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HEALTH RELATED VARIABLES IN RHEUMATOID ARTHRITIS (RA) PATIENTS TREATED IN DIFFERENT HEALTH CARE SETTINGS (DHCS); SANTIAGO DE CHILE

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APPLIANCE OF A HEALTH CARE REFORM IN CHILE OFFERING MEDICAL BENEFITS FOR RHEUMATOID ARTHRITIS (RA)

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Leppe J, Valdivia G, Durán J, Llanos L, Triviño M, Massardo L, Torche A, Jacobelli S, Gutierrez M.
Departamento de Inmunología Clínica y Reumatología, Departamento de Salud Pública
Pontificia Universidad Católica de Chile.

Introduction
The aim of this study is to describe the influence of socioeconomic and clinical variables of Quality of Life (QOL) on Rheumatoid Arthritis (RA) patients of different Health Care Settings (DHCS) in Santiago, Chile.

Method
A cross sectional study of 1170 potential participants (2008) in RA patients fulfilling ACR criteria using stratified sample according to DHCS and length of RA (from diagnosis).
A cognitive test (MMSE) was used as admitting criteria. Information about instructional level, family income and DHCS according to three levels as a proxy of socioeconomic status:
Private Center (PC), Mixed Payment Center (MP), and State Hospital (SH) were used.
QOL was measured through SF12 and EQSD (including Visual Analogue Scale -VAS).
RADAI (Rheumatoid Arthritis Disease Activity Index) and HAQDI questionnaires were applied as well as General Health Questionnaire-12 (GHQ) and Comorbidity Questionnaires.
Extraarticular manifestations and radiological erosive patterns were also collected.

Results
1141 patients were recruited (p: 53.3 years, SD: 14.2), 89.3% Female. 82.9% had positive rheumatoid factor. Length of RA median 6 years, interquartile range: 2.2 years.
Patients from SH had both lower instructional level and family income than MP and PC (p<0.01).
No differences on SF12 and EQSD were found between DHCS categories (p>0.05). However, family income was associated with SF12 mental component and DHCS with EQSD/vasc.
Better instructional level and family income were inversely associated with EQSD/vasc.
Lower score SF12 (physical and mental) was associated with worse GHQ and RADAI scores even adjusting for potential confounders.
Worse GHQ and RADAI scores increased the chances of obtaining a handicap among the EQSD components, mainly explained by RADAI effect (adjusted OR).
HAQDI and GHQ increased the chance of getting a lower score in QOL questionnaires. Univariate analysis in Table 1.

Table 1. Univariate analysis between QOL scales and selected variables.

Variables	SF12 physical		SF12 mental		EQSD		HAQDI/vasc	
	B	P	B	P	B	P	B	P
Mixed Payment Center (%)	0.19	0.04	1.73	0.007	2.39	0.02	8.13	1.23E-08
State Hospital (%)	-0.29	0.23	-0.53	0.14	-0.22	0.47	5.51	1.89E-06
GHQ	1.00	0.10	1.12	0.10	1.00	0.44	1.46	0.01
GHQ	-0.42	0.002	-0.06	0.001	1.17	1.06	1.17	1.00
Comorbidity	0.35	0.001	0.11	0.42	1.02	0.91	1.15	1.06
Age (years)	0.04	0.41	0.08	0.27	0.97	0.94	1.02	1.01
Length of RA (years)	0.00	0.10	0.11	0.21	0.97	0.94	1.01	0.99
Gender	1.49	0.002	1.06	0.002	1.31	1.87	1.58	1.79
Gender pattern	1.24	0.12	0.80	0.17	1.47	0.46	1.40	0.10
Extraarticular manifestations	0.35	0.04	1.87	0.001	0.46	0.12	1.27	0.10
Family income (Median points)	1.40	0.001	0.89	0.001	0.64	0.001	0.59	0.000001
Socioeconomic level (years)	0.28	0.11	0.41	0.001	0.76	0.001	0.89	0.000001

Conclusion
QOL is weakly associated with the health care setting of RA patients. RADAI is independently associated with QOL in RA patients. The GHQ scale is independently associated with SF12 performance. QOL is better explained by RA activity than socio-economic variables.

Coauthors: M. Gutiérrez, Nave, L. Massardo, Nave, G. Valdivia, Nave, J. Durán, Nave, J. Llanos, Nave, M. Triviño, Nave, J. Leppe, Nave, A. Torche, Nave, S. Jacobelli, Nave. Financial support by unrestricted Grant from Health Laboratories.

Alumno participante: Jaime Leppe