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HEALTH-RELATED QUALITY OF LIFE AND PSYCHOEMOTIONAL WELL-BEING IN PATIENTS WITH PRIMARY HYPOTHYROIDISM AND HEPATOBILIARY DISORDERS

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Abstract: Primary hypothyroidism accompanied by hepatobiliary disorders may adversely affect both psychoemotional well-being and health-related quality of life. This study evaluated emotional status and quality-of-life indicators in patients receiving thyroid hormone replacement therapy using standardized clinical questionnaires. Psychological characteristics were analyzed together with clinical compensation of hypothyroidism and disease duration. Patients with compensated hypothyroidism demonstrated significantly better physical, social, and emotional functioning than those with persistent hormonal imbalance. Comprehensive assessment of psychoemotional health may improve individualized treatment strategies and optimize long-term management of patients with primary hypothyroidism.

Keywords: primary hypothyroidism; quality of life; psychoemotional status; hepatobiliary diseases; SF-36 questionnaire.

КАЧЕСТВО ЖИЗНИ, СВЯЗАННОЕ СО ЗДОРОВЬЕМ, И ПСИХОЭМОЦИОНАЛЬНОЕ БЛАГОПОЛУЧИЕ ПАЦИЕНТОВ С ПЕРВИЧНЫМ ГИПОТИРЕОЗОМ И ЗАБОЛЕВАНИЯМИ ГЕПАТОБИЛИАРНОЙ СИСТЕМЫ

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Аннотация: Первичный гипотиреоз в сочетании с заболеваниями гепатобилиарной системы оказывает неблагоприятное влияние на

психоэмоциональное состояние и качество жизни пациентов. В исследовании проведена оценка эмоционального статуса и показателей качества жизни у больных, получавших заместительную терапию тиреоидными гормонами, с использованием стандартизированных опросников. Психологические особенности анализировали с учетом степени компенсации гипотиреоза и длительности заболевания. У пациентов с компенсированным гипотиреозом показатели физического, социального и эмоционального функционирования были значительно выше по сравнению с больными с декомпенсированным течением заболевания. Комплексная оценка психоэмоционального состояния способствует индивидуализации лечения и совершенствованию длительного ведения пациентов с первичным гипотиреозом.

Ключевые слова: первичный гипотиреоз; качество жизни; психоэмоциональное состояние; заболевания гепатобилиарной системы; опросник SF-36.

Introduction: Primary hypothyroidism is one of the most prevalent endocrine disorders and is characterized by insufficient production of thyroid hormones, resulting in metabolic disturbances that affect multiple organs and systems. Despite adequate hormone replacement therapy, many patients continue to report persistent fatigue, reduced physical performance, emotional instability, and impaired social functioning. The presence of concomitant hepatobiliary diseases may further aggravate these manifestations through chronic inflammation, digestive dysfunction, and metabolic imbalance. Consequently, assessment of health-related quality of life has become an essential component of comprehensive management for patients with hypothyroidism. Standardized questionnaires, including the SF-36, together with validated psychological scales for anxiety and depression, provide objective information regarding the patient's physical and emotional well-being beyond routine biochemical evaluation. Previous investigations have demonstrated that inadequate hormonal compensation and prolonged disease duration are associated with poorer functional outcomes and increased

psychological distress. Early recognition of psychoemotional disturbances may improve treatment adherence, facilitate individualized rehabilitation, and enhance long-term prognosis. Therefore, simultaneous evaluation of endocrine status, hepatobiliary comorbidity, and patient-reported quality of life represents an important approach for optimizing comprehensive clinical care in individuals with primary hypothyroidism.

Aim of the study: To evaluate the relationship between psychoemotional status and health-related quality of life in patients with primary hypothyroidism accompanied by hepatobiliary disorders and to determine the influence of disease compensation and duration on patient-reported outcomes.

Materials and methods. The study included 88 patients with primary hypothyroidism, comprising 75 women and 13 men, with a mean age of 55.7 ± 12.7 years. Postoperative hypothyroidism was diagnosed in 39 patients, while 36 patients had chronic autoimmune thyroiditis. The mean disease duration was 11.5 ± 8.5 years, ranging from 6 months to 34 years. All participants received levothyroxine replacement therapy at a mean daily dose of 90.9 ± 44.2 μg. Compensated hypothyroidism was identified in 34 patients with a mean thyroid-stimulating hormone level of 1.7 ± 1.1 mIU/L, whereas decompensated hypothyroidism was observed in 28 patients with a mean thyroid-stimulating hormone concentration of 10.9 ± 11.5 mIU/L. Laboratory investigations included thyroid-stimulating hormone, free thyroxine, thyroid peroxidase antibodies, and biochemical assessment of hepatobiliary function. Thyroid and abdominal ultrasonography were performed in all participants. Health-related quality of life was evaluated using the SF-36 questionnaire, while depression, anxiety, and aggression were assessed using the Zung, Spielberger–Khanin, and Buss–Durkee questionnaires. Statistical analysis was performed using the Mann–Whitney test and Spearman correlation analysis, with statistical significance established at $p < 0.05$.

Results. Chronic pancreatitis was identified in 34 patients (56.7%), chronic acalculous cholecystitis in 32 (53.3%), cholelithiasis in 19 (31.7%), biliary dyskinesia in 12 (20.0%), hepatic steatosis in 12 (20.0%), and chronic hepatitis in 6 patients (10.0%). Individuals with decompensated hypothyroidism demonstrated significantly higher levels of trait anxiety than patients with compensated disease. According to the SF-36 questionnaire, general health ($p = 0.01$), social functioning ($p = 0.02$), and emotional role functioning ($p = 0.02$) were significantly better among patients with compensated hypothyroidism. Patients with disease duration shorter than 5 years had significantly higher physical functioning ($p = 0.03$) and emotional role functioning ($p = 0.049$) than those with longer disease duration. Correlation analysis demonstrated positive associations between age and depression ($r = 0.49$, $p < 0.0001$), disease duration and trait anxiety ($r = 0.32$, $p = 0.005$), and disease duration and situational anxiety ($r = 0.33$, $p = 0.004$). Physical functioning declined with increasing age ($r = -0.51$, $p < 0.0001$) and longer disease duration ($r = -0.33$, $p = 0.003$), confirming the cumulative negative influence of prolonged hypothyroidism on quality of life.

Conclusions: Health-related quality of life in patients with primary hypothyroidism is closely associated with hormonal compensation, disease duration, and psychoemotional status. Patients with compensated hypothyroidism demonstrate better physical, emotional, and social functioning than those with persistent hormonal imbalance. Increasing age and prolonged disease duration contribute to higher levels of anxiety and depression while reducing physical performance and overall well-being. Comprehensive assessment using standardized psychological and quality-of-life questionnaires should complement endocrine evaluation to optimize individualized treatment strategies, improve long-term follow-up, and enhance patient adherence to replacement therapy.

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