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Original article

Quality of Life and Related Factors in Patients with Ankylosing Spondylitis in Kazakhstan Population

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Abstract

Ankylosing spondylitis is a chronic autoimmune disease that primarily affects men in the 20s and 40s, and can lead to significant mobility impairments and disability. Ankylosing spondylitis has a significant physical, social, psychological and economic impact on patients, making the quality of life one of the primary factors in disease managing.

The study aim is to investigate the relationship between various medical history factors and the quality of life among patients with AS in Kazakhstan.

Methods. We conducted a one-time cross-sectional observational study of 70 patients diagnosed with ankylosing spondylitis at the Astana City Multidisciplinary Hospital No. 2.

Results. The study revealed several key factors that affect the quality of life for patients. There was a correlation found between the age of disease onset and the diagnosis delay (p=0.344, p=0.009). Patients who were diagnosed later had a lower quality of life, especially women. There was also a correlation between the diagnosis delay and a specific quality of life measure in the SF-36 questionnaire (p=-0.641 p=0.013). This correlation was particularly strong for patients receiving biological therapy. Specifically, delayed diagnosis was associated with lower scores on pain (p=-0.543, p=0.013), fatigue (p=-0.528, p=0.010), and physical functioning (p=-0.508, p=0.007). Additionally, the analysis showed that the age at which a patient was diagnosed significantly affected their quality of life in men and those with a positive HLA B27 (p=-0.263, p=0.048).

Conclusions: The main factors that influence the quality of life for patients with ankylosing spondylitis in the Kazakh population include delay in diagnosis and age of onset. These factors are correlated with clinical activity of the disease, and early onset and delayed diagnosis significantly impair quality of life. Therefore, timely diagnosis and prompt initiation of treatment are crucial for enhancing the quality of life among patients with ankylosing spondylitis.

Keywords: ankylosing spondylitis, quality of life, diagnosis delay, Kazakhstan population.

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Introduction

Ankylosing spondylitis (AS) is a chronic autoimmune disorder that primarily affects the axial skeleton and ilio-sacral joints. The disease primarily affects men aged between 20 and 40 years and is accompanied by persistent pain and in the long term leads to significant mobility restrictions for patients [1-3].

Given that AS affects young adults of working age, these limitations can result in reduced productivity, disability and a forced career change or loss of employment. This creates significant psychological, social and financial burdens for both patients and their families, as well as a financial impact on society, not just in the medical field but also on the economy [4-6].

The primary goal of AS treatment is to maximize the quality of life for patients by implementing basic therapies to control autoimmune inflammation. Thus, assessing the quality of life of AS patients is an important diagnostic tool in managing their care [5, 6].

According to research in the field of patient quality of life with AS, measuring quality of life related to health provides an objective reflection of the actual impact of the disease on an individual and the extent of their suffering [7-10].

By identifying which aspects of quality of life are primarily affected by the disease, scientists and clinicians can better understand problems associated with the condition that may go unnoticed in scientific research or clinical settings. In this regard, numerous studies have examined the relationship between quality of life and disease activity or functional status. These investigations have revealed that high levels of disease activity as measured by the BASDAI and ASDAS scores, as well as decreased functional mobility of the spine assessed by the BASFI scale, significantly correlate with lower levels of patient quality of life [7,11,12].

However, relatively fewer studies have investigated the relationship between quality of life and other variables, such as the duration of the illness, gender and educational level [7,8,13-15].

In light of this, the aim of our research was to explore the association between various aspects of anamnesis and quality of life among patients with ankylosing spondylitis from the Kazakh population.

Materials and methods

The type of study: we conducted an observational, analytical, single-stage, cross-sectional study at the medical-diagnostic center of the City Multidisciplinary Hospital No. 2 in Astana, in compliance with the Helsinki Declaration's principles and the approval of the Local Ethics Committee of Astana Medical University Protocol No. 1, dated January 26, 2023.

Method of selecting participants: between February 1 and December 1, 2023, all patients with a confirmed diagnosis of ankylosing spondylitis registered at the City Hospital No. 2 were examined. From this sample 132 patients were included in the study and 62 were excluded based on the following exclusion criteria:

- age less than 18 or over 62;
- severe concomitant physical and/or mental illnesses;
- pregnancy or lactation;
- the patient's involvement in another study.

To the remaining sample of 70 individuals, we proposed to sign an informed consent form to participate in the study following an explanatory discussion about the objectives and design of the research.

Methodology. All participants in the study who were included in the observation were examined by a rheumatologist. During this examination, complaints were recorded, anamnesis was collected, and risk factors for the development of the disease and possible triggers were identified.

When collecting a life history, attention was paid to data on the hereditary burden of ankylosing spondylitis as well as other conditions such as psoriasis and inflammatory bowel disease. Additionally, information on infectious diseases, spinal injuries, including falls from heights onto the back (from horses, stepladders, or while skiing), and surgical interventions was recorded. Data on bad habits, such as physical labor in low temperatures for more than one year, and occupational hazards were also taken into account.. When collecting anamnesis for the disease, information on the onset of symptoms was taken into consideration, including the type of joint inflammation at the beginning of the condition, the patient's age at the time of symptom onset, the duration of illness, any possible endogenous or exogenous triggers, and the time from onset to diagnosis of ankylosing spondylitis.

The collection of clinical data was based on the results of a physical examination of patients by a rheumatologist. During the examination, the patient's level of consciousness was assessed, as well as the condition of their skin, visible mucous membranes, peripheral lymph nodes, muscle tissue, and anthropometric data were collected. Body mass index (BMI) was calculated using the Adolphe Quetelet formula, blood pressure (BP) and heart rate (HR) were measured, and body temperature was recorded. Examination of organs and systems involved palpation, percussion, and auscultation, while examination of the musculoskeletal system followed generally accepted protocols.. Functional disorders of the spine and joints were evaluated using the BASFI (Bath Ankylosing Spondylitis Function Index) and BASMI (Bath Ankylosing Spondylitis Metrological Index) indices. Data on extra-articular manifestations and complications of the disease were recorded, along with an assessment of disease activity using the BASDAI (Bath Ankylosing Spondylitis Disease Activity Index) and ASDAS (Ankylosing Spondylitis Disease Activity Score). All patients completed quality-of-life questionnaires, including the general SF-36 and specialized ASAS-HI (Health Index of the Assessment of Spondyloarthritis International Society). Genetic testing for the presence of HLA-B27 was also performed on all patients.

Methods of data presentation and analysis. Statistical analysis of measurements was performed in accordance with generally accepted standards using the IBM SPSS Statistics 21 software (IBM, USA).

The distribution of quantitative characteristics was not Gaussian, which is why these variables were represented by the median (Me) and 25th and 75th quantiles. To assess the significance of differences in mean values, a nonparametric Mann-Whitney test was used. Correlation analysis was performed using the Spearman rank correlation coefficient.

The strength of correlation coefficients was assessed using the Cheddok scale, where coefficients from 0 to 0.3 were interpreted as a very weak relationship, from 0.3 to 0.5 as weak, from 0.5 to 0.7 as medium, from 0.7 to 0.9 as high, and from 0.9 to 1 as very high.

Results

During the study, we examined the relationship between quality of life and various factors. Gender was selected as the first variable for analysis in our sample. Therefore, the first group for comparison consisted of 56 male participants, and the second group comprised 14 female participants with ankylosing spondylitis.

According to the analysis, no significant differences were observed in quality of life indicators across both questionnaires based on gender. A comparison of SF-36 and ASAHI questionnaire scores, according to gender, is depicted in Figure 1.

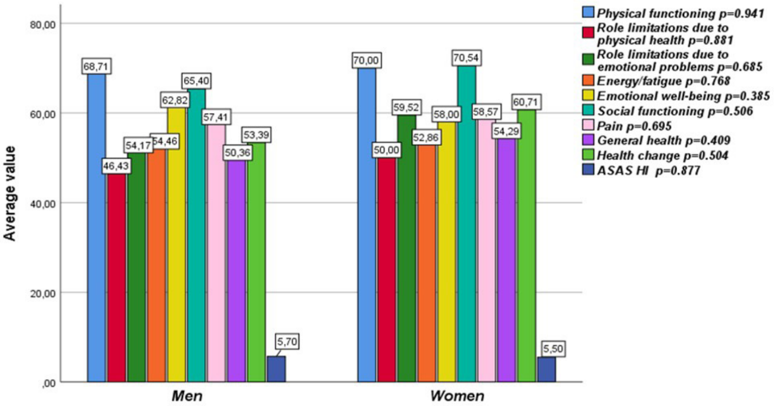

Figure 1 - A comparison of the indicators from the SF-36 and ASAS HI questionnaires based on gender

However, the correlation analysis conducted showed a significant impact of the factor of the age at which the disease began on a reduction in quality of life, according to the ASAS HI questionnaire, in the group of male patients, compared with the group of female patients (ρ=0,344, p=0,009). In the female group, a statistically significant impact of diagnosis delay as a factor was revealed. This factor was found to significantly increase pain as an indicator of quality of life on the SF-36 questionnaire (ρ=-0,641, p=0,013).

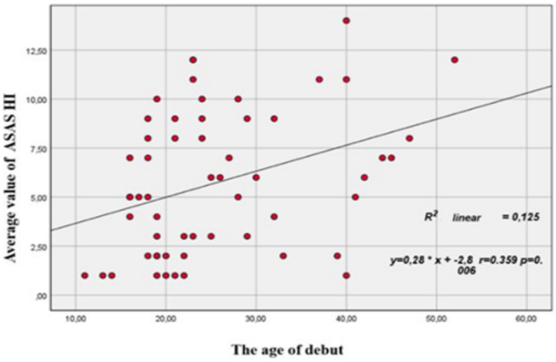

Figure 2 - Correlation between age of disease debut and ASAS HI in men

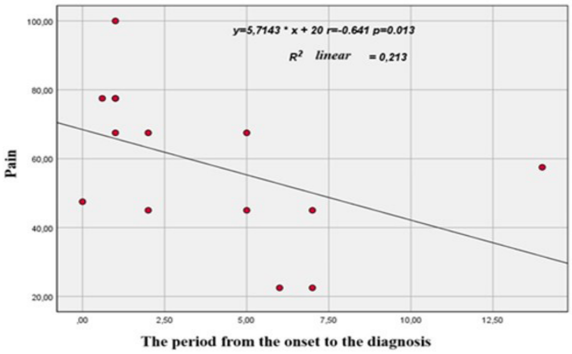

Figure 3 - Correlation between the period from debut to diagnosis and the pain index in women

When investigating the relationship between quality of life and the presence of the HLA B27 gene, no significant differences were observed. A comparative analysis of indicators from the SF-36 questionnaire, based on the presence or absence of the HLA B27 allele, is presented in Figure 4.

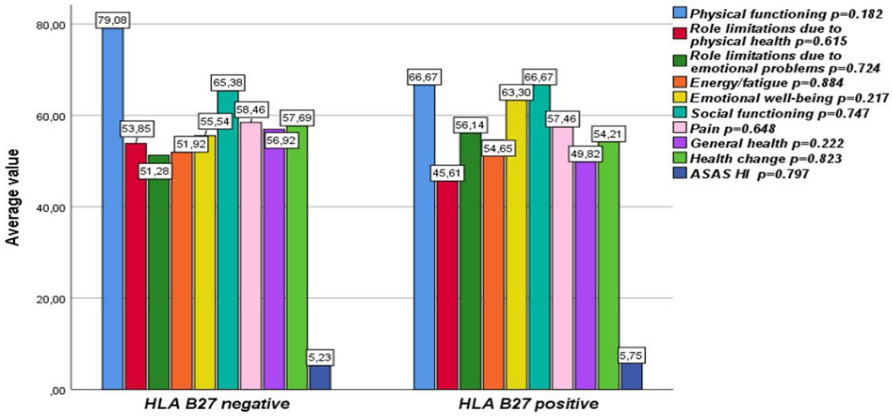

Figure 4 - A comparison of the indicators from the SF-36 and ASAS HI questionnaires based on HLA B27

Nevertheless, it was noted that among patients with a positive HLA B27 genotype, the age at onset plays a significant role and correlates with pain levels as measured by the SF-36 (ρ=-0,263, p=0,048) and quality of life assessed by the ASAS-HI questionnaire (ρ=0,359, p=0,006). This correlation is likely due to the predominance of males (82.5%) in the group with the HLA B27 genetic marker. No correlations were observed among patients without the HLA B27 allele.

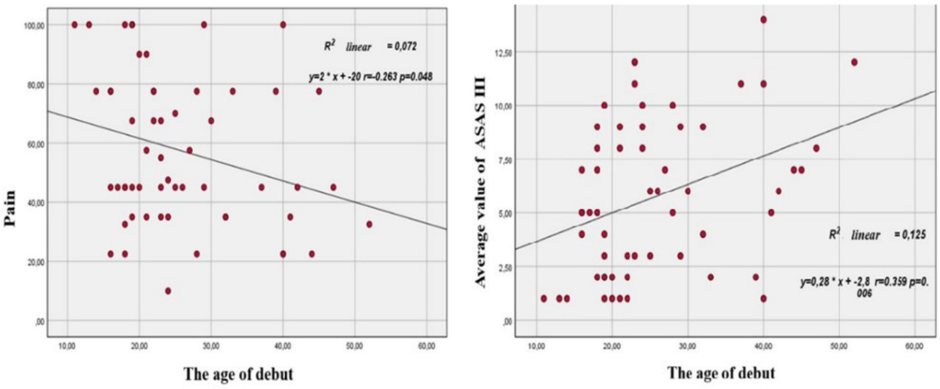

Figure 5 - Correlation among HLA B27 positive patients

Additionally, the drug treatment received at the time of the patient's evaluation was selected as a factor in the analysis of the sample studied. Therefore, the first comparison group comprised 47 patients receiving conventional disease-modifying antirheumatic drugs (cDMARDs) and the second comparison group included 23 patients undergoing biological disease-modifying antirheumatic drugs (bMNARDs). Based on the analysis, no differences were observed in the quality of life indicators for either questionnaire based on the type of treatment received. A comparative analysis of the SF-36 questionnaire indicators, depending on the type of received treatment, is presented in Figure 6.

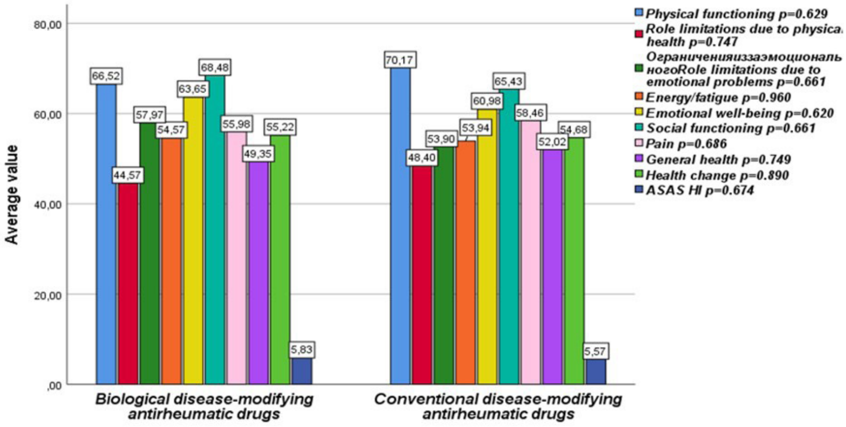

Figure 6 - A comparison of the indicators from the SF-36 and ASAS HI questionnaires based on drug therapy

However, at the same time, among the group of patients who received bDMARDs, significant correlations were observed between the delay diagnosis delay and certain SF-36 indicators such as pain, fatigue and physical functioning. Specifically, there was a negative correlation between the diagnosis delay and the SF-36 scores for pain (ρ=-0,543, p=0,013), fatigue (ρ=-0,528, p=0,010) and physical functioning (ρ=-0,508, p=0,007). Additionally, there was also a link between delayed diagnosis and the quality of life as measured by ASAS HI (ρ=0,676, p=0,0001).

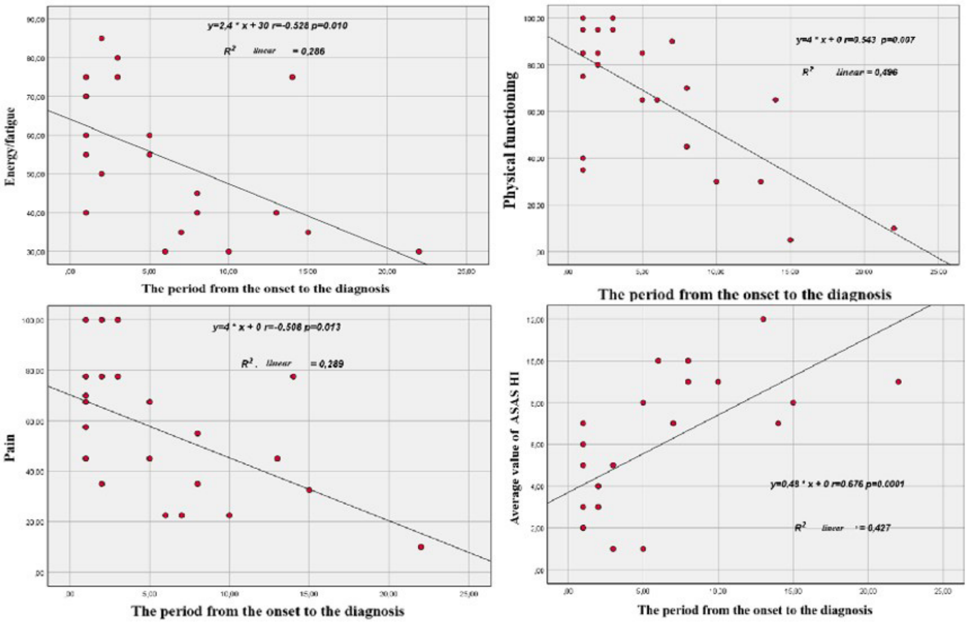

Figure 7 - Correlation in the group of patients receiving bDMARDs

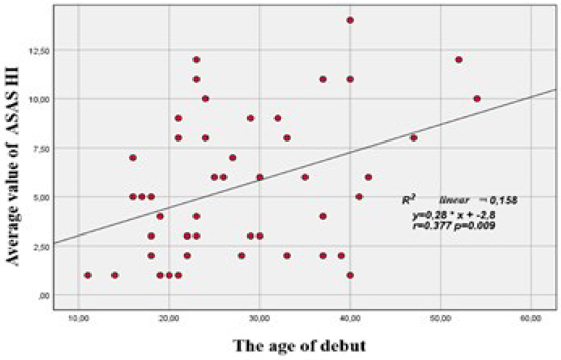

Figure 8 - Correlation in the group of patients receiving cDMARDs

On the other hand, in the group receiving cDMARDs, there was an association between the age at which symptoms first appeared and the quality of life, as measured by the ASAS HI (ρ=0,377, p=0,009).

Discussion

Unlike other autoimmune diseases, ankylosing spondylitis is a condition that predominantly affects male patients. Epidemiological studies have shown that the prevalence of AS in men is approximately three times higher than in women [1].

The primary manifestation of AS involves damage to the axial skeleton, specifically chronic inflammation of the spine. Additionally, the disease may manifest as peripheral arthritis, dactylitis, and extra-articular symptoms such as uveitis, psoriasis, and inflammatory bowel disease. These complications can exacerbate the severity of AS, leading to significant physical impairment, functional limitations and reduced quality of life [7,8,13,14].

At the same time, considering the chronic nature of the disease, quality of life (QoL) is an important indicator in the management of patients with ankylosing spondylitis, providing additional information on the adequacy of therapy in relation to the current condition of the individual.

In reviewing the literature on QoL in AS patients, we found that most studies have focused on the association between disease activity, spinal mobility and QoL [4,7,8,13–16]. For this reason, we have chosen to focus on other potential factors that may influence QoL in this study.

According to the results, a key factor affecting the quality of life for patients with ankylosing spondylitis in the Kazakh population appears to be the diagnosis delay. This may be due to the correlation between the delay in diagnosis and the clinical activity of the disease, which can reduce the quality of life. It is also more likely that this will require the prescription of bDMARDs in the future. Therefore, in the group of patients receiving bDMARDs, we also observed this correlation. These correlations are particularly significant for women [17-20].

Another factor that affects the quality of life negatively is the age at which the disease begins. This factor correlates significantly with the indicators on ASAS HI questionnaire for both male and female patients, as well as for patients who are positive for HLA B27 and those on cDMARDs.

Conclusions

It appears that the diagnosis delay of AS has a significant impact on the quality of life of patients in the Kazakh population. Other factors, such as the age at disease onset, also contribute to the overall quality of life and may necessitate the use of more aggressive treatment options in the future.

Therefore, the key factors influencing the quality of life for patients with AS among the Kazakh population include the delay in diagnosis and the age at which the condition begins. These factors are correlated with the clinical activity of the illness, which ultimately decreases the quality of life.

Thus, timely diagnosis – a factor that can be modified – plays a significant role in managing patients and selecting drug therapy, ultimately contributing to improving their quality of life.

Conflicts of Interest. The authors declare no conflicts of interest.

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Author Contributions. Conceptualization, methodology – K.K., formal analysis – Bay.A., investigation, A.A., A.M., Bag.A; writing (original draft preparation) – A.A, B.B.; writing (review and editing) – A.M., E.K, supervision, Bay.A.

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Қазақстандық популяциядағы анкилозды спондилоартритпен ауыратын науқастардың өмір сүру сапасы және онымен байланысты факторлар

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Түйіндеме

Анкилозды спондилоартрит — созылмалы аутоиммунды ауру, негізінен біліктік қаңқа мен илеосакральды буындарға әсер етеді. Бұл 20-40 жас аралығындағы ер адамдарда көбірек кездеседі, сондай-ақ мүгедектік пен буындардың қозғалғыштығының айтарлықтай шектелуіне әкелуі мүмкін. Анкилозды спондилоартрит физикалық ғана емес, сонымен қатар әлеуметтік, психологиялық және экономикалық әсер ететіні маңызды, сондықтан бұл пациенттерді жүргізу барысында өмір сүру сапасы негізгі факторлардың бірі болып саналынады.

Зерттеудің мақсаты қазақстандық популяциядағы анкилозды спондилоартрит бар пациенттердегі анамнездің әртүрлі факторларының өмір сапасымен өзара байланысын зерттеу болды.

Әдістері. Біз Астана қаласындағы №2 қалалық көпбейінді аурухананың емдеу-диагностикалық орталығының базасында верификацияланған анкилозды спондилоатрит диагнозы бар 70 пациентке бір мезгілде бақылау аналитикалық көлденең зерттеу жүргіздік.

Нәтижесі. Зерттеу пациенттердің өмір сүру сапасына әсер ететін негізгі факторлар аурудың басталу жасына және диагноз қойылудың кешігуіне байланысты екенін көрсетті (ρ=0.344 p=0,009). Кеш диагноз қойылған науқастарда өмір сапасының нашарлауы байқалады, бұл әсіресе әйелдерде айқын көрінеді (ρ=-0.641 p=0,013) және агрессивті терапияны, оның ішінде гендік-инженерлік биологиялық терапияны тағайындауды қажет етеді. Талдау көрсеткендей, гендік-инженерлік биологиялық терапияны алатын пациенттер тобында диагноз қойылудың кешігуі ауырсыну (ρ=-0.543, p=0,013), шаршау (ρ=-0.508, p=0,007) және физикалық жұмыс (ρ=-0.508, p=0,007) сияқты өмір сапасының көрсеткіштерімен байланысты. Сонымен қатар, оң HLA B27 бар ерлер мен пациенттерде аурудың дебюттік жасы да өмір сапасына айтарлықтай әсер етеді (ρ=-0.263 p=0,048).

Қорытынды. Қазақстандық популяциядағы анкилозды спондилоартрит бар пациенттердің өмір сүру сапасына әсер ететін негізгі факторлар диагноз қоюдың кешігуі және аурудың дебют жасына байланысты. Бұл факторлар аурудың клиникалық белсенділігімен байланысты. Ерте дебют және кейінірек диагноз қою өмір сапасын нашарлатады. Осылайша, уақтылы диагноз қою және емдеуді ерте бастау анкилозды спондилитпен ауыратын науқастардың өмір сүру сапасын жақсартудың негізгі факторлары болып табылады.

Түйін сөздер: анкилозды спондилоартрит, өмір сапасы, диагноз қоюдың кешігуі, қазақстандық популяция.

Качество жизни и связанные с ним факторы у пациентов с анкилозирующим спондилоартритом в Казахстанской популяции

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Резюме

Анкилозирующий спондилоартрит — хроническое аутоиммунное заболевание, преимущественно поражающее осевой скелет и илеосакральные сочленения. Оно в большей степени затрагивает мужчин в возрасте 20-40 лет и может привести к значительным ограничениям подвижности и инвалидности. Важно, что анкилозирующий спондилоартрит оказывает не только физическое, но и социальное, психологическое и экономическое воздействие, что делает качество жизни пациентов одним из ключевых факторов при ведении этого заболевания.

Целью настоящего исследования было изучение взаимосвязи различных факторов анамнеза с качеством жизни у пациентов с анкилозирующим спондилоартритом в казахстанской популяции.

Методы. Нами было проведено обсервационное аналитическое одномоментное поперечное исследование 70 пациентов с верифицированным диагнозом анкилозирующий спондилоартрит на базе лечебно-диагностического центра городской многопрофильной больницы №2 г. Астана.

Результаты. Исследование показало наличие ключевых факторов, влияющих на качество жизни пациентов. Выявлена корреляционная взаимосвязь возраста дебюта заболевания и задержкой в постановке диагноза (ρ=0.344 p=0,009). У пациентов с поздней постановкой диагноза наблюдается ухудшение качества жизни, что особенно ярко выражено у женщин. Выявлена корреляционная взаимосвязь между задержкой в постановке диагноза и показателем качества жизни в опроснике SF-36 (ρ=-0.641 p=0,013). Анализ также показал, что в группе пациентов, получающих генно-инженерную биологическую терапию, задержка диагноза коррелирует с такими показателями качества жизни, как боль (ρ=-0.543, p=0,013), усталость (ρ=-0.528, p=0,010) и физическое функционирование (ρ=-0.508, p=0,007). В то же время, у мужчин и пациентов с положительным HLA B27 возраст дебюта заболевания также значительно влияет на качество жизни (ρ=-0.263, p=0,048).

Выводы. Основными факторами, влияющим на качество жизни у пациентов с анкилозирующим спондилоартритом в казахстанской популяции является задержка в постановке диагноза и возраст дебюта заболевания. Данные факторы коррелируют с клинической активностью заболевания. Ранний дебют и более поздняя постановка диагноза достоверно ухудшают качество жизни. Таким образом, своевременная постановка диагноза и раннее начало лечения являются ключевыми факторами для улучшения качества жизни пациентов с анкилозирующим спондилоартритом.

Ключевые слова: анкилозирующий спондилоартрит, качество жизни, задержка в постановке диагноза, казахстанская популяция.