

Assessment of Health-Related Quality of Life for Patients with Inflammatory Bowel Diseases in Palestine: A cross-sectional study

Tasneem Smerat¹, Maher Khmour², Qusay Abdoh³, and Hussein Hallak⁴

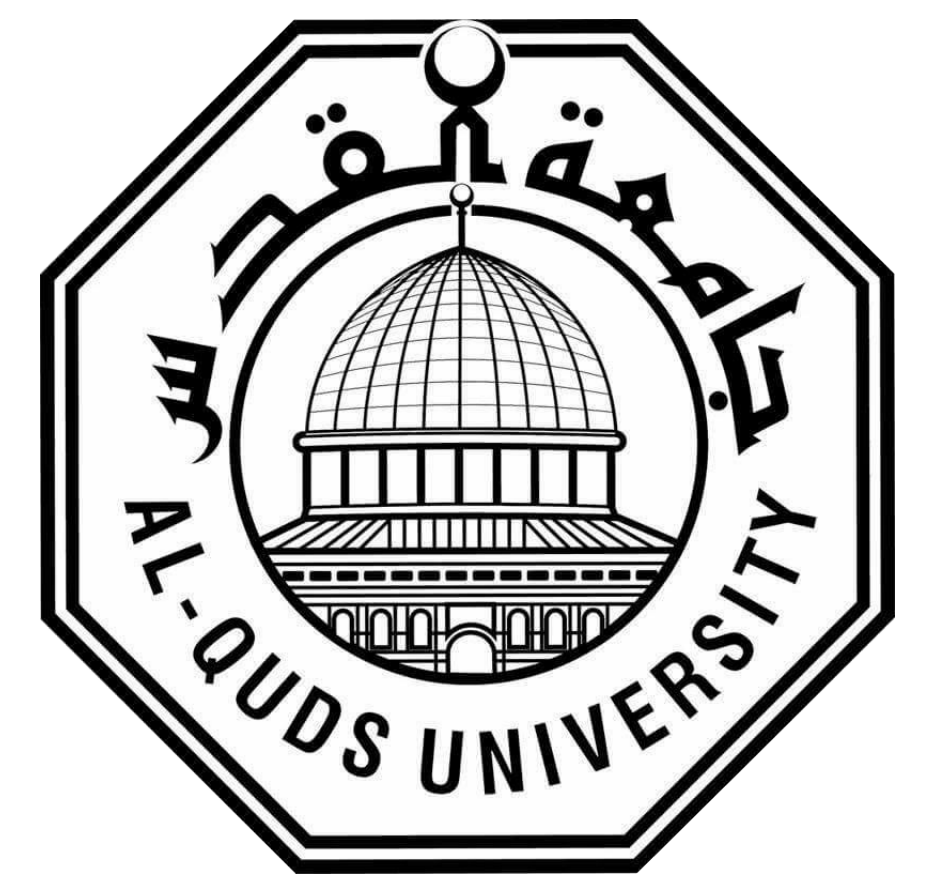
¹MSc of Pharmaceutical Sciences Program, Department of Pharmacy(T Smerat MSc)

²Department of Pharmacy(M Khmour PhD)

³An-Najah National University Hospital(Q Abdo MD)

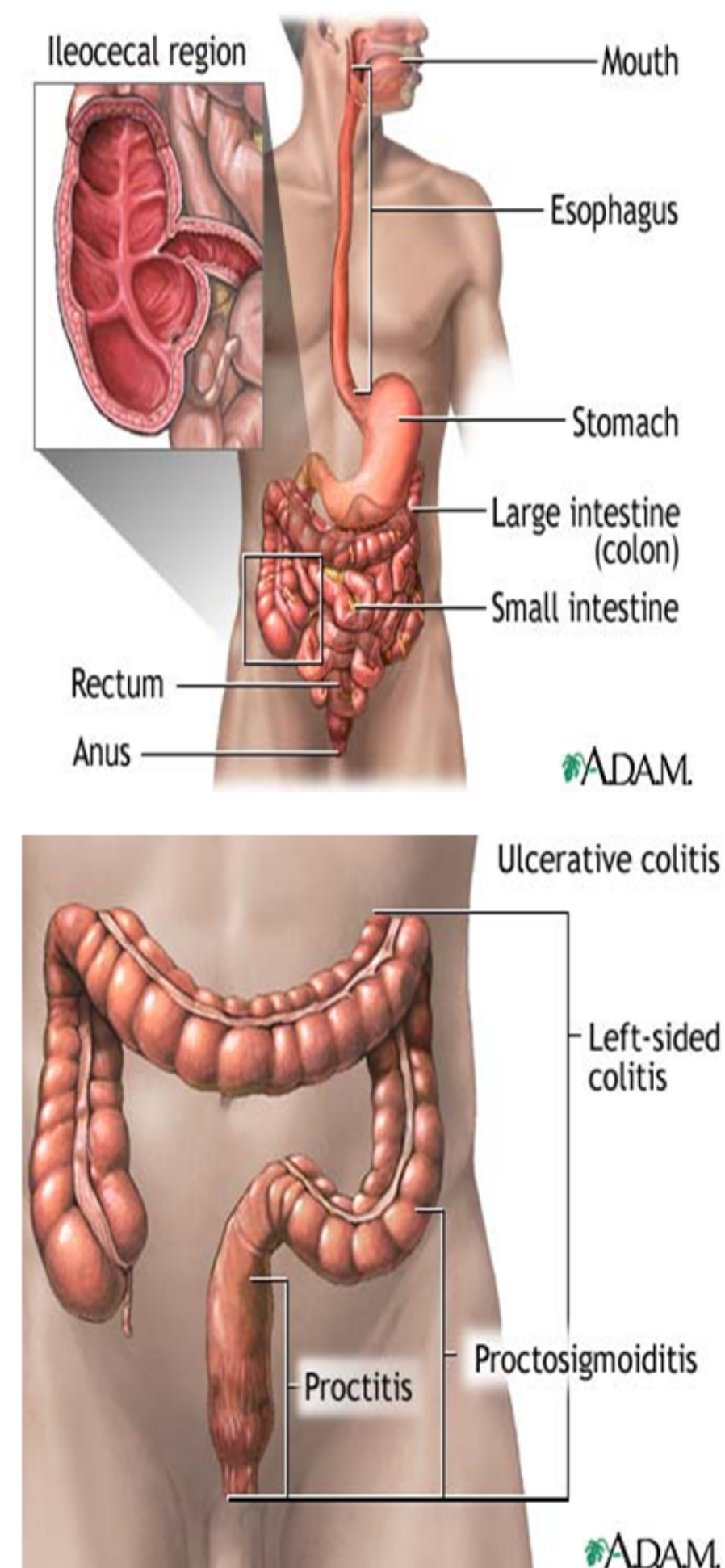
⁴Division of Physiology and Pharmacology, Department of Medicine(H Hallak PhD)

^{1,2,4}Al-Quds University, Abu-Dies, West Bank, occupied Palestinian territory



Introduction

Inflammatory bowel disease (IBD) has a large impact on patient's Quality of Life (QoL). Disease activity has been suggested as an important indicator for QoL in patients with IBD. Limited studies regarding association between medication adherence and QoL in IBD patients are available worldwide and data was conflicting. The aims of this study were to examine the association between disease activity, medication adherence and its impact on QoL among IBD in Palestine.



Methods

A correlation cross-sectional study was conducted from July 2017 to February 2018. We collected a convenience sample from three major hospitals in southern and northern Palestine (Al-Najah National University hospital (Dr. Qusay clinic) the main referral hospital for the northern Palestine, Nablus., Dr. Khalil Suleiman Hospital, Jenin and Alia governmental hospital; Hebron).

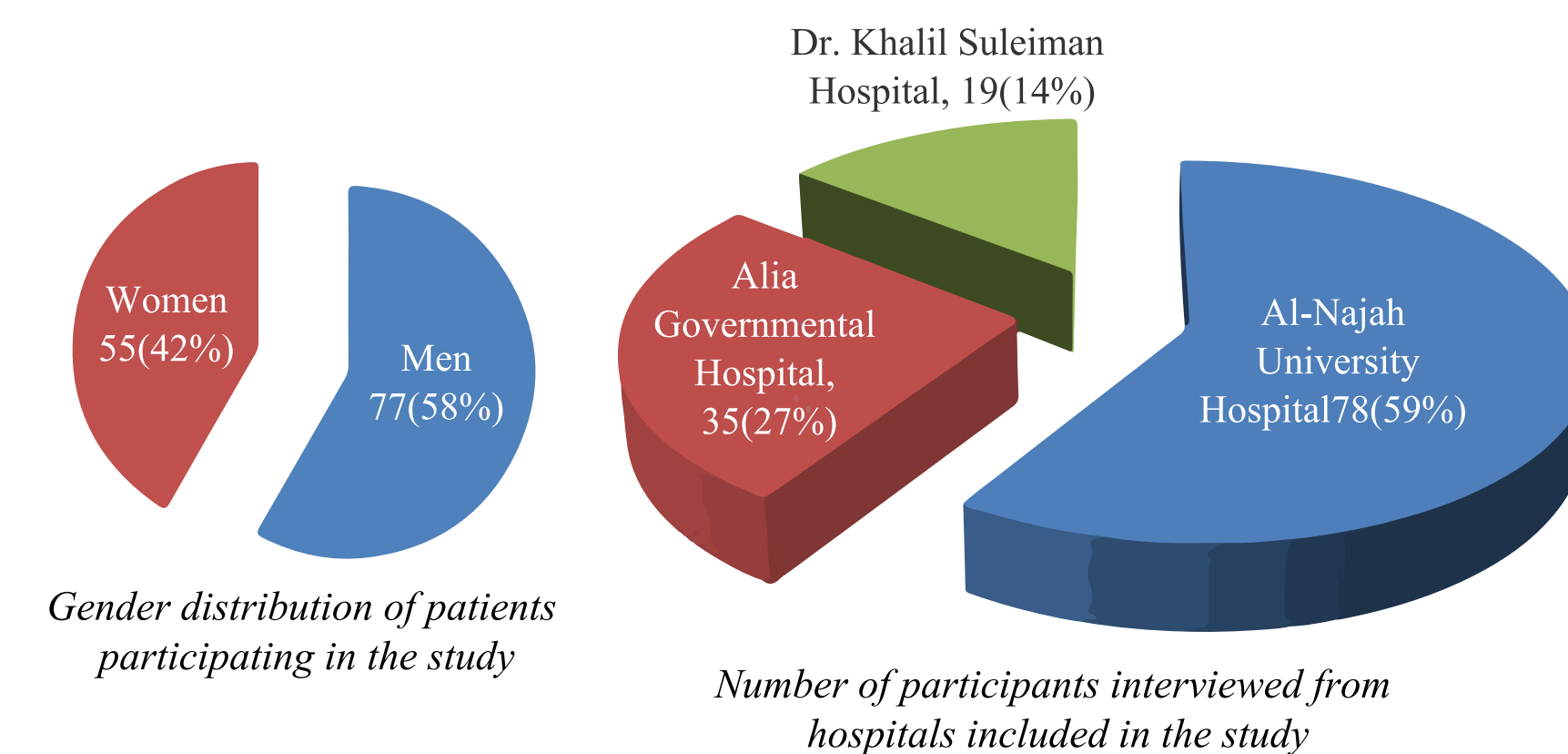
The disease specific tool inflammatory bowel disease questionnaire (IBDQ) was used to examine QoL. Medication adherence was measured using modified Morisky adherence scale8 (MMAS-8).

The results were analyzed using Statistical Package for Social Sciences (SPSS) version 20.

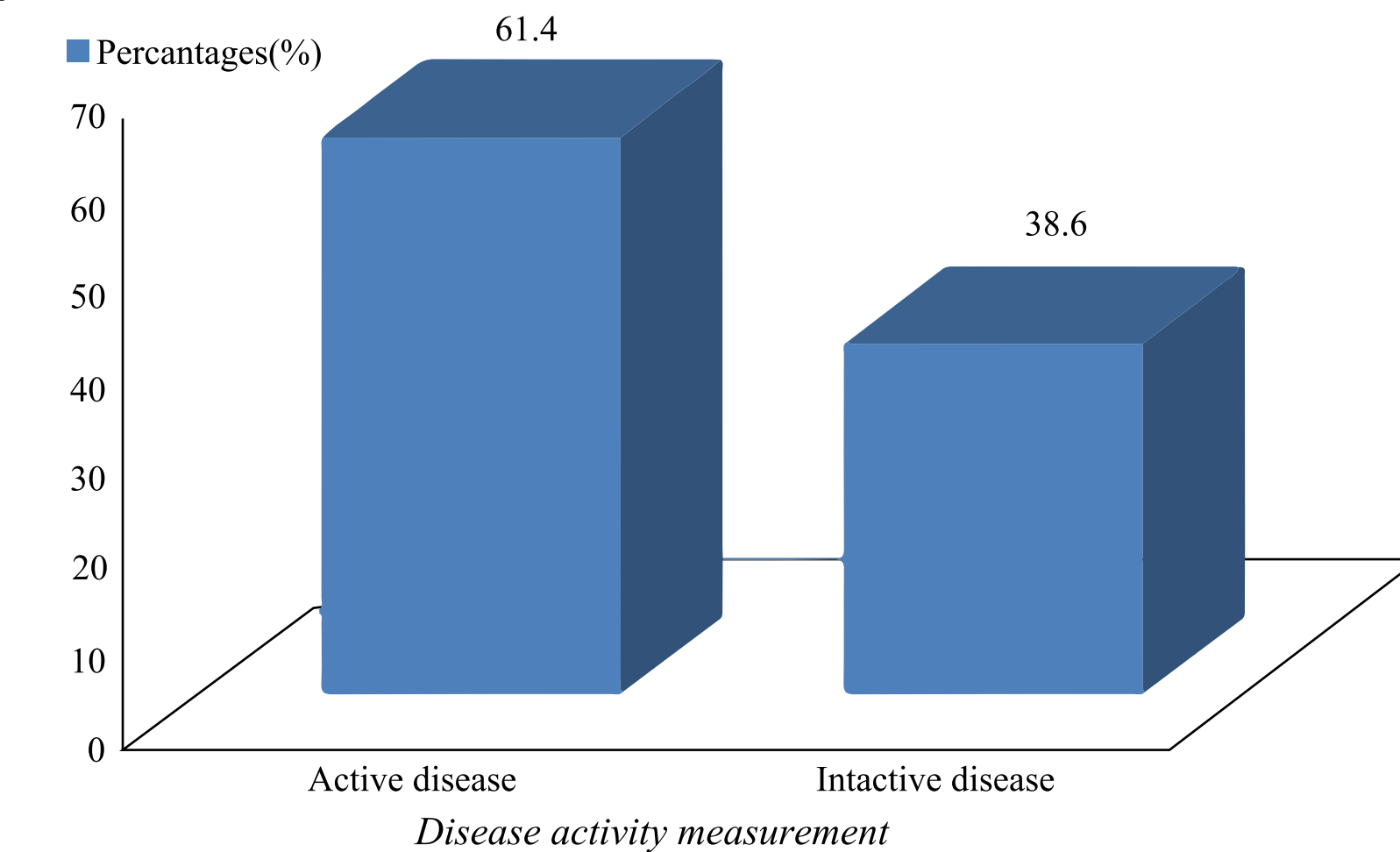
The study was approved by the Research Ethical Committee at Al-Quds University. Informed verbal consent was obtained from the participants before the start of the study.

Results

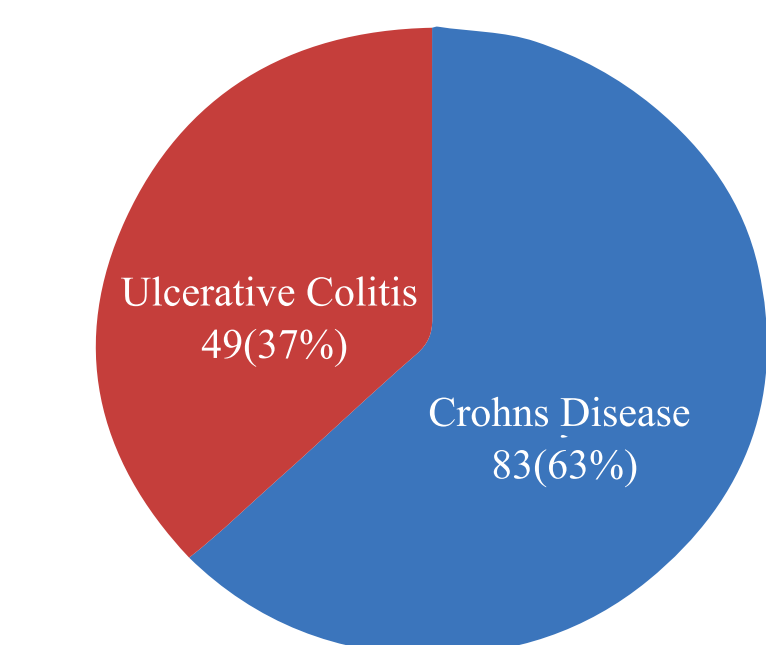
One hundred and thirty two patients were involved in this study. The mean age was 34 years (SD 13), and 77 (58.3%) patients were men.



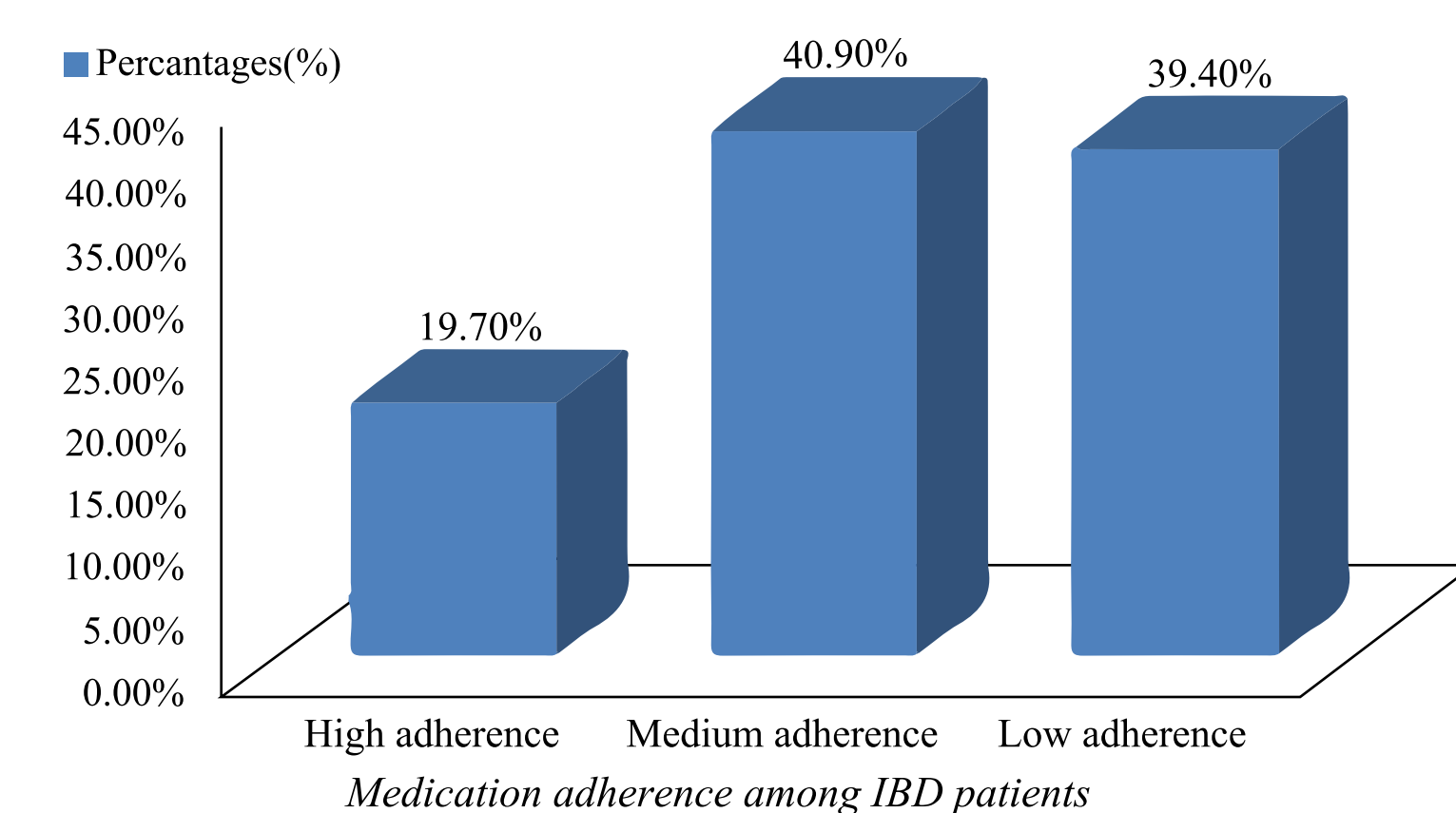
Active disease was reported in 81 participants (61.4%) in the previous 6 months.



The majority of patients were diagnosed with CD 83(62.9%) with a mean age of (32.73 ±12.71), while others with UC 49(37.1%) with higher mean age (34.94±12.69) .

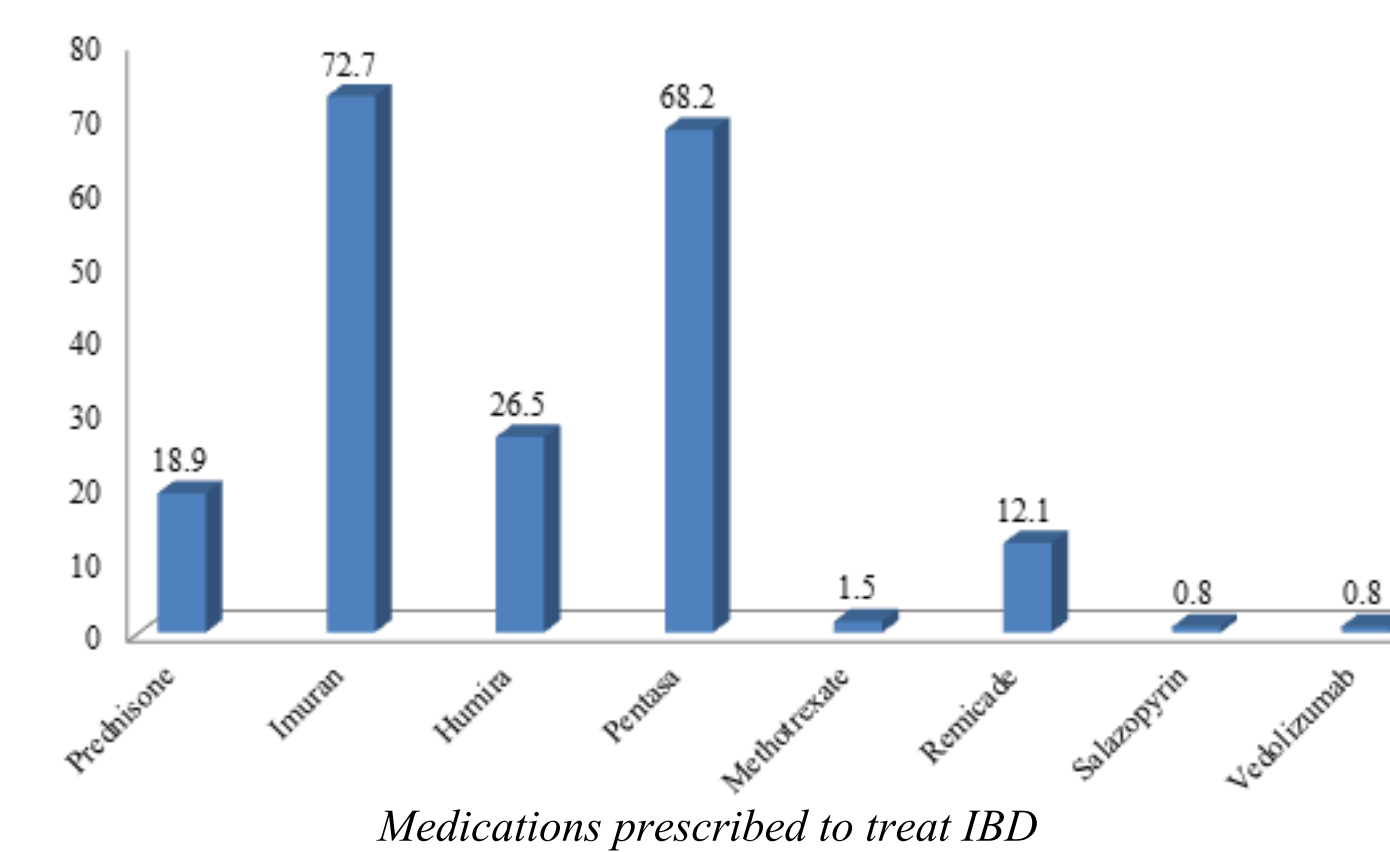


Low adherence was reported in (52)39.4% of the participants.



Results(cont.)

Several types of medications have been prescribed. The most common medications prescribed were Azathioprine (Imuran®) in 96 patients (72.7%), 5-ASA (Pentasa®) in 68.2% of patients and Adalimumab (Humira®) in 26.5% of patients .



The average IBDQ scores were 150.72 ± 30.08. Emotional and bowel domains are more disrupted than other domains.

Assessment of health related QoL in IBD patients (N=132).

IBDQ domains	Range	IBDQ scores±SD	Median
Bowel functioning	10-70	46.1±12.2	47
Emotional functioning	12-84	54.48±13.56	58
Systemic domain	5-35	23.7±6.45	26
Social domain	5-35	24.75±6.6	25
Total IBDQ score	32-224	150.72±30.08	151

Relationships between IBD patients QoL with other independent variables

* Active disease was the major significant factor associated with IBD patients QoL in its all dimensional score (P- value<0.001).

* No significant association was found between medication adherence and patients QoL.

Association between medication adherence and patients QoL

	Medication adherence	Mean± SD	P-value
Bowl domain	high adherence	4.4962± 1.39871	0.749
	medium adherence	4.5815± 1.29339	
	low adherence	4.7078± 1.03862	
Emotion domain	high adherence	4.4199± 1.33051	0.818
	medium adherence	4.5355± 1.14291	
	low adherence	4.5929± 1.01790	
Systemic domain	high adherence	4.4769± 1.59105	0.101
	medium adherence	4.5815± 1.38142	
	low adherence	5.0353± 0.94124	
Social domain	high adherence	4.6197± 1.75347	0.355
	medium adherence	4.9864± 1.26827	
	low adherence	5.0669± 1.09381	
IBDQ	high adherence	4.4042± 1.16688	0.149
	medium adherence	4.7172± 0.95365	
	low adherence	4.8450± 0.77261	

Results(cont.)

* Diagnosis (Type of disease) didn't affect any IBDQ dimensional score

Regression analysis revealed that: patients with remission ($r^2 = 0.436$, p -value <0.001), with high educational status ($r^2 = 0.035$, p -value =0.009) and using Azathioprine drug ($r^2 = 0.017$, p -value= 0.034) were independently associated with high QoL.

CONCLUSION

This study is to our knowledge the first of its kind Palestine .QoL among Palestinian IBD patients is lower than reported in other communities. Results of the study may help healthcare providers to identify patients at risk of low QoL especially those in the relapse status and active symptoms. Attention should be provided by healthcare givers and strategy makers to increase knowledge about IBD, to improve IBD patient's QoL and to identify the importance of treatment adherence.

Recommendations

Results of this study give an idea about the status of IBD patients QoL in Palestine and provide some assessment of their medications, disease activity, medication adherence, and the predictors of disease.

Our findings also point out some important issues that need to be addressed in future, and these include the followings:

- * Population-based studies are needed to investigate the incidence of IBD in Palestine.
- * The use of IBDQ questionnaire should be implemented for regular follow up in the clinic to evaluate the response to management
- * Attention should be provided by healthcare providers and strategy makers, doctors and health educators to low level QoL. Patients with high risk of low QoL are more likely to have relapsed and active symptoms that interfere with daily living.
- * Awareness sessions for IBD patients to clarify the importance of adherence to their medication and the type of food recommended or food that needs to be avoided in order to maintain remission.