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HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH CHRONIC PANCREATITIS

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Abstract: Chronic pancreatitis is a progressive disease that markedly affects physical health, digestive function, and everyday quality of life. This study evaluated health-related quality of life in patients with chronic pancreatitis using a disease-specific assessment questionnaire developed for clinical practice. Clinical manifestations, digestive disturbances, and functional limitations were analyzed to determine their influence on patient well-being. More severe malabsorption syndrome was associated with lower quality-of-life scores and greater impairment of daily activities. Disease-specific quality-of-life assessment may improve clinical evaluation, support individualized treatment, and optimize long-term management of patients with chronic pancreatitis.

Keywords: chronic pancreatitis; quality of life; malabsorption syndrome; digestive disorders; patient-reported outcomes.

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

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Аннотация: Хронический панкреатит представляет собой прогрессирующее заболевание, существенно ухудшающее физическое состояние, пищеварительную функцию и качество жизни пациентов. В исследовании проведена оценка качества жизни больных хроническим панкреатитом с использованием специализированного опросника, разработанного для клинической практики. Проанализированы клинические проявления,

нарушения пищеварения и функциональные ограничения, влияющие на самочувствие пациентов. Более выраженный синдром мальабсорбции сопровождался снижением показателей качества жизни и ухудшением повседневной активности. Применение специализированной оценки качества жизни способствует более точному клиническому анализу, индивидуализации лечения и совершенствованию длительного ведения пациентов с хроническим панкреатитом.

Ключевые слова: хронический панкреатит; качество жизни; синдром мальабсорбции; нарушения пищеварения; показатели, сообщаемые пациентами.

Introduction: Chronic pancreatitis is a progressive inflammatory disease characterized by irreversible structural damage to the pancreas, resulting in impairment of both exocrine and endocrine functions. Progressive fibrosis, ductal abnormalities, chronic pain, and pancreatic insufficiency substantially reduce patients' physical performance and psychosocial well-being. In addition to recurrent abdominal pain, many individuals develop malabsorption syndrome manifested by weight loss, steatorrhea, nutritional deficiencies, and decreased functional capacity. These clinical manifestations significantly influence everyday activities and health-related quality of life. Although laboratory tests and imaging techniques accurately characterize structural pancreatic changes, they do not fully reflect the patient's subjective perception of disease burden. Therefore, standardized disease-specific questionnaires have become increasingly important for comprehensive assessment of treatment outcomes. The development of specialized instruments capable of evaluating digestive disorders, pain intensity, stool abnormalities, and general health perception provides clinicians with additional information for monitoring disease progression and therapeutic effectiveness. Reliable assessment of quality of life is particularly valuable in patients undergoing pancreatic surgery, where successful clinical management should include both objective improvement and restoration of functional well-

being. Integrating patient-reported outcomes into routine clinical practice facilitates individualized therapeutic decisions, improves long-term follow-up, and allows more accurate evaluation of conservative and surgical treatment strategies in chronic pancreatitis.

Aim of the study: To evaluate health-related quality of life in patients with chronic pancreatitis using a disease-specific questionnaire and to determine its association with the severity of malabsorption syndrome and clinical manifestations of the disease.

Materials and methods. The study included 78 patients with chronic pancreatitis. Among them, 40 patients were managed conservatively during disease exacerbation, whereas 38 patients had previously undergone pancreatic resection procedures, including the Frey procedure, Beger procedure, or the Bern modification. The conservatively treated group consisted of 30 men (75.0%) and 10 women (25.0%) with a mean age of 53.9 ± 1.7 years**.** The postoperative group included 32 men (84.2%) and 6 women (15.8%)**,** with a mean age of 50.3 ± 1.2 years**.** Clinical examination, laboratory investigations, and assessment of nutritional status were performed in all participants. The severity of malabsorption syndrome was determined according to established clinical and laboratory criteria and classified into mild, moderate, and severe stages. Health-related quality of life was evaluated using the disease-specific COLPAC questionnaire**,** comprising six domains: pain syndrome, dyspeptic symptoms, reflux manifestations, digestive dysfunction, stool disorders, and overall quality of life. Criterion validity was assessed by comparison with the validated SF-36 questionnaire, while construct validity was analyzed using the Kruskal–Wallis test. Correlation between questionnaire scores and malabsorption severity was determined using Spearman's rank correlation coefficient. Statistical significance was accepted at $p < 0.05$**.**

Results. The COLPAC questionnaire demonstrated high diagnostic performance and strong psychometric characteristics in patients with chronic pancreatitis. Most participants **(**76.9%**)** completed the questionnaire within 10 minutes**,** indicating

good practicality for routine clinical use. Significant correlations were observed between COLPAC domains and SF-36 quality-of-life scales, confirming criterion validity. Construct validity was supported by the Kruskal–Wallis test ($\chi^2 = 43.89$, $p < 0.001$), demonstrating the questionnaire's ability to distinguish patients with different clinical severity. Among postoperative patients, the digestive dysfunction domain showed the strongest association with malabsorption severity (rs = 0.74, p = 0.00034), while the overall quality-of-life score also correlated significantly (rs = 0.50, p = 0.00078). Similar findings were obtained in conservatively treated patients, where digestive dysfunction demonstrated an even stronger correlation (rs = 0.82, p = 0.00034) and the overall quality-of-life score remained significantly associated with disease severity (rs = 0.51, p = 0.00023). Comparative analysis revealed that patients with malabsorption syndrome had markedly higher symptom scores than those without malabsorption. The overall questionnaire score increased from 17.21 ± 6.57 in patients without malabsorption to 28.51 ± 9.13 in affected individuals (p = 0.00057). These findings indicate that worsening pancreatic insufficiency is accompanied by progressive deterioration in patient-reported quality of life.

Conclusions: Health-related quality of life in chronic pancreatitis is closely associated with the severity of malabsorption syndrome and gastrointestinal symptoms. The disease-specific COLPAC questionnaire demonstrated high validity, reproducibility, and sensitivity for identifying clinically significant deterioration in patient well-being. Strong correlations between questionnaire domains and objective indicators of pancreatic insufficiency support its use in routine clinical practice. Comprehensive quality-of-life assessment complements conventional diagnostic methods, facilitates individualized treatment planning, and enables more accurate monitoring of conservative and surgical outcomes. Incorporating disease-specific patient-reported outcome measures may improve long-term management and optimize rehabilitation strategies for individuals with chronic pancreatitis.

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