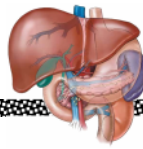


Introduction





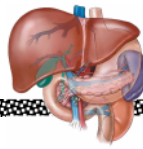
Introduction

Rheumatoid arthritis (RA) is a chronic, systemic inflammatory disorder that affect many tissues and organs, but principally attacks the joints producing an inflammatory synovitis that often progresses to cause destruction of the articular cartilage and ankylosis of the joints. Rheumatoid arthritis can also produce diffuse inflammation in the lungs, pericardium, pleura and sclera, and also nodular lesions, most common in subcutaneous tissue under the skin. Although the cause of rheumatoid arthritis is unknown, autoimmunity plays a pivotal role in its chronicity and progression (*Majithia and Geraci, 2007*).

The onset of rheumatoid arthritis is uncommon under the age of 15 and from then on the incidence rises with age until the age of 80 the prevalence rate is 1%, with women affected three to five times as often as men. It is four times more common in smokers than non-smokers. Some Native American groups have higher prevalence rates (5-6%) and people from the Caribbean region have lower prevalence rates. First degree relatives prevalence rates is 2-3% and disease genetic concordance in monozygotic twins is approximately 15-20% (*Alamanos et al., 2006*).

Enhanced quality of life (QOL) seems to be an outcome that is appropriate for many diseases (*Carr and Higginson, 2001*).

One approach that has attempted to reach the meaning of quality of life is that taken by the World Health Organization (WHO). Quality of life is defined here as (Individuals perceptions systems in which they live in relations to their goals, expectations, standards and concerns) (*Power et al., 1999*).



According to World Health Organization (WHO) these determinants of the quality of life depend on any impairment or disability suffered by individual (*William et al., 2004*).

Patients with active rheumatoid arthritis have been shown to suffer deficits in Health Related Quality of life (HRQL) along a number of physical functioning and mental health dimensions (*Sokkat et al., 2006*).

Rheumatoid arthritis causes a decline in a patient's (HROL) already in the early phases of the disease because of pain, joint swelling and stiffness, particularly in the hands and feet. In addition, RA is associated with fatigue, fever, weight loss and reactive depression that worsen the overall health and quality of life (*Soderlin et al., 2004 and Bazzichi et al., 2005*).

Furthermore, patients with Rheumatoid arthritis who have significant functional disability have a three-fold increased risk of mortality compared with that of the general population (*Sokka et al., 2003*).