CORRELATIONS OF HAQ LIFE QUALITY INDEX WITH AIMS SCORE, AT PATIENTS WITH COXITIS FROM ANKYLOSING SPONDYLITIS

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Abstract: The life quality in relation to health is the net consequence of disease and treatment on patient's perception, concerning his capacity of having a complete and fruitful life. Ankylosing spondylitis is a progressive inflamatory disease that affects the spine joints and the adjacent soft tissues. There are always affected the sacroiliac joints. The injury of coxofemoral joint, coxitis is an active lesion. The study objective: to make evident the way HAQ and AIMS correlate, for a period of 6 months at patients with coxitis from ankylosing spondilitis. The study group is made of 46 patients with ankylosing spondilitis who had coxitis.. I have determined Haq and Aims values on admission, on dismissal and after 6 months. We have found a strong correlation between HAQ and AIMS indexes on the occasion of the three determinations.

Cuvinte cheie: coxită, calitatea vieții, impactul artritei Rezumat: Calitatea vieții, în raport cu sănătatea este consecința netă a bolii si tratamentului asupra percepției pacientului, privind capacitatea sa de a avea o viața deplină si utilă. Spondilita ankilozantă este o boală inflamatorie progresivă, care afectează articulațiile de la nivelul coloanei vertebrale și țesuturile moi adiacente. Afectarea articulației coxofemurale, coxita, este o leziune activă, mai mult sau mai puțin precoce. Obiectivul studiului: evidețierea modului în care se corelează scorul HAQ și AIMS, pe o perioada de 6 luni la pacienții cu coxită din spondilita anchilozantă. Lotul de studiu este format din 46 de pacienții cu spondilită anchilozantă, care prezentau coxită. Am determinat valorile Haq și Aims la internare, externaresi la 6 luni. Am constatat o puternică corelație între scorurile HAQ si AIMS cu ocazia celor trei determinări.

INTRODUCTION

The life quality in relation to health is the net consequence of disease and treatment on patient's perception, concerning his / her capacity of having a complete and fruitful life.

Ankylosing spondylitis is a progressive inflamatory disease that affects the spine joints and the adjacent soft tissues. There are always affected the sacroiliac joints.

The injury of coxofemoral joint, *coxitis* is an active lesion, more or less precocious, concerning all joint elements. It can appear on debut, difficult diagnosis, especially in spondilitis with debut in childhood or adolescence.

In the * 80's, the concept of self-managed quastionaires become more accepted for the evaluation of rheumatic disease, when the "Health Assesment Questionare" (HAQ) and "Arthritis Impact Mesurement Scales" (AIMS) were published. These were mainly conceived to evaluate the polyarthritis patient's state of health. Later on, several studies showed that both instruments are thrustful, valid and sensitive to change, both as concerns the clinical research purpose and the practical research. Haq was modified for its use in AS, HAQ-S, adding the areas for ADL-s, that were modified at patients with spondylosis(4).

AIMS questionaire was introduced in 1980 to evaluate the functional status of rheumatic patients (1,2,4). The questionaire is made of 45 questions grouped in 9 scales that can be combined to investigate the various components of the state

of health. AIMS was analysed under the aspect of statistic credibility and validity, of sensitivity to change and utility to different population of arthritis patients (1,3,4). AIMS 2 is an extended and updated variant of AIMS original battery, at which there were added new scales, to complete the original version, that measures mobility, walk and bending, the function of hands and fingers, selfcareing, home activities, joint pain, the state of psychical tension and the disposition. The questionaire is made of scales that can be used separately, depending on the field of activity we want to investigate(5,6).

THE STUDY OBJECTIVE

An objective of this study was to make evident the way HAQ life quality score and AIMS correlate, the index that determines the arthritis impact, for a period of 6 months at patients with coxitis from ankylosing spondilitis.

MATERIAL AND METHOD

The group of AS patients is made of 46 males, stage IV. According to the data from the literature, this pathology is specific to males.

The age of AS patients is between 22-78 years old.

The time interval from the moment the spondylitis was diagnosed until the moment of coxites diagnosis is between 0 and 30 years. The number of hip prostheses at patients taken in the study was 5.

We have determined the Haq and Aims values on

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admission, on dismissal and after 6 months.

The correlation coeficient is a quantitative value that describes the relation between two or more variables. It varies between -1 and +1 values. A perfect relation has +1 or -1 value, and a total lack of relation has 0 value.

The correlation can be *positive* or *negative*.

The higher the value of the correlation coeficient in absolute value, the more dependent are the two variables – the dependent variable is more strongly influenced by the independent variable.

RESULTS

The clinic success was defined by diminished pain or disappearance of pain at hip level, and as concerns the life quality, the success was showed by the diminishing of HAQ and AIMS index values.

HAQ index has values between 0,375 and 2,25 on admission, between 0 and 2 on dismissal, and after one year, the score varies between 0,375 and 2,875.

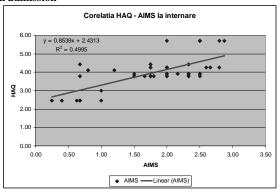
AIMS2 index values were between 5,7 and 2,1.

Table no. 1. Value of corelation coefficients

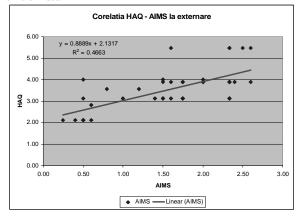
ITEMS	Age	Debut
Age	1	0,22
Debut	0,22	1
HAQ admission	-0,02	0,14
HAQ dismissal	-0,13	0,05
HAQ after six months	-0,37	-0,05
HAQ after one year	-0,22	0,06
AIMS physical on admission	0,12	0,20
AIMS functional on admission	0,00	0,17
AIMS pain on admission	-0,12	0,12
AIMS work on admission	-0,24	0,10
AIMS psychic on admission	-0,11	0,06
AIMS physical on admission	0,01	0,19
AIMS functional on dismissal	-0,06	0,14
AIMS pain on dismissal	-0,05	0,15
AIMS work on dismissal	-0,09	0,12
AIMS psychic on dismissal	0,05	0,16
AIMS admission	0,17	0,17
AIMS dismissal	0,14	0,18
AIMS after six months	0,15	0,19

The objective of this study was to make evident the correlation between the parrameters in question. We have found a strong correlation between HAQ and AIMS index.

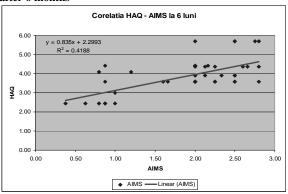
Graphic. no. 1. Correlation between HAQ and AIMS index on admission



Graphic. nr. 2. Correlation between HAQ and AIMS index on dismissal



Graphic. nr. 3. Correlation between HAQ and AIMS index after 6 months



CONCLUSION

We have found a strong correlation between HAQ and AIMS index on all determinations, therefore the life quality is strongly influenced by the presence of arthritis at patients with ankylosing spondylitis, which was actually expected.

BIBLIOGRPHY

- Arkela-Kautiainen M, Kauppi M, Heikkila S, Kautiainen H, Malkia E, Leirisalo-Repo M. Evaluation of the arthritis impact measurement scales (AIMS2) in Finnish patients with rheumatoid arthritis. Scand J Rheumatol 2003;32(5):300-5.
- Association AP: Diagnostic and statistical manual of mental disorders. Ed. 4.. Edited by: Association AP. Washington, DC; 1994.
- Banciu M. Balneofizioterapie generală şi concepte moderne de recuperare, Vol. I, Editura Mirton, Timisoara, 1996, pag. 53-195.
- Mihailov Mariana, Cevei Mariana, Recuperarea funcțională în bolile reumatologice, Editura Universității Oradea, 2006, pg 18-27, 99-139
- Van Baar M E, Deker J, Ostendorp R A B, et al. Effectiveness of exercise in patients with osteoarthitis of the hip or knee. Ann Rheum Dis 2001/60/1123-1130.
- Woo J, Lau E, Lee P, Kwok T, Lau WC, Chan C, Chiu P, Li E, Sham A, Lam D: Impact of osteoarthritis on quality of life in a Hong Kong Chinese population. J Rheumatol 2004, 31:2433-2438