efficacy of the drugs used [10]. In this case, the patient's personality changes both as a result of the direct effect of the disease and as a result of the patient's psychological experience of his condition, which is reflected in a decrease in self-esteem and self-confidence, dissatisfaction with his lifestyle, the development of anxiety, hostility, anger and depression. It is the personal aspect of the reaction to the disease that underlies the formation of a specific internal picture of the disease, which can significantly transform the clinical picture of the disease and have a significant negative impact on the effectiveness of therapeutic measures [11].

These problems are central to the phenomenon of the so-called "internal picture of the disease." A long-term disease can lead to various restructuring of the internal

picture of the disease associated with the characteristics of the course of the disease and with complex processes of adaptation and maladjustment [12].

Inadequate internal picture of the disease is mediated negatively affects the course and outcome of the disease, promotes destructive changes in the patient's personality, the development of internal conflicts of various plan, severe neurotic disorders, maladaptive types of reactions to illness that aggravate the picture of organic suffering, its course and duration, and, as a rule, worsen the behavior of patients in relation to ongoing therapy [13].

Thus, AS has a significant effect on all spheres of the patient's life, leads to a significant decrease in the patient's quality of life, limiting not only the functional, but also the psychological component, contributes to the formation of social maladjustment [14].

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