

Health related quality of life in a Portuguese cohort of patients with Systemic Lupus Erythematosus



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INTRODUCTION

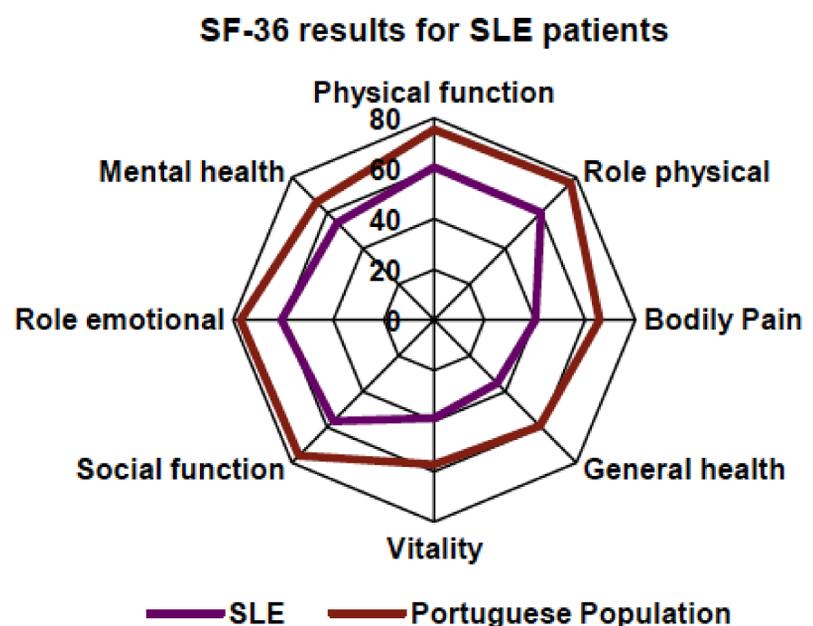
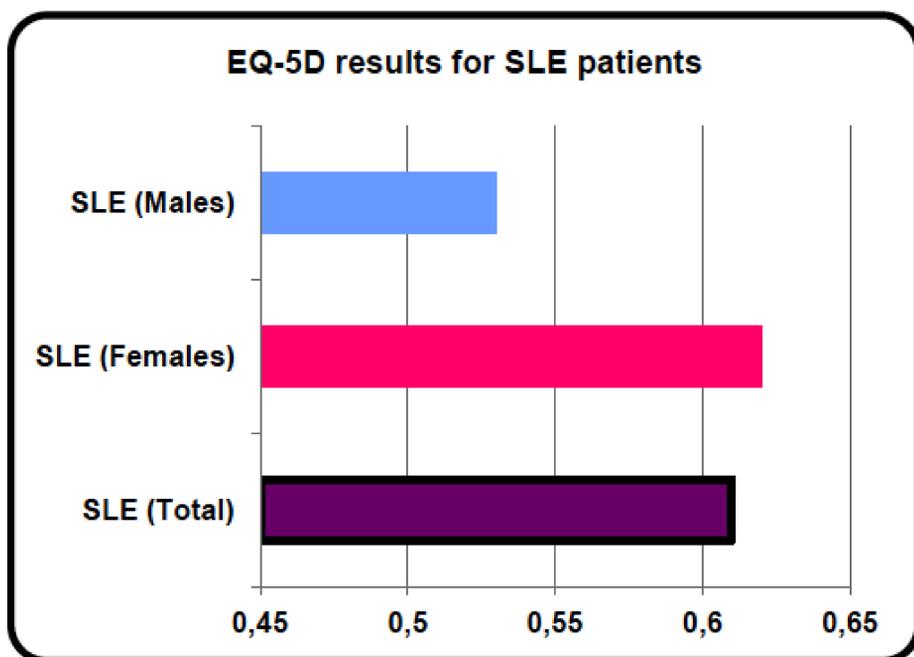
The impact of chronic illnesses on health related quality of life (HRQoL) is indisputable and worthwhile to be measured. Systemic lupus erythematosus (SLE) is a chronic inflammatory autoimmune disorder with multi-system involvement and affecting primarily young women.

OBJECTIVES

To analyse the impact of SLE on Portuguese patients' HRQoL measured with widely used generic instruments.

METHODS

This study was conducted during 2012 in one Portuguese hospital with an Auto-immune Disease Unit, sample size were 116 patients with SLE. All patients fulfilled the American College of Rheumatology (ACR) 1997 revised criteria for the classification of SLE and the date at which the fourth SLE classification criterion was observed was recorded as the date of diagnosis. Patients were grouped into 3 distinct phenotypes namely neuro-psychiatric (NPSLE), nephritis and non-NPSLE non-nephritis sub-groups. Quality of life was measured using the Portuguese version of SF-36 version 2 and EQ-5D-3L. Questionnaires were sent by mail and participation was voluntary and confidential.



RESULTS

Sixty eight per cent valid answers were received (n=79). Respondents were predominantly female (89%) with average age 45 years. In these, the average length of disease was 12.3 (± 8.7) years. Average ACR criteria was 5.1 (± 1.26). Using the British tariff, quality of life measured through EQ-5D was 0.61 (± 0.04) – median was 0.72. The average values for SF-36 mental and physical components were 43.3.

By using Spearman correlation coefficients, it was concluded that age was negatively correlated at a significant level with results obtained for EQ-5D and the physical component of SF-36. Disease duration was also negatively correlated at a significant level with the physical component of SF-36. Correlation between QoL instruments was found to be in accordance with studies in other countries. QoL measured through SF-36 was consistently lower than the Portuguese norm.

CONCLUSIONS

Results of QoL in Portuguese patients with SLE found to be comparable to the scarce available evidence in other countries and a previous study done in Portugal. HRQoL should be an outcome regularly assessed in patients with SLE to appraise effectiveness of treatment and to design adequate interventions.