



شبكة المعلومات الجامعية  
التوثيق الإلكتروني والميكروفيلم

# بسم الله الرحمن الرحيم



**MONA MAGHRABY**



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التوثيق الإلكتروني والميكروفيلم



# شبكة المعلومات الجامعية التوثيق الإلكتروني والميكروفيلم



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# جامعة عين شمس

## التوثيق الإلكتروني والميكروفيلم

### قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها  
علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات



### يجب أن

تحفظ هذه الأقراص المدمجة بعيدا عن الغبار



**MONA MAGHRABY**

# **Quality of life of women with rheumatoid arthritis**

*Thesis*

Submitted for Partial Fulfillment of the  
Requirement of the Master Degree in  
Community Health Nursing

*By*

**AMANY EID SOLIMAN GHANEM**

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**Faculty of Nursing  
Ain Shams University  
2021**

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**AMANY EID SOLIMAN**

# Quality of life of women with rheumatoid arthritis

## Abstract

**Background:** Rheumatoid arthritis is a systemic inflammatory autoimmune disease that has great effect on patients' quality of life. **Aim of the study** this study aimed to assess quality of life of women with rheumatoid arthritis through:-Assessing knowledge of women about rheumatoid arthritis , Assessing physical ability , psychological, emotional , occupational function of women with rheumatoid arthritis. **Research design:** A descriptive research design was utilized. **Setting:** The study was conducted in physical medicine, rheumatology, and rehabilitation department Tanta university hospitals. **Sample:** A purposive sample that included 350 women that were diagnosed with rheumatoid arthritis. **Data collection tools:** One data collection tool was used to carry out the current study namely: Interviewing questionnaire sheet. The study tool consists of five parts; demographic data, women's health history, women's life style factors, woman's knowledge about rheumatoid arthritis , and Physical quality of life related to rheumatoid arthritis. **Results:** Nearly three quarter of women with arthritis had correct and complete knowledge, more than two third of women with arthritis had unsatisfactory total knowledge, more than half of women with arthritis had poor total psychological state, nearly half of women with arthritis had poor total physical conditions, nearly half of women with arthritis had poor total quality of life. **Conclusions:** This study concluded that More than two third of women with arthritis had unsatisfactory total knowledge. More than half of women with arthritis had poor total psychological state. Less than half of women with arthritis had poor total physical and occupational conditions, and less than half of women with arthritis had poor total quality of life. There was highly statistically significant correlation between total knowledge with psychological, physical, social and total QOL. **Recommendations:** Provide educational programs to Increase women's knowledge regarding rheumatoid arthritis. Priority should be given to increase women's awareness regarding rheumatoid arthritis. Providing emotional and social support for women with rheumatoid arthritis.

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**Key words:** Quality of life, women, rheumatoid arthritis

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## List of Abbreviations

<b>ACPA</b>	Anti-citrullinated peptide antibody
<b>ACR</b>	American College of Rheumatology
<b>AIMS</b>	Arthritis Impact Measurement Scale
<b>anti-CCP</b>	Anti-cyclic citrullinated peptide
<b>CRP</b>	C-reactive protein
<b>CV</b>	Cardiovascular
<b>DIP</b>	Distal inter phalange
<b>DMARDs</b>	Disease Modifying Anti-Rheumatic Drugs
<b>ESR</b>	Erythrocyte sedimentation rate
<b>EULAR</b>	European League Against Rheumatism
<b>FBC</b>	Full Blood Count
<b>GI</b>	Gastrointestinal
<b>HbsAg</b>	Hepatitis B Surface Antigen
<b>HIV</b>	Human immunodeficiency virus
<b>HRQoL</b>	Health-Related Quality-Of-Life
<b>Ig</b>	Immunoglobulin
<b>IGRA</b>	Interferon Gamma Release Assay
<b>JRA</b>	Juvenile rheumatoid arthritis
<b>LFT</b>	liver function test
<b>MCP</b>	Meta carp phalange
<b>MPGI</b>	Management modular program group intervention
<b>MTP</b>	Meta taros phalange
<b>MTX</b>	Methotrexate
<b>NIAR</b>	National Inflammatory Arthritis Registry
<b>NSAIDs</b>	Non-Steroidal Anti-Inflammatory Drugs

<b>PIP</b>	proximal inter phalange
<b>QOL</b>	Quality Of Life
<b>RA</b>	Rheumatoid arthritis
<b>RF</b>	Rheumatoid Factor
<b>RNs</b>	Registered nurses
<b>RP</b>	Renal Profile
<b>TENS</b>	Transcutaneous Electrical Nerve Stimulation
<b>TNF</b>	Tumor necrosis factor
<b>WHO</b>	World Health Organization

## Introduction

Rheumatoid arthritis is a chronic, painful, and disabling disease resulting in worse health-related quality of life of patients than general population. QOL encompass disease-specific issues and more generic health-related problems. The disease-related factors such as their daily pain and physical disability may affect their QOL. In addition, the personal, social, and economic resources a person has also interacted with their health status and influenced their QOL. Therefore, it is important to identify factors influenced on diverse aspects of life, when considering of QOL. It is crucial for clinicians to consider the factors that influence QOL of patients, as well as control of disease activity, in order to better manage of chronic diseases such as RA (*Kopciuch, et al., 2016*).

Quality of life, the degree to which an individual is healthy, comfortable, and able to participate in or enjoy life events. The term quality of life is inherently ambiguous, as it can refer both to the experience an individual has of his or her own life and to the living conditions in which individuals find themselves (*Nouri, et al., 2019*).

Millions of people suffering from musculoskeletal problems, up to one million have a rheumatic condition, including approximately 690,000 adults with rheumatoid arthritis .Rheumatoid arthritis is the most common autoimmune inflammatory arthritis in adults. Women are two to three times more likely to be diagnosed with rheumatoid arthritis, and around three-quarters of patients were first diagnosed at working age. The cause of rheumatoid arthritis is not known. Susceptible patient groups: Female > male, smokers, anti-cyclic citrullinated peptide (anti-CCP)/rheumatoid factor (RF) positivity, and Peak age 50–75 years (*Helmick, 2018*).

Rheumatoid arthritis (RA) is a chronic, symmetrical, inflammatory autoimmune disease that initially affects small joints, progressing to larger joints, and eventually the skin, eyes, heart, kidneys, and lungs. Often, the bone and cartilage of joints are destroyed, and tendons and ligaments weaken. All this damage to the joints causes deformities and bone erosion, usually very painful for a patient. Common symptoms of RA include morning stiffness of the affected joints for > 30 min, fatigue, fever, and weight loss, joints that are tender, swollen and warm, and rheumatoid nodules under the skin (*National Audit Office, 2019*).

The diagnosis of rheumatoid arthritis can be made with normal auto antibodies/inflammatory markers. Primary care physicians should not wait for investigation results prior to referral if rheumatoid arthritis is suspected. Early referral to a specialist rheumatology clinic has been associated with better results. The management of rheumatoid arthritis include: Primary care, and Multidisciplinary care (*National Institute for Health and Care Excellence, 2020*).

The goals of treatment for RA are to reduce joint inflammation and pain, maximize joint function, and prevent joint destruction and deformity. Treatment regimens consist of combinations of pharmaceuticals, weight bearing exercise, educating patients about the disease, and rest. Treatments are generally customized to a patient. Early recognition of symptoms and diagnosis is key to a more successful patient outcome (*Karlson, 2017*).

The management of rheumatoid arthritis involves a multidisciplinary approach through a rheumatology clinic (occupational therapy, physiotherapy, psychology and patient support) along with patient education. The following professionals may be involved in the care of patients with rheumatoid arthritis as part of the