



Summary & Conclusions

Summary and conclusion

The aim of this thesis was to study the pattern of psychiatric disorders that may accompany RA and its relationship with disease activity, severity and disability.

Thirty RA patients fulfilling the American College of Rheumatology Revised Criteria from the attendance of the outpatients clinics and in patients of Rheumatology and Rehabilitation department of benha university hospitals were included. Their ages ranged between 35 and 65 years. Male to female ratio was 5 to 25. The duration of their disease ranged from 2 to 20 years, and twenty matched healthy individuals as a control group were included.

All RA patients were subjected to the following:

A- Full history taking

B- Full clinical examination.

C- Laboratory investigations:-

1. Complete blood picture.
2. Erythrocyte sedimentation rate (ESR).
3. C-reactive protein (CRP) .
4. Rheumatoid factor (RF).
- 5- Liver function tests

Assessment of the following was done:

- 1- Assessment of disease activity using the modified disease activity score of joint count (DAS 28) (Prevo et al., 1995).
- 2- The spread severity index (SSI): (Walker et al., 1985)
- 3- Assessment of sleep by Sleep Health Questionnaire (Assad and kahala., 2001)
- 4- Assessment of Functional capacity of the patients using the Arabic translation of Modified Stanford Health Assessment Questionnaire (HAQ) (Lorig et al., 2001)
- 5- Identification of mental disorders by:
The General Health Questionnaire (Goldberg and Williams., 1988).
- 6- The occurrence of psychiatric disorders was diagnosed by using International Classification of Diseases(ICD-10) symptoms checklist for mental disorders (Jancaet al., 1994).

The findings of this study were as follows:

- There were 12 patients (40%) suffering from psychiatric disorders among RA patients group while there was one subject (5%) suffering from psychiatric disorder among the control group. This was found to be statistically significant ($p < 0.05$).
- There were ten of RA patients had depression, Two patients had anxiety and nine patients had sleep disorders; while one

of control group had depression. It was found that the psychiatric disorders was highly statistically significant in RA patients compared to the control group ($p < 0.001$).

- The mean value of disease activity score in the RA patients with psychiatric disorders was 4.6 ± 0.9 while that of RA patients without psychiatric disorders was 1.3 ± 0.8 . The score of disease activity was statistically significantly higher in RA patients with psychiatric disorders compared to those without psychiatric disorders ($p < 0.001$).
- Most of RA patients suffering from psychiatric disorders [seven patients (58.3%)] have grade 3 disease activity; while most of RA patients not suffering from psychiatric disorders [ten patients (55.6%)] have grade 1 disease activity. RA patients with psychiatric disorders were found to have statistically significantly high grades of disease activity than those without psychiatric disorders ($p < 0.001$).
- The mean value of morning stiffness duration in RA patients with psychiatric disorders was 66.66 ± 64.85 minutes while that of RA patients without psychiatric disorders was 15.07 ± 12.26 minutes. The duration of morning stiffness was statistically significantly higher in RA patients with psychiatric disorders compared to those without psychiatric disorders ($p < 0.001$).
- The mean value of ESR in the RA patients with psychiatric disorders was 86.16 ± 32.87 mm/h while that of RA patients without psychiatric disorders was 24.57 ± 12.94 mm/h. It was found that erythrocyte sedimentation rate was statistically

significantly higher in RA patients with psychiatric disorders compared to those without psychiatric disorders ($p < 0.001$).

- The mean value of spread severity index in the RA patients with psychiatric disorders was 20.1 ± 5.6 while that of RA patients without psychiatric disorders was 11.6 ± 3.7 . It was found that the spread severity index was statistically significantly higher in RA patients with psychiatric disorders than those without psychiatric disorders ($p < 0.001$).
- The mean value of the health assessment questionnaire in the RA patients with psychiatric disorders was 2.5 ± 0.56 while that of RA patients without psychiatric disorders was 1.01 ± 0.65 . It was found that the health assessment questionnaire score was significantly higher in RA patients with psychiatric disorders than those without psychiatric disorders ($p < 0.05$).
- Seven (58.3%) of RA patients suffering from psychiatric disorders have extra-articular manifestations while only one of RA patients not suffering from psychiatric disorders (5.6) has extra-articular manifestations. RA patients with psychiatric disorders were found to have highly significant difference as regard extra-articular manifestation compared to patients without psychiatric disorders.
- Eight patients (66.7%) of RA patients suffering from psychiatric disorders have positive rheumatoid factors, while 33.3% (six patients) of RA patients not suffering from psychiatric disorders have positive rheumatoid factor. RA patients with psychiatric disorders were found to have

significantly higher incidence of positive rheumatoid factor than those without psychiatric disorders ($p < 0.05$).

- Seven patients (58.3%) of RA patients suffering from psychiatric disorders have positive C-reactive protein, while five patients (27.8%) of RA patients not suffering from psychiatric disorders have positive CRP. RA patients with psychiatric disorders were found to have significantly higher incidence of positive C-reactive protein than those without psychiatric disorders ($p < 0.05$).

Conclusions:

- Rheumatoid arthritis is not physical disease only, but there are psychological effects of the disease that should be put in mind and treated as a part of the illness.
- Treatment of psychiatric disorders associated with rheumatoid arthritis with the treatment of rheumatoid arthritis improve rheumatoid arthritis manifestations than the treatment of rheumatoid arthritis physical disorders alone.
- The rheumatologist can play in early detection of psychiatric disorders for psychiatric consultation in the proper time.
- The possibility for the physician to offer emotional support during medical visits with little effort by asking the patient about the stresses in their lives and simply listen to them.