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DETERMINANTS OF HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH CHRONIC PANCREATITIS

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Abstract: Chronic pancreatitis is a progressive disease associated with persistent pain, digestive dysfunction, and impaired daily functioning. This study evaluated health-related quality of life and identified the clinical, psychological, and social factors associated with reduced well-being in patients with chronic pancreatitis. Quality of life was assessed using the SF-36 questionnaire together with standardized anxiety and depression scales. Lower quality-of-life scores were observed in older patients, individuals with frequent disease exacerbations, limited physical activity, and accompanying psychological disorders. Comprehensive evaluation of patient-reported outcomes may improve rehabilitation strategies and support individualized long-term management of chronic pancreatitis.

Keywords: chronic pancreatitis; quality of life; SF-36 questionnaire; anxiety; depression.

ФАКТОРЫ, ОПРЕДЕЛЯЮЩИЕ КАЧЕСТВО ЖИЗНИ, СВЯЗАННОЕ СО ЗДОРОВЬЕМ, У ПАЦИЕНТОВ С ХРОНИЧЕСКИМ ПАНКРЕАТИТОМ

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Аннотация: Хронический панкреатит является прогрессирующим заболеванием, сопровождающимся стойким болевым синдромом, нарушением пищеварения и снижением повседневной активности. В исследовании проведена оценка качества жизни и определены клинические, психологические и социальные факторы, влияющие на состояние пациентов с хроническим панкреатитом. Для оценки качества жизни использовали

опросник SF-36, а уровень тревоги и депрессии определяли с помощью стандартизированных психометрических шкал. Более низкие показатели качества жизни выявлены у пациентов пожилого возраста, при частых обострениях заболевания, недостаточной физической активности и наличии эмоциональных нарушений. Комплексная оценка состояния пациентов способствует совершенствованию реабилитации и повышению эффективности длительного лечения хронического панкреатита.

Ключевые слова: хронический панкреатит; качество жизни; опросник SF-36; тревожность; депрессия.

Introduction: Chronic pancreatitis is a long-standing inflammatory disease characterized by progressive fibrosis of the pancreatic parenchyma, irreversible impairment of exocrine and endocrine function, and gradual deterioration of patients' quality of life. Persistent abdominal pain, recurrent exacerbations, pancreatic insufficiency, and nutritional deficiencies considerably restrict daily activities and reduce social participation. Although imaging studies and laboratory investigations provide valuable information regarding disease severity, they cannot fully characterize the patient's subjective perception of health status. Therefore, assessment of health-related quality of life has become an important outcome measure in contemporary pancreatology. Standardized questionnaires allow clinicians to evaluate physical functioning, emotional well-being, social adaptation, and treatment satisfaction in addition to conventional clinical indicators. Previous clinical investigations have demonstrated that disease duration, recurrent pain, anxiety, depression, unemployment, and frequent hospitalizations significantly worsen patient-reported outcomes. Identification of these determinants facilitates early multidisciplinary intervention and contributes to more individualized management strategies. Evaluation of quality of life also provides objective evidence of treatment effectiveness during conservative therapy and long-term follow-up. Consequently, integrating patient-reported outcomes into routine clinical practice enables a more comprehensive assessment of disease burden and supports patient-centered care. Recognition of psychosocial and

clinical predictors of impaired quality of life may improve rehabilitation programs and optimize long-term outcomes in patients with chronic pancreatitis.

Aim of the study: To determine the clinical, demographic, and psychosocial factors associated with health-related quality of life in patients with chronic pancreatitis using standardized assessment instruments and to identify predictors of reduced patient well-being.

Materials and methods. The study included 21 patients with confirmed chronic pancreatitis who underwent comprehensive clinical evaluation. The mean age of participants was 49.4 ± 13.7 years, and the average disease duration was 8.7 ± 7.8 years. Demographic characteristics, educational level, employment status, smoking history, alcohol consumption, body mass index, frequency of disease exacerbations, and previous pancreatic interventions were recorded for every participant. Health-related quality of life was assessed using the validated Short Form-36 (SF-36) questionnaire, which evaluates eight domains of physical and mental health. Anxiety and depressive symptoms were measured using the Hospital Anxiety and Depression Scale (HADS). Pain intensity was assessed according to standardized clinical criteria, while nutritional status and pancreatic insufficiency were evaluated during routine examination. Statistical analysis included descriptive statistics, univariate analysis, and multivariable linear regression to identify independent predictors of reduced quality-of-life scores. Continuous variables were expressed as mean ± standard deviation, whereas categorical variables were presented as frequencies and percentages. Correlation analysis was performed to determine relationships between psychosocial variables and SF-36 domain scores. Statistical significance was accepted at $p < 0.05$.

Results. Analysis of SF-36 demonstrated that patients with chronic pancreatitis had substantial impairment in both physical and mental health domains. Reduced physical functioning was significantly associated with increasing age, prolonged disease duration, recurrent pain episodes, unemployment, and frequent hospital admissions. Patients experiencing repeated exacerbations reported lower vitality, diminished social functioning, and poorer general health perception than

individuals with less active disease. Psychological assessment revealed clinically significant anxiety and depressive symptoms in a considerable proportion of participants, and both conditions independently correlated with lower SF-36 scores. Multivariable regression analysis identified depression, unemployment, recurrent pain, and anxiety as the strongest independent determinants of impaired quality of life. Depression showed the greatest negative influence on mental health domains, whereas recurrent pain predominantly affected physical functioning and daily activity. Patients who remained professionally active generally demonstrated better physical and emotional well-being than unemployed individuals. Higher educational level was associated with improved social functioning and greater treatment adherence. Conversely, smoking and excessive alcohol consumption were linked to less favorable quality-of-life outcomes. Overall findings indicated that psychosocial factors contributed to patient well-being to a similar extent as clinical manifestations of chronic pancreatitis. These results emphasize that successful long-term management should address not only pancreatic pathology but also psychological support, rehabilitation, and social adaptation to achieve meaningful improvement in patient-reported health status.

Conclusions: Quality of life in patients with chronic pancreatitis is determined by a combination of clinical manifestations and psychosocial factors rather than disease severity alone. Depression, anxiety, recurrent abdominal pain, unemployment, and frequent exacerbations are the principal predictors of reduced physical and mental well-being. The SF-36 questionnaire provides a reliable assessment of patient-reported outcomes and complements conventional clinical evaluation. Routine psychosocial screening together with comprehensive management strategies may improve treatment adherence, enhance rehabilitation effectiveness, and optimize long-term outcomes. Incorporating standardized quality-of-life assessment into everyday clinical practice supports individualized care and facilitates more accurate monitoring of patients with chronic pancreatitis.

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