PSYCHIATRIC MORBIDITY AND QUALITY OF LIFE IN INDIVIDUALS WITH RHEUMATOID ARTHRITIS: A CROSS SECTIONAL STUDY

ABSTRACT

BACKGROUND:

Psychiatric morbidity plays a major role in the course of rheumatoid arthritis, treatment compliance and has direct effect on outcome of therapeutic management.

AIM:

To assess the prevalence and severity of psychiatric morbidity and quality of life in individuals suffering from rheumatoid arthritis.

MATERIALS AND METHODS:

56 consecutive cases were collected and assessed. Semi structured proforma was administered and scales like disease activity score in 28 joints, general health questionnaire 12 was given. Psychiatric diagnosis was made by using ICD10 criteria and the severity was measured using Montgomery Asberg depression rating scale, Hamilton anxiety rating scale, Brief psychiatric rating scale. Quality of life was measured using short form 36 scale.
RESULTS:

Depression and anxiety were found to be the common comorbidities associated with rheumatoid arthritis. A mean duration of 46 months was required for a significant result in general health questionnaire 12. A minimum of 36 months is required to develop a psychiatric diagnosis satisfying the criteria. The prevalence of depression, anxiety and mixed anxiety depression were found to be 23.2%, 7.1% and 7.1% respectively. The mean quality of life was found to be 52.6%.

CONCLUSION:

A considerable portion of patients may have useful health problem and its likelihood is more with longer duration of illness. Depressive and anxiety disorder is present in more than a third of patients suffering from rheumatoid arthritis. Those suffering from more severe disease was found to have poorer quality of life.

KEYWORDS: Rheumatoid arthritis, Anxiety, Depression, Mixed anxiety depression, Quality of life.