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PSYCHOEMOTIONAL STATE AND QUALITY OF LIFE IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Abstract: Systemic lupus erythematosus (SLE) is a chronic autoimmune disease that significantly affects patients' quality of life. This study aimed to evaluate the quality of life of patients with SLE depending on their psycho-emotional, medical, social, and ethnic characteristics. A cross-sectional study included 45 patients with confirmed SLE. Quality of life was assessed using the LupusQoL questionnaire, while anxiety and depression were evaluated using the HADS scale. Statistical analysis was performed using Spearman correlation and the Mann–Whitney test, with $p < 0.05$ considered significant. The mean age of the participants was 43 years, and the overall quality-of-life score was 50.21. Patients with depression or anxiety had significantly lower scores in physical health, emotional health, fatigue, pain, body image, planning, and other quality-of-life domains. SLE negatively affects all aspects of quality of life, and psychological disorders are strongly associated with poorer patient outcomes.

Keywords: Systemic lupus erythematosus, quality of life, depression, anxiety.

ПСИХОЭМОЦИОНАЛЬНОЕ СОСТОЯНИЕ И КАЧЕСТВО ЖИЗНИ ПАЦИЕНТОВ С СИСТЕМНОЙ КРАСНОЙ ВОЛЧАНКОЙ

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Аннотация: Системная красная волчанка (СКВ) — хроническое аутоиммунное заболевание, значительно ухудшающее качество жизни пациентов. Целью исследования была оценка качества жизни больных СКВ с учетом психоэмоциональных, медицинских, социальных и

этнических факторов. В одномоментное поперечное исследование были включены 45 пациентов с подтвержденным диагнозом СКВ. Качество жизни оценивали с помощью опросника LupusQoL, а тревогу и депрессию — по шкале HADS. Статистический анализ выполняли с использованием корреляции Спирмена и критерия Манна–Уитни при уровне значимости $p < 0,05$. Средний возраст пациентов составил 43 года, а общий показатель качества жизни — 50,21 балла. У пациентов с депрессией и тревогой отмечалось достоверное снижение показателей физического и эмоционального здоровья, утомляемости, боли, образа тела, планирования и других доменов качества жизни. СКВ оказывает выраженное отрицательное влияние на качество жизни, а наличие тревоги и депрессии связано с более неблагоприятными исходами.

Ключевые слова: системная красная волчанка, качество жизни, депрессия, тревога.

Introduction: Treatment of systemic lupus erythematosus (SLE) should focus not only on controlling disease activity but also on improving patients' health-related quality of life (QOL). Previous studies have shown that patients expect better disease control, fewer medication side effects, reduced disease flares, prevention of organ damage, and improved psychological well-being. Health-related QOL is a multidimensional concept that reflects the impact of disease on physical, emotional, and social functioning.

Several international studies have reported significantly lower QOL among patients with SLE compared with the general population. Differences in QOL have also been associated with ethnicity, education, disease severity, and organ damage. The most affected domains commonly include pain, fatigue, emotional health, physical functioning, and the burden imposed on others**.** These limitations reduce daily functioning, impair social relationships, and negatively affect both patients and their families.

Aim of the study: To evaluate the quality of life of patients with systemic lupus erythematosus (SLE) and determine its association with medical, social, ethnic, and psycho-emotional characteristics.

Materials and methods. A cross-sectional study was conducted among patients with systemic lupus erythematosus (SLE). The total population included 54 registered patients, of whom 45 agreed to participate. Six patients refused participation, two records were unavailable, and one patient was excluded for not meeting the inclusion criteria. Written informed consent was obtained from all participants.

Inclusion criteria were female patients aged 18 years or older with a confirmed diagnosis of SLE. Exclusion criteria included age under 18 years, absence of an SLE diagnosis, cognitive or psychiatric disorders affecting questionnaire completion, refusal to participate, and male sex due to the small number of male SLE patients.

Sociodemographic data (age, marital status, ethnicity, education, and employment) and clinical characteristics (disease duration and disability status) were collected using a structured questionnaire. Participants were categorized by marital status (married/cohabiting vs. unmarried/divorced/widowed), ethnicity (Uzbek/Tatar vs. Russian), and education level (higher vs. secondary or incomplete higher education).

Quality of life was assessed using the LupusQoL questionnaire, which contains 34 items grouped into eight domains: physical health, pain, planning, intimate relationships, burden to others, emotional health, body image, and fatigue. Responses were scored on a five-point Likert scale and converted to a 0–100 scale, where higher scores indicate better quality of life.

Anxiety and depression were evaluated using the Hospital Anxiety and Depression Scale (HADS), consisting of 14 questions (7 for anxiety and 7 for depression). Scores of 0–7 indicated normal status, 8–10 subclinical symptoms, and 11–21 clinically significant anxiety or depression. For comparative analysis,

patients were divided into normal and abnormal anxiety/depression groups according to HADS scores.

Results. The mean age of the participants was 43 years**,** and the average disease duration was 11 years**.** Most patients were Uzbek (80%)**,** followed by Russian (15.6%) and Tatar (4.4%)**.** Disability was present in 80% of patients, while 60% were unemployed. Regarding marital status, 51.1% were unmarried and 48.9% were married or cohabiting. Most participants had secondary specialized education, and 24.4% had higher education.

The overall mean LupusQoL score was 50.21**.** The lowest scores were observed in the domains of physical health, fatigue, and pain**,** indicating that these aspects were most affected by SLE.

According to the HADS scale, 46.7% of patients had normal anxiety levels, 22.2% had subclinical anxiety, and 31.1% had clinically significant anxiety. More than half of the patients **(**53.3%**)** had subclinical or clinical depression.

Significant differences in quality of life were found in the domains of physical health, intimate relationships, and emotional health between patients with and without anxiety/depression. Employment status was associated only with the physical health domain. Russian patients had significantly lower body image scores than Uzbek and Tatar patients **(**$p = 0.038$**),** while no significant ethnic differences were observed in the remaining domains.

No significant correlation was found between age or disease duration and quality of life. However, patients with anxiety and depressive symptoms had significantly poorer quality-of-life scores across multiple domains. These findings are consistent with previous studies, confirming that psychological distress is an important determinant of reduced quality of life in patients with SLE.

Conclusions: Exposure to SLE has a negative impact on all areas of patients' lives. Our group of patients has a deterioration in QOL correlated with high scores of depression and anxiety. The presence of marriage had a positive effect

on some domains of QOL. QOL is an important evaluation measure of a patient's subjective perception of their own health. When managing patients with SLE, it is necessary to take into account not only clinical and diagnostic data, but also QOL and psycho-emotional well-being. Psychological help can have a positive effect on the quality of life of patients, helping to overcome difficulties psychological problems that have arisen as a result of SLE.

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