

SCIENCE AND LIFE



**Proceedings of articles the international scientific conference
Czech Republic, Karlovy Vary - Kyiv, Ukraine
22 December 2017**

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DEPRESSION IN PATIENTS WITH RHEUMATOID ARTHRITIS

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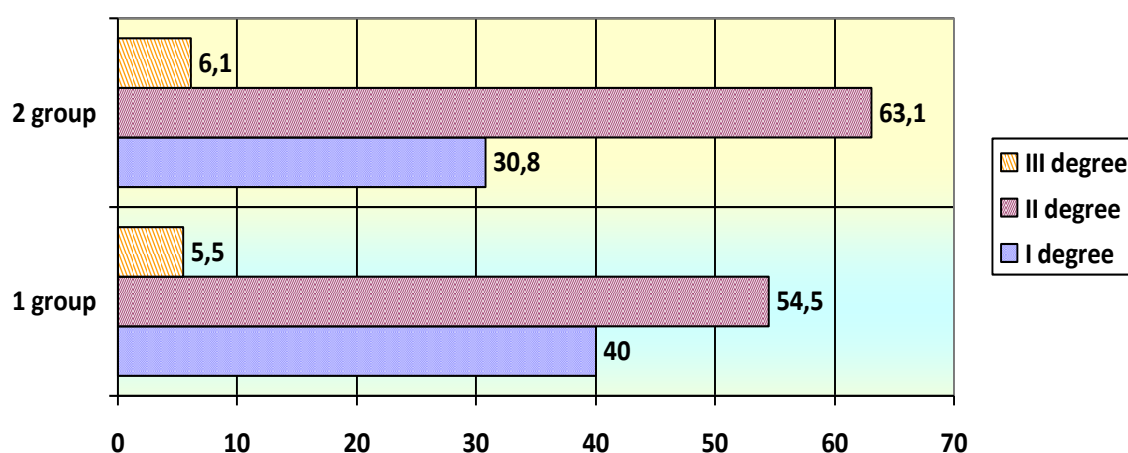
Rheumatoid arthritis (RA) is a chronic disease significantly impairing psychosocial functioning of patients, and is considered to be a severe psychosomatic disease. Rheumatoid arthritis is in 2-3 times more common in middle-aged women than in men [1, p. 2207]. The spread of rheumatoid arthritis of women over 65 years old is about 5%. The results of current research indicate that psychological factors play an important role in the etiology of many somatic diseases [2, p. 2613]. The problem of the relationship of rheumatoid arthritis and mental disorders, according to current research, causes the interest [3, p. 1022].

We aimed to study clinical features of depression associated with duration rheumatoid arthritis. One hundred and twenty patients with a diagnosis of Rheumatoid arthritis, according to the criteria of International Classification Disease 10 (ICD), who attended clinics for follow-up visits between June 2011 and November 2016, were included in this study. Patients with a diagnosis of RA and aged between 20 and 60 years were included. Exclusion criteria were as follows: age less than 20 years and over 60 years, trauma and/or history of a severe heart failure, malignancy, additional connective tissue disease, previously diagnosed peripheral nervous system involvement.

A total of 120 RA patients were assessed, with a repeat subsample, resulting in 240 cases for analysis. Of the 120 patients, 98 were female (81.6%) and 22 were male

(18.4%); the mean age was 47.51 ± 8.71 years. According to patients' perception, the most frequent reasons for joint symptoms were nonpsychotic mental disorders. According the studies, patients are inherited two groups. Group one included participants with duration of RA 1-5 years, group two included those with duration of RA 5-10 years. Group one included 55 patients, (the mean age was $- 37,9 \pm 1,82$), 46 were female (83,6%), group two included 65 patients, (the mean age was $- 37,9 \pm 1,82$), 52 were female (80,0%).

The activity of the pathological process in patients with rheumatoid arthritis is inherited first degree – 37%, second degree – 58%, third degree – 5% (Tab.1).



Tab.1. The activity of the pathological process in patients with rheumatoid arthritis (%).

The Hospital Depression Rating Scale (HDRS) is designed to measure depression in out-patient populations. Each subscale comprises seven items which are rated on a four-point scale and scored from 0-3 with total scores therefore ranging from 0-21 for each subscale. Scores between 0 and 7 represent 'no case'; 8 to 10 indicate 'possible case' and 11 to 21 suggest a 'probable case of depression'. These cut points have been validated against clinical interviews with sensitivity and specificity around 0.83. Recent studies have reported good internal consistency for depression (0.86) subscales (Tab 2.).

№ п/ п	Scale	Group / Indicators					
		I group(55)		II group (65)		Control group(40)	
		M	m	M	m	M	m
1.	Depressed mood	1,69*	0,12	1,52*	0,10	0,02	0,02
2.	Feeling of guilty	0,56*	0,07	0,66*	0,16	0	
3.	Suicide	0		0		0	
4.	Insomnia - Initial	0,72*	0,10	0,52*	0,09	0,22	0,06
5.	Insomnia - Middle	0,38*	0,08	0,38*	0,08	0,07	0,04
6.	Insomnia - Delayed	0,43*	0,09	0,61*	0,10	0	
7.	Work and interest	1,81*	0,08	1,75*	0,09	0,17	0,06
8.	Retardation	0,14*	0,04	0,06	0,03	0	
9.	Agitation	0,07	0,03	0,18*	0,05	0	
10	Anxiety - psychic	0,94*	0,07	0,95*	0,08	0,22	0,06
11	Anxiety - somatic	0,50*	0,07	0,66*	0,09	0,02	0,02
12	Somatic symptoms - gastrointestinal	0,25*	0,06	0,13*	0,04	0	
13	Somatic symptoms - general	0,63*	0,08	0,46*	0,06	0,02	0,02
14	Genital symptoms	0,01	0,01	0,04	0,03	0	
15	Hypochondriasis	0,25*	0,08	0,52*	0,11	0	

16	Weight loss	0,23*	0,05	0,12*	0,04	0	
17	Insight	0		0		0	
18	Diurnal variation	0		0,01	0,01	0	
19	Depersonalization and derealization	0		0		0	
20	Paranoid symptoms	0		0		0	
21	Obsessional symptoms	0,34	0,07	0,30	0,06	0,17	0,06
22	Total	9,16*	0,34	8,86*	0,41	0,95	0,19

Tab.2. Indicators of depressed states examined by all groups (Hamilton Depression Rating Scale)

Depression was found with 81 patients (67, 5 %), group A included 39 patients (69, 9 %), group B included 42 patients (64, 6 %).

In group A depression included mild depressive disorders (34.5%), anxiety-depressive disorders (29.1%), depressive-hypochondriac disorders (7.3%); in group B – mild depressive disorders (6.2%), anxiety-depressive disorders (40%), depressive-hypochondriac disorders (18.5%). The depression characteristics in group A and B are presented in Table 3.

Parameters	Goup A	%	Group B	%
N	55	100	65	100
Mild depressive disorders	19	34,5	4	6,2
Anxiety-depressive disorders	16	29,1	26	40,0
Depressive-hypochondriac disorders	4	7,3	12	18,5
Other mental disorders	16	29,1	23	35.3

Table 3. The relationship between duration of rheumatoid arthritis and depressive disorders.

Depression frequently occurs in RA. The comorbidity is particularly significant given its occurrence in the context of a physical comorbidity. This is pertinent given the close association between depression and pain and health outcomes in RA [4, p. 1850]. It highlights the clinical complexity and associated implications for the treatment of depression in the presence of the physical manifestations of RA.

As such, these findings have important implications for screening and interpretation of research findings across studies. First, this study supports previous findings that elevated levels of depression occur in RA. Second, this study reasserts the high rates of depression in RA patients and the need for regular assessment in both early and established RA.

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