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## Brief communication

# Analysis of the influence of pharmacotherapy on the quality of life of seniors with osteoarthritis



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## ABSTRACT

**Aims:** This study aimed to assess the influence of pharmacotherapy on health-related quality of life of elderly with osteoarthritis.

**Methods:** Longitudinal study involving 91 older adults from both genders (Age:  $70.36 \pm 5.57$  years) from EELO project with self-reported knee or hip osteoarthritis, confirmed by radiographic analysis. Data regarding pharmacotherapy was assessed by a structured questionnaire and the quality of life was analyzed by SF-36 questionnaire at the initial moment and two years thereafter. All domains from quality of life were grouped in physical and mental components for further data analysis.

**Results:** A statistically significant decline in both physical and mental components of quality of life was observed (Wilcoxon test,  $p < 0.05$ ). However, it was observed a slight decline in physical components in group treated with chondroitin/glucosamine when compared to other groups, according to Kruskal-Wallis test ( $p = 0.007$ ). On the other hand, it was not observed any influence of pharmacological treatment on mental components of health-related quality of life ( $p > 0.05$ ).

**Conclusions:** Treatment with chondroitin/glucosamin contributes to a lower decline in physical component while it had no influence on mental component of health-related quality of life in older adults with osteoarthritis.

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## Análise da influência da farmacoterapia sobre a qualidade de vida em idosos com osteoartrite

### R E S U M O

#### Palavras-chave:

Osteoartrite  
Idoso  
Funcionalidade  
Incapacidade funcional  
Qualidade de vida

**Objetivos:** Analisar a influência da farmacoterapia da osteoartrite na qualidade de vida de idosos.

**Métodos:** Estudo longitudinal, do qual participaram 91 idosos de ambos os gêneros (idade:  $70,36 \pm 5,57$  anos), integrantes do projeto Estudo sobre Envelhecimento e Longevidade (EELO), portadores de osteoartrite de quadril e/ou joelho, confirmada por análise radiográfica. Foram levantados dados sobre a farmacoterapia da osteoartrite mediante o uso de questionários estruturados e a qualidade de vida foi analisada pelo questionário SF-36, no momento inicial e dois anos após a coleta de dados. Os diferentes domínios da qualidade de vida foram agrupados em domínios físicos e mentais para posterior análise dos dados.

**Resultados:** Foi observado um declínio estatisticamente significativo tanto nos componentes físicos quanto mentais da qualidade de vida dos indivíduos (teste de Wilcoxon,  $p < 0,05$ ). Foi observado menor declínio no componente físico da qualidade de vida para os usuários de condroitina/glicosamina em comparação com o grupo tratado com anti-inflamatórios ou não tratado, segundo o teste de Kruskal-Wallis ( $p = 0,007$ ). Por outro lado, não foi observada influência do tratamento farmacológico sobre o componente mental da qualidade de vida ( $p > 0,05$ ).

**Conclusão:** O tratamento com condroitina/glicosamina contribuiu para menor declínio do componente físico e não influenciou os componentes mentais da qualidade de vida de idosos com osteoartrite.

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## Introduction

Osteoarthritis (OA), also known as arthrosis and osteoarthrosis, is a chronic degenerative disease caused by the deterioration of the cartilage and the formation of marginal osteophyte, with bone outgrowths on the surfaces and at the margins of the joints.<sup>1</sup> It is characterized by pain and functional limitations, it has slow evolution, as a result of the imbalance between the formation and elimination of the main elements of the cartilage.<sup>2</sup>

OA is age-related,<sup>1</sup> being the rheumatic disorder more prevalent among the elderly,<sup>3</sup> affecting approximately 10% of the world's elderly population.<sup>4</sup> Despite there is no accurate data in Brazil, Backer study<sup>5</sup> shows prevalence of 26.3%. In this context, it represents one of the most frequent causes of disability and pain in the musculoskeletal system.<sup>3</sup> Knee OA is the most common manifestation, affecting 23% of the elderly population, although these numbers are even higher among elderly women.<sup>6</sup> However, the prevalence of OA can reach 40% among individuals aged 74 or older.<sup>6</sup>

The cartilage lesion may be caused by a mechanical aggression or due to inflammatory joint disease, and it has strong genetic predisposition.<sup>1,2</sup>

Its pathophysiology is characterized by severe changes in the joint surface (loss of articular cartilage, ulceration, remodeling and sclerosis of the subchondral bone), with sudden biochemical changes in the proteoglycans, resulting in catabolic and anabolic processes in the cartilage metabolism, with reduced levels of chondroitin and glucosamine sulfates.<sup>1</sup>

Its symptoms are basically constant: localized articular pain, which accentuates with increasing load and movement (worse at the beginning of the movement and at rest), reduced range of motion, muscle weakness, joint stiffness after rest, crepitus and increased articular volume, with consequent progressive inability to perform usual activities, such as gait.<sup>1</sup>

OA is initially treated with physical measures, analgesics, steroidal and nonsteroidal anti-inflammatories (NSAIDs), and surgical treatment is indicated for the most severe cases only. However, based on the actual knowledge of the disease pathophysiology, disease modifying drugs, such as chondroitin and glucosamine seems to be able to abolish or reduce its symptoms, increasing functional status of the patients.<sup>2,7</sup>

Quality of life is an important item in the health of the individual that should be considered in the study of OA.<sup>8</sup> According to the World Health Organization (WHO), quality of life is the individual's perception of their position in life, in the context of culture and in the value systems in which they live and in relation to their goals, their expectations, their standards and concerns.<sup>9</sup> The instruments that assess quality of life may be influenced by the impact of the health condition in life, including the physical, emotional and social domains.<sup>10</sup>

Considering the concern over the use of medications in elderly patients with OA, the aim of this study was to analyze the effect of pharmacotherapy on the quality of life of these individuals.

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