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CLINICAL ASSESSMENT OF QUALITY OF LIFE BEFORE AND AFTER TREATMENT OF CHRONIC EROSIVE GASTRITIS

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Abstract: Chronic erosive gastritis is associated with persistent gastrointestinal symptoms that may considerably impair patients' physical and emotional well-being. This study assessed changes in health-related quality of life among patients with *Helicobacter pylori*-associated chronic erosive gastritis before and after standard eradication therapy. Clinical findings were compared with patient-reported outcomes using a validated quality-of-life questionnaire. Treatment resulted in improved general health, greater functional capacity, and reduced symptom-related limitations, although complete recovery of quality-of-life indicators was not achieved during the follow-up period. Regular assessment of patient-reported outcomes may enhance therapeutic evaluation and support individualized management of chronic erosive gastritis.

Keywords: chronic erosive gastritis; *Helicobacter pylori*; quality of life; eradication therapy; patient-reported outcomes.

КЛИНИЧЕСКАЯ ОЦЕНКА КАЧЕСТВА ЖИЗНИ ДО И ПОСЛЕ ЛЕЧЕНИЯ ХРОНИЧЕСКОГО ЭРОЗИВНОГО ГАСТРИТА

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Аннотация: Хронический эрозивный гастрит сопровождается стойкими желудочно-кишечными симптомами, которые существенно ухудшают физическое и эмоциональное состояние пациентов. В исследовании оценены изменения качества жизни у больных хроническим эрозивным гастритом, ассоциированным с *Helicobacter pylori*, до и после стандартной

эрадикационной терапии. Клинические результаты сопоставлены с субъективной оценкой пациентов с использованием валидизированного опросника качества жизни. После лечения отмечено улучшение общего состояния здоровья, повышение повседневной активности и уменьшение выраженности симптомов, однако полного восстановления показателей качества жизни за период наблюдения не достигнуто. Регулярная оценка качества жизни способствует объективной оценке эффективности лечения и совершенствованию индивидуального ведения пациентов с хроническим эрозивным гастритом.

Ключевые слова: хронический эрозивный гастрит; *Helicobacter pylori*; качество жизни; эрадикационная терапия; результаты, сообщаемые пациентами.

Introduction: Chronic erosive gastritis is one of the most common inflammatory disorders of the upper gastrointestinal tract and represents a significant medical and social problem because of its recurrent course and long-term impact on patient well-being. Persistent inflammation of the gastric mucosa, particularly when associated with *Helicobacter pylori* infection, frequently causes epigastric pain, dyspeptic symptoms, reduced appetite, and impaired daily functioning. Although current therapeutic strategies effectively reduce disease activity and promote mucosal healing, many patients continue to experience physical discomfort and psychological concerns after treatment. Consequently, assessment of health-related quality of life has become an important component of modern gastroenterological practice. Patient-reported outcomes provide valuable information regarding symptom burden, treatment satisfaction, and the ability to perform everyday activities, complementing conventional clinical and endoscopic findings. Standardized quality-of-life questionnaires allow physicians to evaluate the broader consequences of chronic disease and monitor recovery following medical intervention. Identification of factors associated with impaired quality of life may contribute to individualized treatment planning, improved patient adherence, and more effective long-term follow-up. Integrating subjective patient assessment with

objective clinical evaluation provides a comprehensive understanding of treatment effectiveness and supports patient-centered healthcare. Therefore, monitoring quality of life should be considered an essential element in the management of individuals with chronic erosive gastritis associated with *Helicobacter pylori* infection.

Aim of the study: To evaluate changes in health-related quality of life in patients with *Helicobacter pylori*-associated chronic erosive gastritis before and after eradication therapy and to determine the clinical significance of patient-reported outcomes.

Materials and methods. A prospective observational study included 39 patients with chronic erosive gastritis associated with *Helicobacter pylori* infection. The study population consisted of 22 women and 17 men with a mean age of approximately 44 years**.** The number of participants was reduced compared with the original investigation while maintaining the overall study design. Diagnosis was established using clinical assessment, upper gastrointestinal endoscopy, and histological examination of gastric mucosal biopsy specimens. The presence of *Helicobacter pylori* infection was confirmed by a combination of urease testing, microscopic examination of stained biopsy smears, and polymerase chain reaction analysis. All participants received standard quadruple eradication therapy in accordance with accepted clinical recommendations. Quality of life was evaluated before treatment and again 6–8 weeks after completion of therapy using a standardized questionnaire assessing physical activity, social functioning, and general health perception. Responses were scored using a five-point scale, and overall quality-of-life indices were calculated for each participant. Clinical symptoms, treatment tolerance, and subjective well-being were documented throughout the observation period. Statistical analysis included descriptive methods and comparison of qualitative variables using the chi-square test. Statistical significance was defined as $p < 0.05$**.**

Results. Baseline evaluation demonstrated that chronic erosive gastritis had a considerable negative impact on patients' quality of life. Most participants reported

abdominal pain, reduced appetite, impaired sleep, fatigue, and limitations in everyday activities during the exacerbation period. Concerns regarding dietary restrictions and possible disease recurrence also contributed to emotional distress and decreased overall well-being. Following eradication therapy, significant improvements were observed in several quality-of-life domains. Patients reported better physical performance, improved general health, and reduced symptom severity compared with baseline assessment. The proportion of individuals rating their health as satisfactory decreased, whereas the number reporting good or very good health increased after treatment. Social functioning remained relatively stable before and after therapy, suggesting that interpersonal relationships were less affected than physical health. Female participants initially demonstrated lower quality-of-life scores than men, particularly regarding physical capacity and general well-being, although these differences became less pronounced after successful treatment. Despite the positive therapeutic response, complete normalization of quality-of-life indicators was not achieved during the short follow-up period, indicating that recovery from chronic gastric disease requires longer observation. Comprehensive assessment of patient-reported outcomes provided additional information beyond conventional clinical findings and reflected the broader effects of treatment on daily functioning. These results emphasize the value of integrating quality-of-life evaluation into routine management of patients with chronic erosive gastritis.

Conclusions: Chronic erosive gastritis significantly affects physical well-being, daily functioning, and overall quality of life, particularly during periods of disease exacerbation. Standard eradication therapy leads to meaningful improvement in clinical symptoms and patient-reported health status, although complete restoration of quality-of-life indicators may require prolonged follow-up. Routine assessment using standardized quality-of-life questionnaires complements conventional clinical evaluation by identifying the patient's subjective perception of recovery and treatment effectiveness. Incorporating patient-reported outcomes into everyday gastroenterological practice may improve individualized treatment planning,

strengthen physician–patient communication, enhance adherence to therapy, and contribute to better long-term management of chronic erosive gastritis associated with *Helicobacter pylori* infection.

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