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Original article

Investigation of depression, anxiety and quality of life in patients with knee osteoarthritis: a comparative study[☆]



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ABSTRACT

Introduction: Osteoarthritis (OA) affects the articular cartilage and subchondral bone, compromising the joint as a whole. The knee joint is characterized as one of the main sites of involvement of OA and the most significant risk factors for developing the disease are aging, overweight and female gender. OA is considered one of the most frequent causes of disability, which may affect the quality of life of the patients, favoring the onset of mental disorders.

Objective: To investigate whether anxiety and depression symptoms are more significant in women with OA, when compared with women without this diagnosis, and to what extent this rheumatic disease affects the quality of life of these patients.

Methods: The study included 75 women, mean age 67 years; 40 were diagnosed with knee OA and 35 without this diagnosis. The following instruments were used: State-Trait Anxiety Inventory (STAI), Beck Depression Inventory (BDI) and SF-36, a quality of life questionnaire. **Results:** Women with knee OA have higher rates of depression and anxiety when compared to controls; in addition, they have a lower quality of life.

Conclusion: We believe that the treatment of patients with OA should consider the combination of pharmacotherapy, psychotherapy, counseling and family support, in order to achieve a better quality of life.

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Investigação da ansiedade, depressão e qualidade de vida em pacientes portadores de osteoartrite no joelho: um estudo comparativo

R E S U M O

Palavras-chave:

Osteoartrite
Ansiedade
Depressão
Mulheres
Qualidade de vida

Introdução: A osteoartrite (OA), artrose ou osteoartrose acomete a cartilagem hialina e o osso subcondral e compromete a articulação como um todo. A articulação do joelho caracteriza-se como um dos principais sítios de acometimento da OA. O envelhecimento, o sobrepeso e o gênero (prevalência em mulheres) são os fatores de risco mais significativos para o desenvolvimento da doença. A OA é considerada uma das mais frequentes causas de incapacidade laborativa e pode afetar a qualidade de vida de seus portadores e favorecer a emergência de transtornos mentais.

Objetivo: Avaliar se os sintomas de ansiedade e depressão são mais expressivos em mulheres com OA quando comparados com mulheres sem tal diagnóstico e o quanto essa doença reumática compromete a qualidade de vida desses pacientes.

Métodos: Participaram deste estudo 75 mulheres, com média de 67 anos, 40 com diagnóstico de OA no joelho e 35 sem. Foram usados os seguintes instrumentos: Inventário de Ansiedade Traço e Estado, Inventário de Depressão de Beck e SF-36, questionário de qualidade de vida.

Resultados: Mulheres portadoras de OA no joelho têm níveis maiores de depressão e ansiedade, além de apresentar qualidade de vida inferior em comparação com o grupo sem a doença.

Conclusão: Acreditamos que o tratamento aos portadores de OA deveria considerar a combinação de farmacoterapia, psicoterapia, orientação e apoio por parte dos parentes e/ou pessoas próximas para que o paciente possa atingir melhor qualidade de vida.

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Introduction

Osteoarthritis (OA) is the most common form of arthritis.¹ It can be defined as a syndrome that constitutes the final common pathway of biochemical, metabolic and physiological changes that occur, simultaneously, in articular cartilage (causing gradual loss), subchondral bone (sclerosis), synovial tissue (inflammation), ligaments, joint capsule and muscles surrounding the affected joint. There is also active bony growth at the joint margins.² In the early stages of OA, chondrocytes, synovial cells and osteoblasts make an attempt to repair the lesions produced in the cartilage and subchondral bone.³

The knee joint is characterized as one of the main sites of involvement of OA, being present in about 6% of adults above 30 years.² The prevalence increases to 10% in people over 60 years of age.⁴ OA occurs predominantly in women after the age of 40 in the period of menopause and in the presence of overweight, causing limitations and adversely affecting the quality of life of this population.^{1,2}

Rheumatic diseases are characterized mainly by their chronic and disabling impairment, causing physical damage that limits the patient's functional ability, directly interfering with his/her daily activities. In this context, OA emerges as one of the most frequent causes of labor incapacity and, therefore, it is critical to evaluate the psychological impacts that such a disease may cause, as well as the quality of life of women with this diagnosis.⁵

Anxiety and depressive disorders can affect patients with a diagnosis of OA, as the chronic pain caused by the disease increases the risk of emergence of these comorbidities.⁴

Elderly patients with chronic medical illnesses have shown an increased risk of non-adherence to medical recommendations, as well as the mortality rate associated with depressive symptoms.⁶

The anxiety disorder is more common in patients with chronic diseases, being related to the limitations experienced by elderly patients.^{7,8} Considering OA as a chronic debilitating disease, it is reasonable to assume that it can be a major stressor, favoring the emergence of this disorder. Anxiety, characterized by an uncomfortable emotional state, manifests itself accompanied by a series of cognitive, emotional, behavioral and physiological changes. These changes often include increased motor tension, autonomic hyperactivity, poor concentration, distractibility, increased vigilance and attention, fear of losing control and of being unable to cope with the imposed situation, escape and avoidance behaviors, nervousness and increased irritability.⁹

Depression is a psychiatric disorder whose prevalence is estimated at around 3–5% of the general population.⁷ The most typical features of depression are: prominence of feelings of sadness or emptiness, loss of ability to experience pleasure in general activities and reduced interest in the environment. Depression may be associated with fatigue and excessive tiredness, as well as with psychomotor changes.⁶

Considering the impact of variables of emotional order in the worsening of OA symptoms, this study sought to evaluate whether the symptoms of anxiety and depression are more significant in women with this disease compared with women without such a diagnosis. Additionally, the impact of OA in the quality of life of patients was investigated, since the pain and their implications prove to be important components for understanding the quality of life of patients.¹⁰

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