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Health related quality of life and its influencing factors in patients with Systemic Lupus Erythematosus attending the Rheumatology clinic at National Hospital of Sri Lanka

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Introduction

Over the years, despite a marked improvement in treatment and survival of patients with SLE, the quality of life remains lower than that of the general population.

Objective

The aim of this study is to assess the health-related quality of life and its influencing factors in patients with SLE attending the Rheumatology clinic at the National Hospital of Sri Lanka.

Methods

A cross sectional observational study was conducted and patients who had been diagnosed with SLE according to 2012 EULAR/ACR criteria with a disease duration of more than six months were recruited. The study instrument consisted of a self-administered SF 36 questionnaire and an interviewer administered questionnaire consisting of three parts; SLEDAI 2k 30-day score, SLICC damage index and sociodemographic and disease characteristics. Descriptive statistics, Pearson Correlation Coefficient and independent sample T Test were used for data analysis (significance set at $p < 0.05$ at 95% confidence interval)

Results

A total of 60 participants were recruited which had a female predominance (98.3%) and a mean age of 36.15 (SD +/- 12.96) with the mean disease duration being 6 years (SD +/- 5.67). Majority had low disease activity (76.67%) with mean SLEDAI score of the sample being 5.08(SD +/- 8.39) and mean SLICC damage index was 1.4. Almost all (98.33%) were on a combination of DMARDs, while 38.3% were on steroids with a mean steroid dose of 8.15mg. (+/-5.01).

Out of the eight domains of SF36 health related quality of life (range 0- 100; higher scores indicate better function), the lowest value was in the general health domain (mean 45.36), while the highest score was in social well-being domain (mean 74.01). The mean value of the physical health

component (56.59) was lower than the mental health component (65.69). Overall mean SF 36 quality of life score was 61.14. (SD +/- 25.34)

A weak correlation was observed between cumulative quality of life and SLEDAI score ($r = -0.46$). Furthermore, patients with mild disease activity had a significantly lower cumulative mean quality of life in comparison to patients with moderate to severe disease activity ($n = 46$ mean 68.17, $n = 14$, mean 38.01, $p = 0.00003$). Cumulative SF36 quality of life had a weak correlation with age ($r = -0.45$) and ESR ($r = -0.39$) as well.

Conclusions

The disease has a negative impact on the quality of life of patients with SLE and having high disease activity causes a significant reduction in quality of life while increasing age and ESR has an inverse relationship with it. Thus, actively assessing the quality of life in SLE patients, specially those who have the above risk factors and managing accordingly will help to improve the overall patient outcome.