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Original research article

Fatigue and sleep disturbances as common problems in life of patients with rheumatoid arthritis

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ARTICLE INFO

Article history:

Received 29 April 2014

Received in revised form

3 July 2014

Accepted 3 December 2014

Available online 16 December 2014

Keywords:

Rheumatoid arthritis

Quality of life

Fatigue

Sleep

Rheumatoid nursing

ABSTRACT

This paper deals with the problems of fatigue and sleep difficulties as a normal part of the life of patients with rheumatoid arthritis. Rheumatoid arthritis is a chronic, inflammatory and systemic disorder which can cause the ill many other difficulties than just the primary infliction of motoric apparatus. Common problems for those suffering from this disease are fatigue and sleep disturbances, which are considered to be very exhausting problems for the ill. This paper uses part of the results gained from a research project conducted by the Grant Agency of the University of South Bohemia in České Budějovice, Number 120/2012/S “Reflection of Quality of Life in Nursing”. The research survey in patients with rheumatoid arthritis has been accomplished by means of two standardized questionnaires WHOQOL-100 (The World Health Organization Quality of Life) and HAQ (Health Assessment Questionnaire). This paper mentions only the selected results gained pursuant to the WHOQOL-100 questionnaire. The research file was formed using 50 men and 150 women suffering from rheumatoid arthritis across the entire Czech Republic. The selection of respondents was achieved pursuant to the quota selection, whereas two quotas were determined – “presence of diagnosis rheumatoid arthritis” and “gender”. The data collection occurred between January and May 2013. The acquired results were then processed using the statistical programmes SASD and SPSS. Pursuant to our survey, a degree of fatigue was experienced by 94% of patients with rheumatoid arthritis and only 29.5% have expressed satisfaction with the amount of energy needed for daily life. In the sphere of sleep and rest, various intensive problems were mentioned by 78% of respondents. An interesting finding here is the fact that men feel a higher quality of life in the sphere of sleep than women do. These problems should be considered in care of the ill with rheumatoid arthritis because these problems markedly decrease the quality of life for all of the ill.

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<http://dx.doi.org/10.1016/j.kontakt.2014.12.001>

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Introduction

Rheumatoid arthritis is a systemic autoimmune inflammatory and chronic disorder which is one of the main causes of motoric limitation within a population. It is a worldwide disease which is three times more common in females. This disease causes many problems and complications for the ill to cope with in their daily life [1,2].

Similarly, as is the case with other chronic diseases, those suffering rheumatoid arthritis suffer from problems such as fatigue and sleep disturbances. Fatigue is one of the common extra-articular symptoms and, at the same time, one of the main problems which leads to the greatest weakening of the ill, especially during the active stage of the illness [3,4]. It is a markedly subjective problem which cannot be accurately measured and which remains present with the ill for many years [5,6]. Manifestations of fatigue vary and may include the following; a retarded sensation and disturbed thinking or decrease attention. The motivation and accuracy of an individual are also reduced which can lead to increased occurrence of various accidents [3].

Fatigue should never be ignored and misjudged because it is a continuous problem for the ill and negatively influences the quality of their life from the beginning of the disease [1,5]. It is necessary to regard the fatigue globally and solve not only its physical nature because it is a problem influencing many other aspects of human life and also worsens all of the proceeding manifestations of the illness [3,6]. Long-term fatigue influences the daily life of the ill. Their working efficiency can be reduced, leisure time activities can be limited as well as social relationships when the ill are not able to fulfil their daily functions. A big problem in the social sphere is misunderstanding the gravity of symptoms of excess fatigue by family members or friends. The gravity of fatigue in chronically ill patients also exists because traditional procedures cannot be applied. A healthy individual can relax, change personal activities, and eventually sleep. Thus, fatigue then disappears. However, these steps cannot normally be applied to a person suffering from rheumatoid arthritis [3,7].

The role of a nurse in the sphere of fatigue and its solution can be very important and beneficial [7]. To solve fatigue effectively, it is necessary that the patients should be aware of the causes of these problems and understand the fact that fatigue is a permanent part of their life which they have to learn to live and cope with. A nurse can discuss this problem with the ill and help them to not only disclose its cause, but also help to cope with it. Of course, a fatigue solution depends on its cause and can include methods such as better organization of daily routines, removal of undesirable habits, pain control or various relaxation techniques [3,5].

Fatigue is accompanied by the above-mentioned sleep disturbances which can occur relative frequently in the ill experiencing rheumatoid arthritis. These disturbances are frequent wake-up, higher brain activity during sleep or less effective sleep. The most frequent causes of these problems involve joint pains which are typically static and bother the ill usually at night, more frequently than in early morning hours. The other causes are connected with the active stage of the disease which may include the following symptoms; physical

discomfort, acampsia, muscle pain, mental problems or the above described fatigue [3,5,8].

Sleep and rest are basic health components whose absence can negatively affect the quality of life and total well-being of a person. It is an essential human need especially for the ill with rheumatoid arthritis where it is essential because sleep reduces pain sensation and improves mental functioning [3].

In solving sleep disorders for those suffering from rheumatoid arthritis, both pharmacological and non-pharmacological procedures can be used. A nurse can actively apply all of the above in implementing pharmacological procedures, from which can be mentioned e.g. alteration sleep habits, modification daily routine, adaptation surroundings or position ill with usage all sorts of aid (e.g. night splint), etc. A benefit can be also different exercises supporting blood circulation, increasing amyosthenia and avoiding acampsia [3,5].

Fatigue, in a combination with adromia, is a very serious problem. Chronic disease costs the ill a great deal of energy, and if associate problems in the sphere of sleep, fatigue naturally further deepens. General exhaustion of the ill then negatively affects algaesthesia, as well as their mental condition. A long-exhausted patient has higher tendency to a depressive mood, and feelings of helplessness and despair. The ill in such situation begins to experience vicious circle because bad mental state again will deepen problems in physical areas, which are pain, fatigue and also himself sleep difficulties [3,9].

Fatigue and sleep disturbances in recent years have been the subject of many medical studies in rheumatology. As the newest one can be mentioned a research focused on relationship of fatigue and physical training in patients with rheumatoid arthritis [10] and studies are concerned with the relationship between morphological progression rheumatoid arthritis and sleep quality [8]. The research focused on the connection of overwhelming sleepiness at rheumatoid arthritis and abnormal findings at polysomnography [11] or studies evaluating and comparing sleep quality and causes of its aggravation in patients with rheumatoid arthritis and osteoarthritis [12].

As being mentioned by Balsamo et al., fatigue in rheumatic patients is always paid too little attention. Fatigue should be a subject of other research studies that would be focused on connection between quality of life, training and fatigue because it is a symptom mostly affecting quality of life of the ill and can be used as an active indicator of this disorder [10].

One of the partial research goals was to map the subjective experienced quality of life in the sphere of physical health in patients with rheumatoid arthritis, which also includes spheres of energy and fatigue and sleep and rest.

Materials and methods

The research survey was accomplished within the research grant project No. 120/2012/S "Reflection Quality of Life in Nursing" using two standardized questionnaires – WHOQOL-100 (The World Health Organization Quality of Life) and HAQ (Health Assessment Questionnaire). The WHOQOL-100 questionnaire was chosen pursuant to the analysis of

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