

[Internet]. 2018 June [cited 2021 Apr 05]; 84 (3): 265-279. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1808-86942018000300265&lng=en. <http://dx.doi.org/10.1016/j.bjorl.2018.02.001>.

5. Наказ МОЗ України № 167 від 05.04.07. Про затвердження методичних вказівок «Визначення чутливості мікроорганізмів до антибактеріальних препаратів». – К., 2007. – 52 с.

6. Мінухін В.В., Коваленко Н.І., Замазій Т.М., Новікова І.В., Тараненко Г.П. Етіологічна структура інфекційних захворювань ЛОР-органів. Журнал клінічних та експериментальних медичних досліджень. 2016. Т. 4, № 3. С. 374–381.

7. Kovalenko N.I., Zamaziy N.M., Novikova I.V., Taranenko H.P. Etiological structure and ecological significance of opportunistic pathogens in bronchitis // *World of Medicine and Biology*. – 2020. – № 4 (74). – P. 68–72. doi: 10.26724/2079-8334-2020-4-74-68-72.

8. Коваленко Н.І., Замазій Т.М., Новікова І.В., Тараненко Г.П. Екологічний аналіз умовно-патогенної мікрофлори при пневмоніях. *Eastern Ukrainian Medical Journal*. 2019. Т.7, № 2. С. 136–141.

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ANALYSIS OF QUALITY OF LIFE IN PATIENTS WITH CHRONIC PANCREATITIS

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The level of human quality of life (QOL) plays an important role in health. According to the WHO «health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.» Therefore, the study of the level of QOL and its changes in different

pathologies is necessary at different stages of medical care, and especially at the outpatient stage in order to conduct effective medical and preventive work [1, 2].

Recently, due to the significant spread and rapid growth of the pathology, more and more attention is paid to the study of QOL in patients with diseases of the gastrointestinal tract, especially the pancreas. The obtained results testified to the great possibilities of the QOL assessment method in clinical practice [3].

After conducting a survey patients with chronic pancreatitis (CP) on a specialized test questionnaire GSRS noted a statistically significant ($p < 0,001$) increase in the number of points in the group of patients with CP relative to those in the control group on the scales: abdominal pain – (10.00 ± 0.15) points against (2.70 ± 0.18) points; gastric reflux – (11.36 ± 0.21) points and (4.40 ± 0.17) points; diarrhea – (10.19 ± 0.40) points and (4.25 ± 0.18) points; constipation – (8.71 ± 0.36) points and (4.60 ± 0.20) points; dyspepsia – (14.36 ± 0.24) points and (5.75 ± 0.14) points, respectively, which indicated a deterioration in the level of QOL in the subjects.

In our opinion, it would be expedient to compare the indicators of QOL in patients with CP depending on biological age and between men and women.

Table 1 shows the obtained values of QOL in patients with CP depending on the biological age of the subjects.

It should be noted statistically significant ($p < 0.001$) higher values of all scales of the GSRS questionnaire in different age groups of patients with CP relative to those in the control group.

Table 1

Analysis of the level of QOL according to the parameters of the GSRS questionnaire in patients with CP depending on age ($M \pm m$)

Scale	Control group	Age comparison group		
		before 45 years	46 – 60 years	elder than 60 years
AP (abdominal pain)	$2,70 \pm 0,18$	$8,94 \pm 0,18^*$	$10,13 \pm 0,24^*$ $p_{1-2} < 0,001$	$11,15 \pm 0,22^*$ $p_{1-3} < 0,001$ $p_{2-3} < 0,01$
RS (gastric reflux)	$4,40 \pm 0,17$	$10,03 \pm 0,25^*$	$11,33 \pm 0,26^*$ $p_{1-2} < 0,001$	$13,19 \pm 0,44^*$ $p_{1-3} < 0,001$ $p_{2-3} < 0,001$

Table continuation 1

DS (diarrhea)	4,25±0,18	8,61±0,41*	10,19±0,65* p ₁₋₂ >0,05	12,30±0,91* p ₁ <0,01 p ₂₋₃ >0,05
CS (constipation)	4,60±0,20	7,39±0,51*	8,85±0,47* p ₁₋₂ <0,05	10,22±0,94* p ₁ <0,001 p ₂₋₃ >0,05
IS (dyspepsia)	5,75±0,14	12,33±0,34*	14,60±0,30* p ₁₋₂ <0,0001	16,59±0,34* p ₁₋₃ <0,0001 p ₂₋₃ <0,0001

With a high degree of statistical significance ($p < 0.001$), deterioration of QOL levels was found in the parameters of the scales of abdominal pain, gastric reflux, dyspepsia and constipation with increasing biological age of patients with CP. The value of the diarrhea scale also tended to increase and differed significantly between groups of patients under 45 years and older than 60 years.

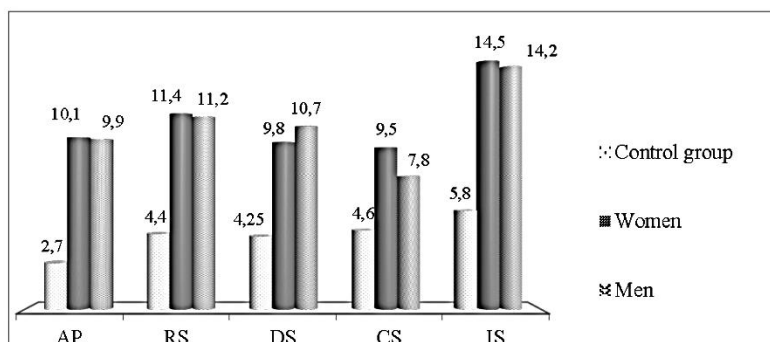


Figure 3.5 – The state of indicators of the level of QOL in patients with CP on the scales of the GRSR questionnaire in groups by sex

Assessing the level of QOL indicators by sex, shown in figure 1, found a statistically significant ($p < 0.001$) difference in values in both men and women relative to healthy people. Also found a significant ($p < 0,05$) predominance of indicators on the scale of diarrhea in the group of men, and on the scale of constipation – in the group of women, also found a tendency to prevail on other scales (abdominal pain, gastric reflux, dyspepsia) in the group of women over a group of men.

The next stage of our study was to assess the level of QOL on the scales of the questionnaire SF-36 [3].

The survey of the examined patients with CP showed a statistically significant ($p < 0.01$) decrease in indicators compared to similar ones in the control group. For example, the average value on the scale of role functioning in the group of patients with CP was at the level (37.16 ± 0.42) points against that in the control group (92.45 ± 1.26) points; physical functioning – (32.68 ± 0.48) points and (87.05 ± 0.98) points; pain intensity – (33.66 ± 0.41) points and (95.05 ± 0.76) points; general health – (38.24 ± 0.40) points and (88.00 ± 0.87) points; vital activity – (37.69 ± 0.36) points and (76.20 ± 1.24) points; social functioning – (52.83 ± 0.67) points and (89.20 ± 1.13) points; emotional functioning – (51.50 ± 0.71) points against (91.00 ± 0.74) points; mental health – (55.97 ± 0.57) points and (78.30 ± 1.36) points, respectively, which showed a statistically significant decrease in the level of QOL in the study group of patients with CP.

It should also be noted that the components of the physical health component (scales of role, physical functioning, pain intensity, general health, vital activity) were lower than the component of mental health ($p < 0.05$).

It was considered appropriate to analyze the parameters of the SF-36 questionnaire in patients with CP in different age groups (Table 2).

In all age groups of patients with CP there was a statistically significant ($p < 0.0001$) decrease in all scales of the SF-36 questionnaire, a decrease in their values with increasing biological age, and hence a deterioration in the level of QOL in the examined patients.

Table 2

The level of QOL of patients with CP of different ages according to the parameters of the questionnaire SF-36 ($M \pm m$)

Scale	Control group	Age comparison group		
		before 45 years	46 – 60 years	elder than 60 years
RP (role functioning)	$92,45 \pm 1,26$	$39,94 \pm 0,71^*$	$37,12 \pm 0,39^*$ $p_{1-2} < 0,001$	$33,52 \pm 0,99^*$ $p_{1-3}, p_{2-3} < 0,001$
PF (physical functioning)	$87,05 \pm 0,98$	$36,14 \pm 0,68^*$	$32,48 \pm 0,69^*$ $p_{1-2} < 0,001$	$28,44 \pm 0,56^*$ $p_{1-3}, p_{2-3} < 0,001$
BP (pain intensity)	$95,05 \pm 0,76$	$36,81 \pm 0,53^*$	$32,60 \pm 0,58^*$ $p_{1-2} < 0,0001$	$31,52 \pm 0,78^*$ $p_{1-3} < 0,0001$ $p_{2-3} > 0,05$

GH (general health)	88,00±0,87	40,81±0,67*	38,85±0,36* p ₁₋₂ <0,01	33,67±0,74* p ₁₋₃ ,p ₂₋₃ <0,0001
VT (vital activity)	76,20±1,24	39,83±0,63*	38,25±0,30* p ₁₋₂ <0,05	33,74±0,72* p ₁₋₃ ,p ₂₋₃ <0,0001
SF (social functionin g)	89,20±1,13	58,22±0,97*	52,06±0,97* p ₁₋₂ <0,0001	47,15±0,50* p ₁₋₃ , p ₂₋₃ <0,001
RE (emotional functioning)	91,00±0,74	55,78±1,25*	51,31±1,02* p ₁₋₂ <0,01	46,19±0,86* p ₁₋₃ <0,0001 p ₂₋₃ <0,01
MH (mental health)	78,30±1,36	60,14±0,64*	56,06±0,81* p ₁₋₂ <0,001	50,22±0,79* p ₁₋₃ ,p ₂₋₃ <0,0001

Notes:

1. * – significant diff. between the data in relation to the control group (p <0.001);
2. p 1-2 – a significant difference between the group between 45 and 46-60 years;
3. p 1-3 – significant difference between the group between 45 and >60;
4. p 2-3 – significant diff. of data between the group of 46-60 years and >60 years.

Summarizing the results are given of the first section stated:

The level of quality of life in patients with chronic pancreatitis was significantly worse (p <0,05) than in the control group on average on the scales of the GSRs questionnaire by 6,58 points, the physical component of the SF-36 questionnaire – by 55,20 points, and mental component – by 34,18 points and decreased with increasing biological age.

References:

1. Babinets L.S., Halabitska I.M., Kotsaba Y.Y. et al. The effect of the proteolysis' system activity for the trophological status of patients with osteoarthritis and exocrine insufficiency of pancreas. *Wiadomosci lekarskie (Warsaw, Poland: 1960)* 2018; 71(2 pt 1): 273–276.
2. Babinets, L.S., Kytsai, K.Y., Kotsaba, Y.Y., Halabitska, I.M., Melnyk, N.A., Semenova, I.V., Zemlyak, O.S.: Improvement of the complex medical treatment for the patients with chronic biliary pancreatitis *Wiadomosci lekarskie (Warsaw, Poland:1960)*, 2017, 70(2): 213–216.
3. Improving the quality of life in patients with chronic pancreatitis by using the alternative methods of correction Kotsaba, Iu.Ia., Babinets', L.S., Krys'kiv, O.I. *Wiadomości lekarskie (Warsaw, Poland : 1960)*, 2014, 67(2), pp. 338–340.