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QUALITY OF LIFE ASSESSMENT IN PATIENTS WITH MORBID OBESITY: A COMPARATIVE QUESTIONNAIRE-BASED STUDY

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Abstract: Morbid obesity significantly impairs patients' physical, psychological, and social well-being, leading to a marked reduction in health-related quality of life. This study aimed to evaluate quality of life in patients with morbid obesity using standardized questionnaires. A comparative assessment was performed with validated instruments, including SF-36 and GIQLI, to analyze physical, emotional, and functional health domains. The findings demonstrated substantial deterioration in physical functioning, vitality, emotional status, and daily activity, with gastrointestinal symptoms further reducing overall well-being. Comprehensive assessment of quality of life may support individualized treatment strategies and improve long-term management of patients with morbid obesity.

Keywords: morbid obesity, quality of life, health-related quality of life, SF-36, GIQLI, obesity, patient-reported outcomes.

ОЦЕНКА КАЧЕСТВА ЖИЗНИ ПАЦИЕНТОВ С МОРБИДНЫМ ОЖИРЕНИЕМ: СРАВНИТЕЛЬНОЕ ИССЛЕДОВАНИЕ НА ОСНОВЕ АНКЕТИРОВАНИЯ

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Аннотация: Морбидное ожирение оказывает выраженное отрицательное влияние на физическое, психоэмоциональное и социальное состояние пациентов, значительно снижая качество их жизни. Целью исследования явилась оценка качества жизни пациентов с морбидным ожирением с использованием стандартизированных опросников. Для анализа применялись валидизированные инструменты, включая SF-36 и GIQLI, с оценкой

физического, эмоционального и функционального компонентов здоровья. Установлено достоверное снижение показателей физической активности, жизнеспособности, эмоционального благополучия и повседневного функционирования у пациентов с морбидным ожирением по сравнению с контрольной группой. Комплексная оценка качества жизни способствует индивидуализации лечебной тактики и повышению эффективности ведения пациентов.

Ключевые слова: морбидное ожирение, качество жизни, SF-36, GIQLI, здоровье, опросники, физическое и психоэмоциональное состояние.

Introduction: Morbid obesity is a chronic multifactorial disease associated with significant metabolic disturbances and an increased risk of cardiovascular disease, type 2 diabetes mellitus, and other obesity-related complications. Beyond its physical consequences, morbid obesity markedly impairs psychological well-being, social functioning, and overall health-related quality of life. Evaluation of quality of life has therefore become an essential component of comprehensive patient assessment and an important indicator of treatment effectiveness. Standardized questionnaires, including the Short Form-36 Health Survey (SF-36) and the Gastrointestinal Quality of Life Index (GIQLI), are widely used to assess physical, emotional, and functional aspects of health. These instruments provide valuable information on the impact of obesity on daily activities and patient well-being. However, comparative assessment of different quality-of-life questionnaires in patients with morbid obesity remains limited. A comprehensive evaluation using validated tools may improve understanding of disease burden, facilitate individualized therapeutic strategies, and optimize long-term clinical outcomes. Consequently, further investigation of health-related quality of life in patients with morbid obesity remains an important direction of contemporary clinical research.

Aim of the study: To evaluate the quality of life of patients with morbid obesity using standardized questionnaires and to compare physical, psychological, and functional health domains in order to identify the most affected aspects of health-related quality of life.

Materials and methods. A comparative cross-sectional study was conducted to evaluate the quality of life of patients with morbid obesity. The study included 26 patients with morbid obesity and 26 healthy volunteers who served as the control group. The mean age of patients was 36.7 ± 0.3 years, the mean body weight was 125.1 ± 24.5 kg, and the mean body mass index (BMI) was 42.8 ± 8.1 kg/m². Participants with morbid obesity were recruited according to established clinical diagnostic criteria, while individuals in the control group had no history of obesity or significant chronic diseases. Health-related quality of life was assessed using three validated questionnaires: the Short Form-36 Health Survey (SF-36), the Gastrointestinal Quality of Life Index (GIQLI), and a disease-specific Quality of Life Index (QLI) questionnaire developed for patients with morbid obesity. The SF-36 evaluated physical and mental health domains, whereas the GIQLI assessed gastrointestinal and functional well-being. The disease-specific questionnaire was used to determine obesity-related limitations in daily life and perceived health status. Statistical analysis was performed using Microsoft Excel 2007. Quantitative variables were expressed as mean ± standard deviation. Differences between groups were analyzed using Student's t-test, and correlations between BMI and quality-of-life indicators were evaluated using Pearson's correlation coefficient. Statistical significance was accepted at a p-value of less than 0.05.

Results. The study demonstrated a significant reduction in health-related quality of life among patients with morbid obesity compared with healthy individuals. According to the SF-36 questionnaire, all evaluated domains were significantly lower in the patient group, particularly physical functioning, general health perception, vitality, emotional status, and mental well-being ($p < 0.05$). Physical well-being was markedly reduced in patients with morbid obesity, indicating substantial limitations in daily physical activity and overall functional capacity. Similar findings were obtained using the GIQLI questionnaire, which revealed significantly lower functional, emotional, and social scores, together with a reduced total quality-of-life score in patients compared with controls ($p < 0.05$). Disease-specific assessment with the Quality of Life Index (QLI) also

demonstrated significantly poorer functional activity, health perception, and obesity-related quality-of-life indicators in the morbid obesity group. Correlation analysis showed a significant inverse relationship between body mass index and physical functioning assessed by SF-36, indicating that increasing BMI was associated with worsening physical health. A similar negative correlation was observed between BMI and disease-specific QLI scores, whereas no significant association between BMI and GIQLI parameters was identified. Overall, all three questionnaires consistently confirmed that morbid obesity is associated with substantial impairment of physical, psychological, and social well-being, although the disease-specific questionnaire was more sensitive in identifying obesity-related limitations and the impact of excess body weight on patients' quality of life.

Conclusions: The quality of life of patients with morbid obesity is significantly reduced compared with healthy individuals, with the greatest impairment observed in physical functioning and general health. All three questionnaires effectively identified deterioration in health-related quality of life, although the disease-specific Quality of Life Index demonstrated greater sensitivity to obesity-related limitations. Increasing body mass index was associated with poorer physical health and lower disease-specific quality-of-life scores. Comprehensive assessment of quality of life using standardized questionnaires may improve individualized treatment planning, patient monitoring, and long-term clinical outcomes.

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