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Self-Rated Health and Quality of Life in Slovak Rheumatoid Arthritis Patients

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Summary

Self-rated health (SRH) and Quality of Life (QoL) have become very fashionable in medical research and patient care in the past two decades. The frequency of medical publications on these topics has expanded exponentially since the 1980s. Patient-reported self-evaluations, in particular on health-related QoL, have become accepted as important, sometimes even the most important, outcomes for both the evaluation and comparison of treatments and for the assessment and management of individual patients. SRH and QoL are concepts that carry the promise of great opportunities in the sense that they bring a 'potential breath of fresh air in understanding of health, illness and health care', as expressed by Albrecht and Fitzpatrick (1994). They appeal to patients, their families and friends, clinicians, planners and politicians alike. Part of the reason for the increasing popularity of these concepts is that they appear to be relevant and useful in many ways. SRH is one of the most important predictor variables in studies of health outcomes. It is a powerful predictor of mortality, morbidity, utilisation of health care services, hospitalisation or health protective behaviour. The QoL concept is holistic and it takes into account of a broad range of outcomes that are consistent with the complexities of human life; it focuses on the needs of the individual and so it is acceptable to patients and relatives; it takes into account improvements in function or distress that fall short of a complete cure; it can be applied across disciplines to compare different interventions for different disorders using the same measure of outcome. Patient-reported health-assessments are valuable since they can be used by health personnel as a screening tool to identify patients who are at increased risk of adverse health outcomes. They stimulate doctor-patient communication on psychosocial issues and they may warrant tailored physical or psychological intervention by a health care provider, enabling improvements in the health and quality of life in patients with a chronic disease. In dealing with chronic diseases it has been suggested that the services for people with a chronic disease address the enhancement of QoL rather than cure. According to health policy, an attempt should be made to make the lives of people suffering from chronic diseases worth living despite their disease. Central to all of these ideas is the use of SRH and QoL as outcome measures. In addition, an important aspect of understanding the meaning of QoL is the relationship between the various domains or levels of QoL.

This thesis focuses on self-ratings of health and quality of life by patients with recent-onset rheumatoid arthritis. The study forms part

of a larger longitudinal research project – the European Research on Incapacitating Diseases and Social Support (EURIDISS), in which besides Slovakia five other European countries were involved, in particular France, the Netherlands, Norway, Sweden and the United Kingdom (Northern Ireland). The conceptual framework of the study is based on three theoretical models: the Disease-Handicap Model (DHM), Spilker's Quality of Life (QoL) model and Lazarus and Folkman's Stress-Coping Theory. These models are more extensively described in *Chapter 1*. In addition, this chapter describes the study design, research context, patient selection procedure and research questions.

This thesis is based on three general research questions. Firstly, the question whether the psychometric properties of the instruments used in the study to measure the physical and psychological components of QoL are satisfactory also in the Slovak context is evaluated. In particular the instruments measuring pain and psychological well-being are examined, since these constructs occupy central positions in the models under study (Chapters 2 and 3). The second research question concentrates on the main pathway of the disablement process. More in detail, it goes into the relationships between self-rated health and its determinants - pain, disability and psychological well-being (Chapters 4 and 5). The third research question focuses on the effects of intra-individual factors on the disablement process. In particular, it discusses the possible mediating role of self-esteem and adjustment to disease in the relationship between pain and psychological well-being (Chapter 6).

In the EURIDISS project the operationalization of the central concepts are identical across the countries. Psychometric qualities are available for several instruments used within the project, but for other instruments this information is lacking and to provide these data is part of the objective of the EURIDISS project. Two chapters of this thesis (Chapters 2 and 3) are therefore devoted to the evaluation of the psychometric properties of the measurement tools used.

Chapter 2 examines the reliability and validity of the Slovak version of the General Health Questionnaire-28 (GHQ), and the outcomes are discussed in the light of Western European (WE) results. GHQ is an instrument measuring the psychological aspect of quality of life, which is one of the central constructs within EURIDISS. The scaled, 28-item version of this instrument is a standardised research tool with satisfactory psychometric qualities, well-documented in Western European countries. However, questions emerged as to whether the psychometric properties of this instrument are appropriate in order to measure the psychological component of quality of life also in a Central European country (Slovakia). The analyses within this study focused on examination of the internal consistency and the factor structure of the instrument. As to results,

the reliability figures and the intercorrelations of the scales suggest that the psychometric qualities of the GHQ-28 in Slovakia are satisfactory. However, somewhat dissimilar results of Principal Component Analysis compared to the original scale, in particular the tendency of the subscale 'somatic symptoms' to fall apart over two dimensions claims for more research in patients with a chronic disease.

Chapter 3 is devoted to comparison of three pain measures frequently used with patients with Rheumatoid Arthritis (RA). Pain is one of the most important concomitants of RA, so as objective as possible assessment of pain is necessary for both reliable clinical evaluation and effective treatment planning. This study tries to find answers concerning the differences between the accessible pain instruments; in particular, the Nottingham Health Profile (NHP), the Ritchie Articular Index (RAI), and the McGill Pain Questionnaire (MPQ) are compared with regard to their construct validity as well as their utility for both research and practice. Factor analysis and the known-group technique are employed to evaluate the construct validity of the measures. The results of the analyses provide support for the validity of pain measures. In addition, they provide important information regarding the specific qualities of the instruments, which are correspondingly compared for usefulness in clinical situations.

The aim of *Chapter 4* was to examine the relationships between self-rated health and its possible determinants - disability and psychological well-being. It was supposed that more disability as well as poorer psychological well-being would be associated with poorer self-rated health. The results confirm the importance of two variables for better understanding of subjective health evaluations. Disability and psychological well-being together account for about 25% of the explained variance in self-rated health. In addition, the outcomes of structural equation modeling imply that out of the two determinants the effect of psychological well-being on self-rated health may be more profound. This hypothesis is further explored in *Chapter 5*, which concentrates predominantly on predictors of changes in self-rated health. The study contributes to existing knowledge in this field by evaluating simultaneously the effects of significant determinants of self-rated health in patients with RA - pain, disability and psychological well-being. For the analyses data from all four measurement points are used. The results show the strong predictive power of change in psychological well-being on subsequent self-rated health. This effect is even stronger than the effect of prior self-rated health. From the perspective of the so called 'disease-handicap model' the outcomes bring more clarity to the main pathway of the disablement process, i.e. the pathway leading from pathology to global quality of life in patients with RA.

Chapter 6 focuses on the effect of contextual or to be more precise intra-individual factors on the main pathway of the disablement process. Specifically, attention is given to the possible intervening role of person/coping-related variables (self-esteem and adjustment to disease) in the relationship between pain and psychological well-being with aim of bringing more clarity into the controversy in literature regarding the degree and the causal direction of this association. The results of the present thesis provide support for the idea about the important mediating role of self-esteem and adjustment to disease in the relationship between pain and psychological well-being. Moreover, this intervening role of coping-related variables in stressor (RA pain) – outcome (psychological well-being) relationship seems to become more significant as the disease advances.

The last chapter (*Chapter 7*) discusses the main findings at a more general level. Methodological limitations regarding generalisability of results, study design and measurement instruments are depicted. In addition, several recommendations for future research are delineated as well as recommendations for health policy and practice implications are provided.

References

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