3.3 Psychological intervention and miscellaneous forms of care

Quality of Sleep, Quality of Life and Depression in patients with Rheumatoid Arthritis

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Background: Patients with Rheumatoid arthritis (RA) suffer from not only pain but also sleep disturbance and depression. However, in the previous study, there was less data about quality of sleep (QOS), quality of life (QOL), and depression in RA patients.

Objectives: In this study, we aimed to assess the impact of RA on QOS comparing it with that of control subjects. We also studied the relationship between QOS, QOL, and depression according to disease activity and by using tumor necrosis factor (TNF) – alpha blocker.

Methods: One hundred and thirty patients with RA and 117 voluntary control subjects participated in the study. The groups were compared in terms of demographic characteristics. In the RA patients, Disease activity score (DAS-28) (below 3.2 score indicates a low disease activity group and above 3.2 indicates a moderate to high disease activity group), use of TNF-alpha blocker were checked. QOS was evaluated by using the Pittsburg Sleep Quality Index (PSQI) in all the study participants. Beck Depression Inventory (BDI) was used to evaluate depression and QOL was estimated by using Short Form (SF)-16 in the RA patients.

Results: The total PSQI score were higher in RA than control subjects (P < 0.05). The low disease activity group had significantly scored low in total PSQI than moderate to high disease activity group (P < 0.05). The BDI score was significantly lower in the low disease activity group (P < 0.05). The total SF-36 score and mean total scores (mg/week) were in high in low disease activity group than moderate to high disease activity group (P < 0.01). There were seventeen patients who used TNF-alpha blocker. There was no significant association with PSQI, total SF-36, and BDI scores between the TNF-alpha blocker using group and the non-TNF-alpha blocker using group, respectively. The DAS 28 score correlated with the PSQI, total SF-36, and BDI score in RA patients (P < 0.01).

Conclusions: Considering the results, we need to recognize that the patients with RA suffer from sleep disturbance and depression, and their disease activity is associated with QOS, QOL, and depression. Appropriate disease control of RA could lead to improve their QOS and QOL.


Relative frequency of depression and anxiety disorder in rheumatoid Arthritis in patients visited to a private rheumatology clinic in Rashf in 2010

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Rheumatoid arthritis, the most common inflammatory rheumatic disease is Characteristi- cally accompanied with pain, fatigue, disability and functional impairment which impairs not only the physical ability but also the psycho-Social aspects of the patient. It seems that mood disorders are more Common in these patients than general population. Since diverse factors Other than pain including demographic characteristics affect the prevalence Of mood depression in these patients, this study has been designed for the first time in Cilian province(North of Iran) to evaluate the relative Frequency of Mood Disorders in Rheumato- id arthritis.

Material and Methods: In this descriptive cross-sectional study, 180 rheumatoid arthritis patients Who visited consequently to a rheumatology clinic in Rashf enrolled in this Study. The diagnosis of rheumatoid arthritis confirmed according to ACR Criteria by the same rheumatologist. Patients were divided into 3 groups: Symptomatic Fibromyalgia, current users of more than 10 mg corticosteroids Per day, current users of antidepressants drugs, patients with previous history of pain with poor sleep, depression, and other psychological conditions (including But not Restricted to migrane headache and poor control diabetes mellitus, ...). Patients in func- tion class IV were excluded from the study. Bed and SAS Test were used to evaluate depres- sion and Anxiety Disorders respectively.

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A component of central sensitization pain. It was reported that fibromyalgia (FM) patients had higher levels of hypervigilance (González et al., 2010). Auditory evoked Potentials (AEPs) are brain waves generated when a person is stimulated with sounds. They reflect the ability of the human brain to discriminate, classify, and memorize the significance of exogenous stimuli (Giaquinto, 2004).

**Aim of the Study:** To assess the role of auditory evoked potential in diagnosing hypervigilance as a symptom of fibromyalgia and hence evaluating the possibility of using it as an indicator of the presence of fibromyalgia.

**Patients and Methods:** This study was conducted on thirty Fibromyalgia patients, fulfilling the 1990 ACR criteria for diagnosis of FM and a group of sex and age matched controls. All patients undertook full medical history taking, thorough clinical examination, routine laboratory tests, psychiatric and functional assessment as well as measurement of Auditory late response (ALR) slow vertex response and late response of ERPs (P300).

**Results:** There was highly significant statistical differences between patients and controls as regards mean values of N1 at 60 dB, P2 at 60 dB, P2 at 70 dB, P2 at 80 dB, N1P2 at 90 dB and P300 amplitude. Fibromyalgia patients had significantly higher mean values of N1 at 70 dB, P2 at 90 dB and P300 latency as compared to controls.

The diagnostic performance of different AEPs in fibromyalgia patients as regard sensitivity and specificity between patients and controls varied. The best performance was by the measurement of N160 db with the cutoff point values at 102, specificity was 80% and sensitivity was 90%, and N170 db with the cutoff point values 103, specificity was 80% and sensitivity was 86.7%.

**Conclusion:** We conclude that AEPs can be used as diagnostic test for FM since they successfully diagnosed the characteristic hypervigilance in fibromyalgia. This report applies to both components of AEPs (early and late) which proved to be relatively sensitive and specific tests for FM.

**Key words:** Auditory evoked potential; Hypervigilance; Fibromyalgia