Journal of Nursing, Social Studies and Public Health, Vol. 1, No. 1–2, 2010, pp. 90–97

ORIGINAL ARTICLE

THE IMPORTANCE OF LIFE STYLE IN RHEUMATIC DISEASES

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Submitted: 2009-11-24 **Accepted:** 2010-03-02 **Published online:** 2010-06-11

Abstract
The authors are pointing out the fact that an active attitude to life positively affects the subjective perception of a disease and the quality of life. Questionnaires, interviews with selected respondents and observations were used in the research. This was a quantitative research. It was based on a group of selected patients with rheumatoid arthritis, who visited rheumatological outpatient departments over a period of 4 months (October to January). A total of 134 respondents, 102 women and 32 men, participated in the study. In the group including 134 respondents, it was possible to demonstrate the established hypothesis that patients participating in different activities perceive their condition more positively than those with a passive attitude to life. The patients with rheumatoid arthritis who are employed evaluate their condition more positively than those who are not employed and similar effects were also manifested in patients who are members of interest organisations (clubs) or the League of Rheumatic Patients.

Key words: *rheumatoid arthritis – active attitude – subjective perception of the disease – League of Rheumatic Patients*

INTRODUCTION

Every human wants to enjoy a beautiful and worthy life, but not everybody can fulfil this desire. Our many-year practice in health services suggested us to consider whether it would be possible to affect the subjective perception of the disease by the active attitude to the life and thus, to improve the quality of life in patients with rheumatoid arthritis. We were interested in the problem of whether patients with rheumatic diseases considerably depreciating the quality of their life can perceive their condition more positively in the case of the active manner of the life compared with passive patients. We considered the question whether patients who are engaged in occupational activities, have their hobbies, visit different clubs and/or are members of the League of Rheumatic Patients have more positive results in the assessment of their own health condition. The results of this research should demonstrate the justification of the concept that an active attitude to life can positively affect the perception of the disease by the patient and reduce feelings of pain and depression. Rheumatoid arthritis exerts a negative impact on the patient's life and many patients suffer from anxiety and depression, and become withdrawn and tend to avoid their participation within the life of society. A considerable attention is currently being paid to patients with autoimmune diseases, to new attitudes to the patient and particularly to the new therapeutic possibilities affecting the immune system. For example Cohen et al. (2002) presented Anakinra, which is a recombinant form of a natural

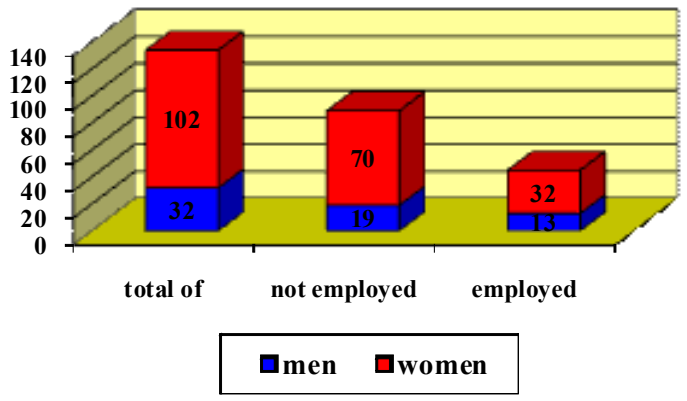
human antagonist of the interleukin-1 (IL-1) receptor blocking the IL-1 bond to the receptor and thus preventing the cellular signal transduction. Anti-inflammatory medicines (non-steroid antiphlogistics and steroids), physiotherapy and rehabilitation (Vokurka and Hugo 2002) commonly find their applications to the treatment. In spite of all the treatment possibilities, many patients perceive their disease as very severe and thus, it is of importance to continue establishing new standards of taking care of patients with rheumatic diseases (Lewtas 1997) and education of physicians and healthcare professionals not only in rheumatology, but also in the communication with and attitude to the patient. The consideration of the disease by the patient can very positively affect the result of the therapy and effort of the whole medical team. We assume that active patients participating in different interest activities or moderate occupational activities are able to perceive their disease more positively than those with a passive attitude to life.

MATERIAL AND METHODS

The research considered the demonstration of positive effects of regular contacts with a social group. For the research and for supporting the hypothesis, the questionnaire method, interviews with selected respondents and observations were employed. The anonymous questionnaire consisted of an introductory formulation and 17 identifying, closed and scaled questions concerning the emotional condition, subjective evaluation of the health condition, quality of life and evaluation of the fatigue (Attachment 1). The research included 134 respondents, selected patients with rheumatoid arthritis and members of the League of Rheumatic Patients, who visited rheumatological outpatient departments in České Budějovice over a four-month period (October to January). The group of respondents was furthermore structured by their age, occupational activity and membership in the League of Rheumatic Patients or other interest organisations (clubs). This was a qualitative research with quantified assessment.

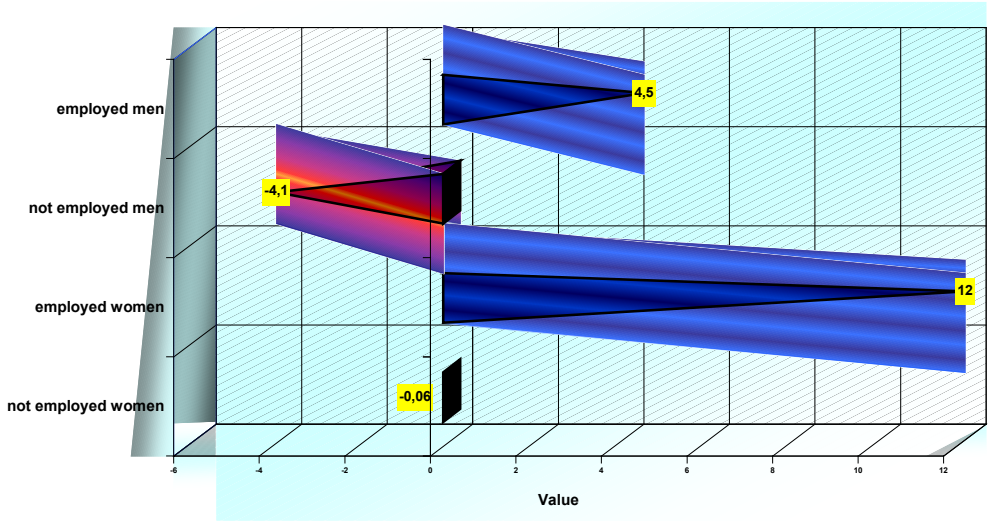
RESULTS

The research included a total of 134 respondents, 102 women and 32 men: 70 women were not employed and 32 women were employed; 19 men were not employed and 13 men were employed (Graph 1).



Graph 1 Groups of respondents by gender and occupational activity

A total of 24 unemployed and 14 employed women participated in activities of the League of Rheumatic Patients and interest clubs. Seven unemployed and 2 employed men were members of interest organisations; no men were members of the League. This resulted in structuring the respondents and the questions were subsequently evaluated. The final results of the questionnaire evaluation was "scored", positive or negative numbers reflecting the subjective perception of the disease and emotional condition of the respondent. The value of the positive number reflects the measure of the respondent's positive condition. After summing the score values and dividing the sum by the appropriate number of respondents in each group, a result for comparison with other groups was obtained. The resulting evaluation of the score in women who were unemployed was negative (–0.06) and that in employed women was positive (12). In men who were unemployed, there was a negative score (–4.1). Employed men exerted a positive score (4.5) (Graph 2).

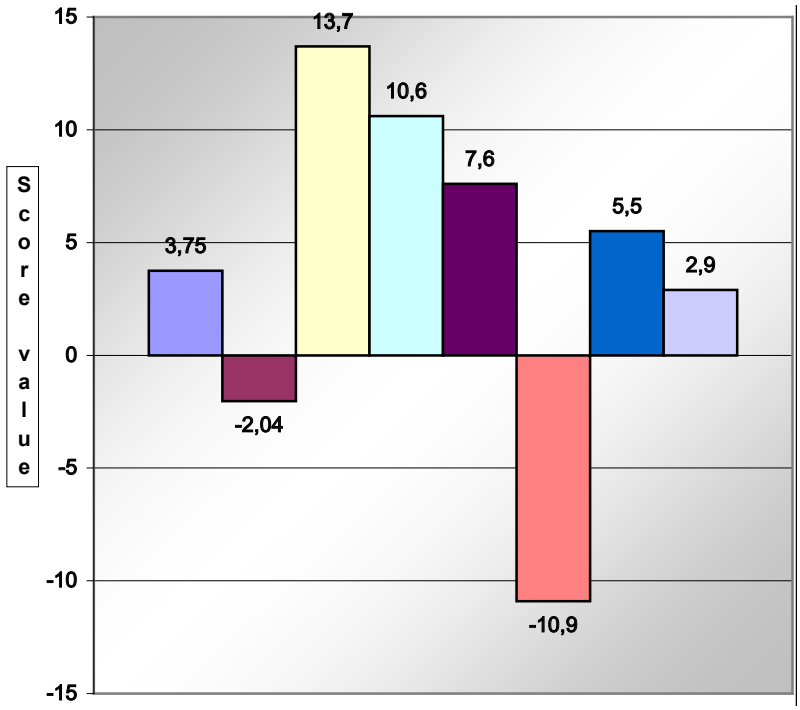


Graph 2 Resulting values of the score depending on the gender and occupational activity

We calculated the values of the score in groups of women and men, who were or were not employed and who were or were not members of the League of Rheumatic Patients or interest organisations. The results were as follows: women – not employed, members = 3.75, not employed, non-members = –2.04, employed, members = 13.7, employed, non-members = 10.6; men – not employed, members = 7.6, not employed, non-members = –10.9, employed, members = 5.5 and employed, non-members = 2.9 (Graph 3).

DISCUSSION

The results presented here obviously indicate that working respondents feel much better than those who are not employed. Hrba (2002) in his recommended procedures for practitioners states that when considering the patient's ability to work, it is necessary to take into account all aspects of their disease and personality features but in general, it is beneficial if the patient can be included into normal society and economic activity for as long as possible, even on account of requalification and different occupational-legal and technical adjustments. Pavelka and Rovenský (2003) state that two third of patients with rheumatoid arthritis are employed worldwide, but certain more recent data suggest that the proportion of employed patients is rather closer to a half. According to Klener et al. (2001), saving the working ability for as long as possible is very



3.75 not employed women, members of League, clubs
–2.04 not employed women, non-members
13.7 employed women, in League, clubs
10.6 employed women, non-members of League, clubs
7.6 not employed men, clubs
–10.9 not employed men, non-members
5.5 employed men, members of clubs
2.9 employed men, non-members of clubs

Graph 3 Values of the score depending on the gender, occupational activity and interests

important in terms of the psychology and prognosis of patients. Trnavský and Dostál (1990) state that the disease hits patients in three basic components: physical, mental and social. The attitude to the patient based on respecting all three components is particularly accepted in the field of chronic medicine. Rheumatoid arthritis exerts a negative impact on the patient's quality of life. According to Lewis (2001), the patients frequently visit the physician and these visits involve disappointment, feelings of frustration and also expenses within the system of healthcare services. Based on the research, we also intended to demonstrate that participation in social life, contact with other patients and performance of different activities results in improving the consideration of the disease, with reducing the feelings of anxiety and depression and exerting positive effects on the perception of pain. The hypothesis was supported by the processing and analysis of the results. It was also supported by the words of one patient, a member of the League of Rheumatic Patients in České Budějovice, who wrote: *"There is not only the fact that I can be*

useful and helpful to those who are weaker than me. I acquire strength and energy from others. I cannot conceal it solely for myself and I also do not want to do so" (Lukášová 2002). In the course of the research, we several times considered a question, whether a healthcare professional is able to make a passive patient change their life style. There is a big problem in this field. Convincing a patient calls for considerable patience, sufficient time, an appropriate attitude and knowledge in the field of medicine and psychology and also familiarisation with the private life of the client, their activities and interests before the disease. We believe, that based on the appropriate attitude and small steps, it is possible to convince the patient. We should take advantage of all the possibilities of introducing a passive client with other, active patients, of including them into their life and of encouraging them, supporting them and providing them with examples. Healthcare professionals should simultaneously be teachers, advisors and helpers of the patient and they should properly educate them. In 2002, a study was carried out in Great Britain aimed at the possibility of chronic use of NSA in general practice through the mediation of the nurse consulting the activity. The authors of the study believe that the intervention on the part of the nurse can result in a significant reduction in the number of patients taking NSA under conditions of general practice without obvious harmful effects on the painful condition or physical function of the patient (Jones et al. 2002). A patient subjected to quality education and having an active attitude to life will feel better when compared with those who are passive and have a lot of time to deal just with their disease and permanent self-observation. We are aware of the fact that by convincing the patient about an active life, it is impossible to heal the disease but it is possible to improve the mental condition and thus also to affect the subjective perception of the disease.

CONCLUSION

A deeper understanding of the problems of patients with rheumatoid arthritis resulted in a positive evaluation of patients – members of the League of Rheumatic Patients, who exert enormous effort in different actions, organise meetings, seminars and lectures and cooperate with physicians and nurses. Healthcare professionals disregard their free time and are always willing to be helpful not only for members of the League of Rheumatic Patients. Certain members of the League of Rheumatic Patients participate in the programme "Patient as a partner", where they pass a final examination and obtain a certificate of "Lector". The certificate makes them competent to educate new participants in this programme (Korandová 2003). In spite of their disease, all the members of the League of Rheumatic Patients are full of pleasure and enthusiasm and they help and support each other. The League of Rheumatic Patients offers the possibility to help other patients. Other changes in the attitude to the life and perception of the disease result in a good mental condition and improved tolerance to the pain, which leads to a reduced consumption of analgesic medicines in particular patients. The reduction in the consumption of these medicines and lowering of risks of undesirable effects leads to beneficial medical and economical impacts on the patient as well as on the whole society. In terms of the society, the therapy of chronic patients with rheumatoid arthritis is a big load. Enormous financial amounts are necessary for providing new medicines. The price of monthly therapy of a patient can be expressed in tens of thousands CZK plus costs associated with frequent occupational disability and permanent disablement. The patient's good mental condition and peace of mind are not expensive and they can be helpful in reducing the amounts paid by the whole society.

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ANNEXE

Annexe 1. Questionnaire

1. Sex: male ☐ female ☐

2. Age: .....

3. Occupational activity: Are you employed (possibly an Independent Trader)?
YES *If YES, what is the type of your occupation* .....
NO ☐

4. INTERESTS:
- ❑ Are you a member of the LEAGUE OF RHEUMATIC PATIENTS? YES ☐ NO ☐
- ❑ Are you a member of another interest organisation or do you regularly (at least once a month) contact people having the same interests? YES ☐ NO ☐

5. Have you met some of them over the last half year? YES ☐ NO ☐

6. Have you had a call or SMS from a friend over the last 14 days? YES ☐ NO ☐

7. Have you suffered from some of the problems specified below in your occupational activity or common daily activity over the last 4 weeks because of certain emotional complaints (as e.g. feelings of depression or anxiety)?
- ❑ Was the time devoted to your work or other activity reduced? YES ☐ NO ☐
- ❑ Did you do less work than you wanted? YES ☐ NO ☐
- ❑ Were you less attentive at work or during other activities? YES ☐ NO ☐

8. Specify the extent of obstacles in normal social life (in family, among friends, neighbours or wider society) resulting from your health or emotional problems) over the last 4 weeks (encircle one number)
- ❑ Not at all 1
- ❑ A little 2
- ❑ Moderately 3
- ❑ Rather strongly..... 4
- ❑ Very strongly..... 5

9. The following questions concern your feelings and your success over the last 4 weeks.
Please specify the answer to every question, which most properly defines your feelings. How frequently over the last 4 weeks? *(encircle one number on each line)*

	Perma-nently	Mostly	Rather frequently	From time to time	With love frequency	Never
a. Did you feel full of enthusiasm?	1	2	3	4	5	6
b. Were you very nervous?	1	2	3	4	5	6
c. Did you feel a depression that there was nothing to improve your mood?	1	2	3	4	5	6
d. Did you feel calmness and peace of mind?	1	2	3	4	5	6
e. Were you full of energy?	1	2	3	4	5	6
f. Did you feel pessimism and sorrow?	1	2	3	4	5	6
g. Did you feel exhausted?	1	2	3	4	5	6
h. Were you happy?	1	2	3	4	5	6
i. Did you feel tired?	1	2	3	4	5	6

10. Please choose an answer, which most properly defines what the extent of the validity of each subsequent statement is *(encircle one number on each line)*

	Definitely yes	Mostly yes	I am not certain	Mostly not	Definitely not
a. It seems that I can get any disease rather more easily than other people.	1	2	3	4	5
b. I am as healthy as any other individual.	1	2	3	4	5
c. I expect a deterioration of my health condition.	1	2	3	4	5
d. My health is perfect.	1	2	3	4	5

Questionnaire of the quality of life (EuroQol)

11. Mobility

I have no problems with gait ☐
I have certain problems with gait ☐
I am confined to bed ☐

12. Self-sufficiency

I am self-sufficient ☐
I have problems with washing and dressing up ☐
I am unable to wash myself ☐

13. Common activities

I have no problems with performing common activities ☐
(for example occupational activities, study, home works, free time activities) ☐
I have problems with performing common activities ☐
I am unable to perform common activities ☐

14. Pains/Complaints

I have no pain or other problems ☐
I suffer from moderate pain or problems ☐
I suffer from severe pain or problems ☐

15. Fear/Depression

I feel no fear, I am not depressive ☐
I feel fear or depressions ☐
I feel enormous fear or severe depressions ☐

16. Compared with the health condition over the last 12 months, my currently existing health condition is:

Improved ☐
Almost the same ☐
Worsened ☐

17. Please consider your lassitude (exhaustion) based on the scale 0–10:

no fatigue the largest conceivable fatigue

0 1 2 3 4 5 6 7 8 9 10