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Women with rheumatoid arthritis who have a paid form of work seem to have better physical quality of life

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Objetivos (Objectives):

An important consequence of rheumatoid arthritis (RA) is decrease in quality of life (QoL). Certain social roles (e.g. employment, housekeeping) might be linked to QoL. Women might have a higher burden due to their role in society. We assessed whether social roles evaluated by paid work, marital status and number of people living in patient's household were associated with QoL in women with RA.

Metodologia (Methodology):

A total of 893 RA female patients, from the NDB Portuguese cohort, an ongoing longitudinal study collecting information biannually, participated in this study. This number corresponded to patient's last observation. QoL was evaluated by the EuroQoL and SF-36 using its two components: mental (MCS) and physical (PCS). Univariate (UV) linear regression models were used to assess the association between social roles defined as paid work, marital status and number of people living in patient's household) and QoL, followed by multivariate (MV) linear regression models to adjust for potential confounders (age (years), RA duration (years), fatigue (VAS, 0-10, 10 is worst), sleep disturbances (VAS, 0-10, 10 is worst), number of comorbidities and function (assessed by the health assessment questionnaire, HAQ, 0-3, 3 is worst)). The best final models were obtained using backward stepwise selection methods.

Resultados (Results):

All the factors associated with QoL (SF-36 components) among women, except for paid work had a negative association with QoL: worse MCS in women with higher number of comorbidities (β ; 95% CI: -1.20; -1.65, -0.75), more fatigue (β ; 95% CI: -1.12; -1.47, -0.78), more sleep disturbances (β ; 95% CI: -0.77; -1.05, -0.50), and worse HAQ score (β ; 95% CI: -1.90; -3.30, -0.51); worse PCS in older women (β ; 95% CI: -0.09; -0.16, -0.03) with more fatigue (β ; 95% CI: -1.23; -1.46, -0.99), more sleep disturbances (β ; 95% CI: -0.30; -0.51, -0.09) and longer disease duration (β ; 95% CI: -0.11; -0.17, -0.05). Women who had a paid form of work had better PCS scores (β ; 95% CI: 2.60; 0.78, 4.41). It was also noticed that social role factors were not associated with EuroQoL (data not shown).

Conclusões (Conclusions):

Among this cohort of women, we observed that, overall, their social role did not seem to be associated with MCS but women who had a paid form of work seemed to have a much better physical health state.