

# Determinants of health-related quality of life (HR-QoL) across the spectrum of systemic autoimmune rheumatic diseases: Results from the LEAP cohort

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## Background

- Poor HR-QoL is recognised in established CTDs
- How it affects patients with undifferentiated CTD which has traditionally been associated with a mild or more benign profile is unclear

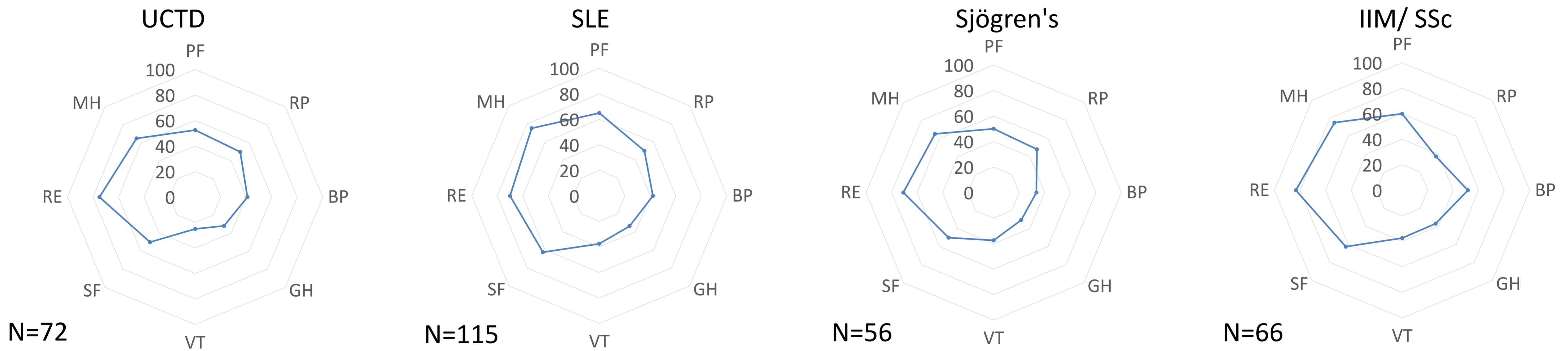
## Objective

1. Investigate HR-QoL in patients affected with a variety of CTDs (including UCTD) using the SF-36 questionnaire
2. Review demographic and clinical factors predictive of a poor HR-QoL

## Methods

- The eight domains of the SF-36 were calculated (0-100)
- The physical and mental component score were derived
- A score below 50 represents a worse HR-QoL compared to the general UK population

The eight health related – quality of life domains of the SF-36 are similar across SARDs  
The most affected domains included vitality, general health and bodily pain

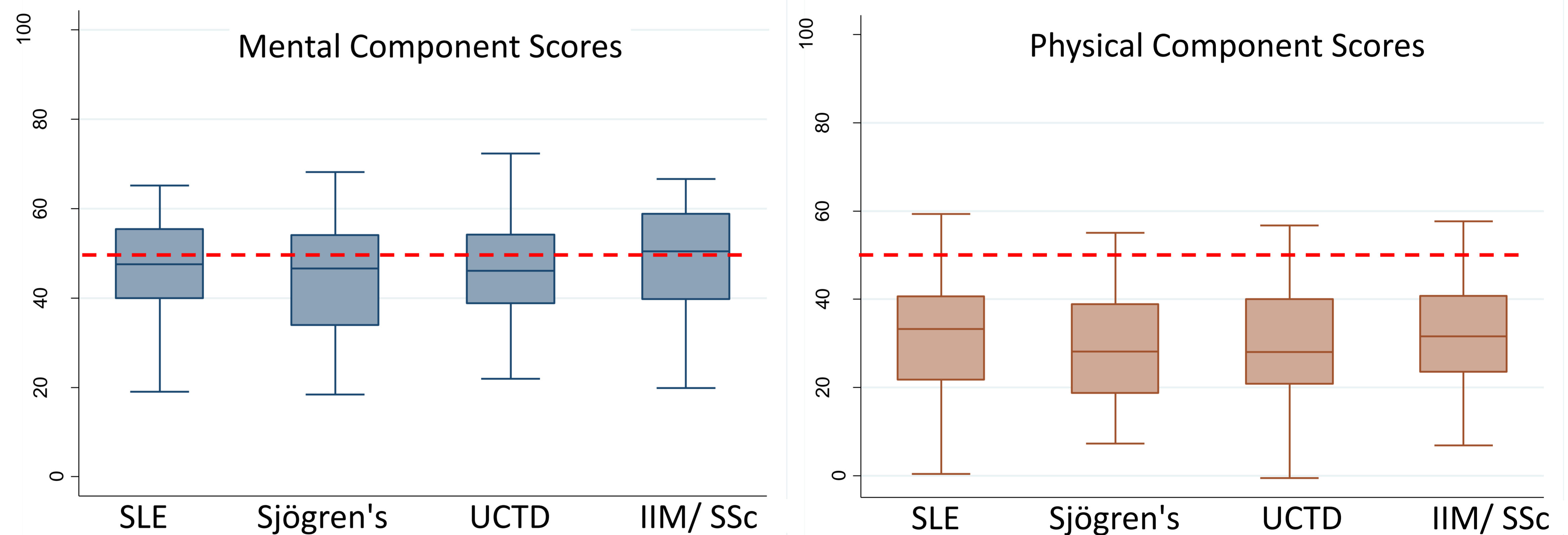


## SF36 domains

Physical function	PF
Role physical	RP
Bodily pain	BP
General health	GH
Vitality	VT
Social functioning	SF
Role emotional	RE
Mental health	MH

## Mental and Physical component scores are similar across SARDs

The Physical component score is more affected compared to the Mental component score



## Baseline characteristics

Age, mean (sd) / years	49 (13)
Female, n(%)	280 (91)
Disease duration, mean (sd) / years	9 (9)
Caucasian, n(%)	235 (76)
BMI, mean (sd)	29 (7)
Smoker, n(%)	26 (8)

## Factors associated with lower physical component score

	Univariate		Multivariate	
	beta (95% CI)	P value	beta (95% CI)	P value
Increasing age	-0.15 (-0.26, -0.06)	0.008	-0.12 (-0.22, 0.00)	0.05
Prednisolone use	-3.1 (-6.05, -0.19)	0.037	-3.7 (-6.95, -0.39)	0.028
CRP	-0.09 (-0.62, -0.10)	0.007	-0.4 (-0.66, -0.15)	0.002
Fatigue	-2.00 (-3.79, -0.22)	0.028	-2.36 (-4.60, -0.13)	0.038
Sicca syndrome	-4.70 (-7.66, -1.74)	0.002	-3.81 (-7.18, -0.44)	0.027

## Conclusion

UCTD patients exhibit **similar impairment** in physical components of HR-QoL compared with other established CTDs, despite perceived differences in disease severity

**Sicca syndrome, fatigue, and steroid burden** are key targets for improving HR-QoL in patients across the spectrum of CTDs