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CLINICAL AND PSYCHOLOGICAL DETERMINANTS OF HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH CHRONIC EROSIVE GASTRITIS

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Abstract

The study evaluates the impact of psycho-emotional distress and somatic symptoms on health-related quality of life in patients with chronic erosive gastritis. A comprehensive clinical, endoscopic, and psychological analysis was performed on ninety-four patients. Severe emotional anxiety and persistent dyspeptic symptoms were directly associated with mucosal erosion recurrence. These alterations led to a significant decrease in both physical and psycho-emotional components of patient well-being. Integrating psychological correction into standard gastroenterological therapy is essential to optimize long-term clinical outcomes and overall quality of life.

Keywords: chronic erosive gastritis, psychological distress, quality of life, dyspepsia, mucosal healing.

Аннотация

В исследовании оценивается влияние психоэмоционального дистресса и соматических симптомов на качество жизни пациентов с хроническим эрозивным гастритом. Комплексный клинический, эндоскопический и психологический анализ выполнен у девяноста четырех пациентов. Выраженная эмоциональная тревожность и стойкие диспептические симптомы были напрямую связаны с рецидивированием эрозий слизистой оболочки. Эти изменения приводили к достоверному снижению физического и психоэмоционального компонентов качества жизни. Интеграция психологической коррекции в стандартную гастроэнтерологическую терапию необходима для оптимизации клинических исходов.

Ключевые слова: хронический эрозивный гастрит, психологический дистресс, качество жизни, диспепсия, заживление слизистой.

INTRODUCTION

Chronic erosive gastritis remains a widespread pathology in modern gastroenterology, significantly impacting the working-age population's health status. The pathogenesis of mucosal erosion involves an imbalance between aggressive factors, such as gastric acid and Helicobacter pylori infection, and protective mechanisms of the gastric mucosa. Recent clinical evidence suggests that the central nervous system and psycho-emotional factors exert a profound regulatory influence on gastrointestinal motility and mucosal blood flow. Persistent psychological distress, anxiety, and sleep disturbances trigger neuroendocrine alterations that delay mucosal regeneration and exacerbate somatic pain pathways. Patients frequently experience chronic epigastric pain, nausea, and early satiety, which severely restrict daily activities and social functioning. These persistent symptoms contribute to a vicious cycle where abdominal discomfort amplifies emotional distress, further reducing health-related quality of life. Traditional therapeutic approaches focusing solely on acid suppression often show limited long-term efficacy if underlying psychosomatic factors are ignored. Therefore, identifying psychological determinants and evaluating their specific impact on patient well-being is vital for modern internal medicine. A comprehensive approach combining standard pharmacological eradication with psychological support could offer a more sustainable path to clinical recovery and lifestyle optimization.

Aim of the study -to evaluate the relationships between psycho-emotional distress parameters, clinical endoscopic indicators, and health-related quality of life in patients with chronic erosive gastritis.

MATERIALS AND METHODS

The clinical trial involved ninety-four patients diagnosed with chronic erosive gastritis who underwent comprehensive evaluation. Patients with severe organic complications or severe systemic comorbidities were excluded from the study

cohort. Upper gastrointestinal endoscopy was performed to assess the localization, number, and healing stage of mucosal erosions. Helicobacter pylori status was verified using a rapid urease test and histological examination. Health-related quality of life parameters and psychological distress levels were measured using the short-form SF-36 questionnaire and the Hospital Anxiety and Depression Scale. Clinical symptoms, including epigastric pain severity and dyspeptic discomfort, were graded using a standardized visual analog scale. Statistical data processing was executed using the Statistica 6.0 software package, applying Student's t-test, Mann-Whitney U-test, and Pearson correlation analysis to establish significance at p less than 0.05.

RESULTS

The clinical evaluation demonstrated that high levels of anxiety and emotional exhaustion were prevalent in 42.5% of the gastritis patients. Endoscopic monitoring revealed that patients with persistent psychological distress had a significantly higher number of recurrent erosions in the antrum. Correlation analysis established a strong negative relationship between anxiety scores and the psycho-emotional component of life quality (r=-0.58). Epigastric pain intensity was directly correlated with lower physical functioning scores on the SF-36 scale (r=-0.52). Over a thirty-day standard therapy period, patients with low baseline anxiety achieved complete mucosal healing in 84.2% of cases. Conversely, patients with severe emotional distress demonstrated persistent erosive changes and lower quality of life improvements, highlighting the psychosomatic resistance to conventional therapy.

CONCLUSIONS

Psycho-emotional distress serves as a significant aggravating factor that impairs mucosal healing and reduces quality of life in erosive gastritis. Persistent anxiety is strongly associated with recurrent gastric erosions and severe dyspeptic symptoms. Standard anti-secretory therapy alone does not guarantee sustainable psychological and physical well-being in distressed individuals. Implementing a multidisciplinary

management algorithm that addresses both mucosal inflammation and psycho-emotional status is necessary to enhance long-term quality of life.

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