SUMMARY AND CONCLUSION

Health Assessment Questionnaire (HAQ) to measure function, disability and pain, social index and score, Social Support List 12-Interaction (SSL12-I), Beck Depression Inventory (BDI), State Trait Anxiety Inventory (STAI) forms (A) and (B).

The results of our study showed the following:

- Twenty-three patients (77%) were females and 7 patients (23%) were males, while 15 (75%) subjects of the controls were females and 5 (25%) were males.

- The mean age of the examined patients was (44.3 ± 12.2 years) with a range from 21 to 73 years, while the mean age of the controls was (44.5 ± 12.7 years) with a range from 21 to 70 years.

- The mean duration of the disease was (11.7 ± 7.3 years) with a range from 3 to 30 years.

- The mean score of pain rating was (1.8 ± 0.6) with a range from 0.8 to 2.8.

- Functional disability score ranged from 0.9 to 2.4 (1.7 ± 0.5).

- Twenty-three patients (77%) were RF-positive while 7 patients (23%) were RF-negative.

- Twelve patients (40%) had a low social level, 14 patients (47%) had an intermediate social level and 4 patients (13%) had a high social level.

- Social index score of examined cases ranged from 10.5 to 36 (21.6 ± 7.5).

- SSL12-I score of examined cases ranged from 16 to 47 (27.5 ± 8.7).

- The mean score of BDI of the patients was (10.4 ± 3) with a range from 4 to 15 while that of the controls was (6.7 ± 3) with a range from 2 to 13.

- The mean score of the STAI form (A) of the patients was (52.2 ± 10.6) with a range from 30 to 68 while that of the controls was (38.3 ± 13.8) with a range from 22 to 73.

- The mean score of the STAI form (B) of the patients was (53.2 ± 11.5) with a range from 35 to 70 while that of the controls was (38 ± 13.6) with a range from 20 to 68.

- The score of SQI of the patients ranged from 6 to 15 (10.8 ± 3.1) while that of the controls ranged from 2 to 12 (5.2 ± 2.6).

- The mean total score of the MAF scale of the patients was (34.9±1.5) with a range from 23 to 43.2 while that of the controls was (23.1 ± 7.3) with a range from 13 to 38.

Statistical analysis of the patients' data revealed the following:

- A highly statistically significant difference (P < 0.001) between patients and controls as regard the MAF scores, the SQI score, BDI score and STAI forms (A) and (B) scores.

- A non statistically significant difference (P > 0.05) between both sexes of patients regarding the scores of the five dimensions of the MAF scale.

- Highly statistically significant differences (P < 0.001) between males and females patients regarding impact scores of the MAF scale on work and shopping.

- A non statistically significant difference (P > 0.05) between different social levels of patients as regard the total score of the MAF scale.

- A non statistically significant difference (P > 0.05) in the total score of the MAF scale regarding RF.

- Highly statistically significant positive correlation (P<0.001) between SQI score, BDI score, STAI forms (A) and (B) scores, functional disability score and the total score of the MAF scale.

- Highly statistically significant negative correlations (P<0.001) between grip strength score, haemoglobin level and the total score of the MAF scale.

- Non statistically significant correlations (P >0.05) between age, sex, marital status, disease duration, SSL12-I score, social index score, RF and the total score of the MAF scale.

We concluded that fatigue is a prevalent and persistent symptom in our RA patients, the data generated by this study indicated that the disease activity, reduced functional ability, poor sleep scores, depression and anxiety positively correlate with increased levels of fatigue. Although we did not find a significant correlation between fatigue and reliable independent factors of the disease process.

We recommend further studies to monitor the natural course of fatigue over a longer period of time, to develop and to test intervention strategies to reduce fatigue.