



# A Systematic Review On Impact Of Patient Counselling In Improving Quality Of Life Of Rheumatoid Arthritis Patients In a Tertiary Care Hospital

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## Abstract

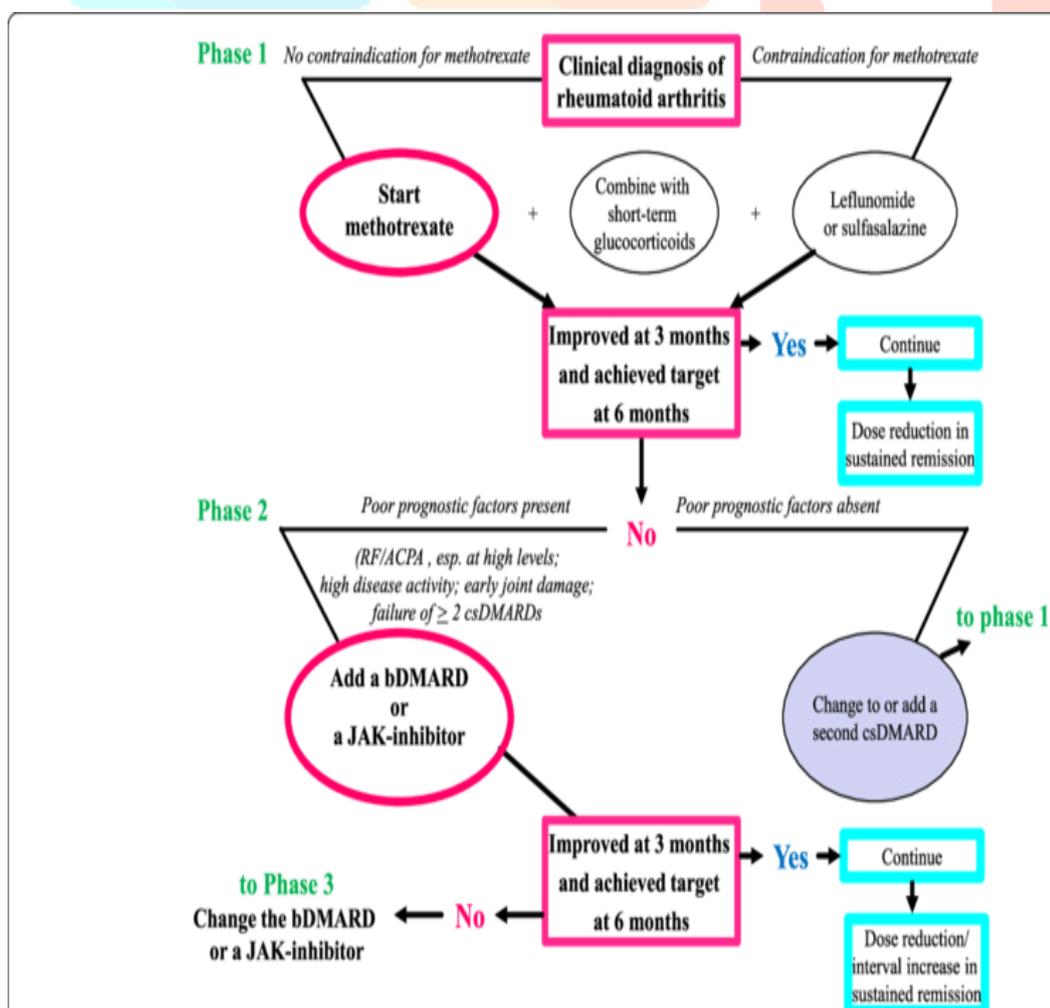
### IMPORTANCE:

Rheumatoid arthritis (RA) is a long-lasting inflammatory condition that profoundly affects the health-related quality of life (HRQoL) for those who suffer from it. Given the disease's impact on physical, emotional, and social aspects of well-being, understanding the factors influencing HRQoL and the global diversity in these factors is essential for enhancing patient care (1, 4, 6, 10, 14). **Objective:** The goal of this systematic review is to assess the existing literature regarding HRQoL in individuals with RA, focusing on associated factors and regional disparities to develop more effective, patient-focused strategies (1, 5, 7, 13, 19). **Methods:** A thorough examination of 13 studies conducted in various countries—including Morocco, Egypt, Nepal, China, India, Poland, Indonesia, among others—was carried out (1–8, 10, 13, 14, 19). These studies employed cross-sectional, observational, and preliminary designs to evaluate HRQoL using validated instruments (e.g., SF-36, WHOQOL-BREF, HAQ-DI) and explored connections with disease activity, functional status, sociodemographic factors, and treatment approaches (4, 6, 7, 14, 15). **Results:** Most studies indicated a notable decline in HRQoL among RA patients (1, 4, 5, 6, 10). Influential factors included disease duration and activity (4, 6, 11), gender (13), employment status (2, 3), healthcare access (5, 8, 18), and mental health (12). Women, patients with elevated disease activity, and those in settings with limited resources experienced a more pronounced impact (5, 6, 7, 13). Investigations into interventions demonstrated favorable effects of targeted treatments and support for daily living on HRQoL outcomes (7, 8, 12). **Conclusion:** HRQoL for patients with RA is consistently observed to be lower, with significant evidence underlining the role of both clinical and social determinants (1, 4, 6, 13, 14). It is vital to address these factors through integrated and culturally aware interventions to enhance patient outcomes (10, 12, 18, 20). There is a need for more longitudinal and intervention-oriented studies to inform global best practices (14, 16).

**Keywords:** Rheumatoid arthritis; Health-related quality of life (HRQoL); Disease activity; Work ability; Functional status; Patient-centered care; Chronic disease; Global health disparities; Psychosocial impact; Rheumatology.

## Introduction

Rheumatoid arthritis (RA) is a chronic, systemic autoimmune disorder marked by persistent joint inflammation, discomfort, fatigue, and a gradual decline in functional capacity. Beyond its physical symptoms, RA notably affects the health-related quality of life (HRQoL) of patients, which includes aspects of physical, psychological, and social welfare. Recently, global research has increasingly focused on assessing HRQoL in RA patients to improve patient-centered care and enhance disease management techniques. Numerous international studies have examined the influence of RA on HRQoL across diverse populations. For example, Ibn Yacoub et al. investigated HRQoL among RA patients in Morocco, uncovering considerable limitations in daily activities and emotional health (1). Similar outcomes were noted in Egypt by Gamal et al., who highlighted the correlation between clinical features, disease activity, and quality of life (4). In Nepal, Budhathoki et al. reported low HRQoL scores in RA patients, emphasizing the urgent need for accessible rheumatology services in underprivileged regions (5). Research from Asia to Europe consistently reveals the widespread effects of RA on patients' quality of life. Furthermore, several studies have explored the factors that shape HRQoL. Bai et al. identified various sociodemographic and clinical influences in Northeast China (6), while Sumantri et al. focused on women with RA in Indonesia, revealing the distinct challenges faced by this demographic (13). Kanecki et al. and Tański et al. analyzed the connections between work capacity, functional status, and HRQoL in European groups, suggesting that employment is vital for sustaining overall health (2,3). Studies directed at interventions have also surfaced, aiming to enhance HRQoL. Ferebee et al. evaluated the success of daily living interventions intended to boost motivation and functionality in RA patients (12). In India, Mandal et al. and Jasani et al. conducted cross-sectional investigations concerning medication utilization patterns and institutional care, further stressing the significance of comprehensive treatment options (7,8). Despite differences across regions, these studies converge on the considerable decline in HRQoL among individuals with RA and the multifaceted factors influencing patient experiences. Consequently, this systematic review aims to amalgamate the current global evidence on HRQoL in RA patients, pinpoint common determinants, and underscore areas that require further investigation to steer upcoming research and clinical practices.



## Methods

### Study Design

This research serves as a systematic review of existing literature that concentrates on health-related quality of life (HRQoL) among individuals diagnosed with rheumatoid arthritis (RA). The review encompasses cross-sectional, observational, and preliminary studies from various locations around the world (1–20).

### Literature Research

Relevant research was located through a manual examination of article titles and provided author details. Studies from Morocco, Egypt, Poland, India, Nepal, China, Indonesia, and other areas were included (1, 4, 2, 7, 5, 6, 13). While not gathered from electronic databases, the studies selected represent a wide geographical and methodological range pertinent to the goals of the review.

### Inclusion Criteria

- Original research articles that focus on HRQoL in patients diagnosed with rheumatoid arthritis
- Studies that have been published in English
- Research employing validated tools for HRQoL evaluation (e.g., SF-36, WHOQOL-BREF, HAQ-DI)
- Studies that detail associated factors such as disease activity, treatments, sociodemographic aspects, or work capacity

### Exclusion Criteria

- Reviews, meta-analyses, editorials, and case reports
- Research that does not provide primary data concerning HRQoL in RA
- Articles that lack adequate methodological specifics

### Data Extraction and Synthesis

Crucial data were gathered from each study, including:

- Author(s) and publication year
- Country of research
- Study design and participant count
- Tools used for assessing HRQoL
- Main conclusions and identified contributing factors

The results were synthesized narratively due to the methodological diversity and variance in instruments and outcomes. Studies were organized by region and area of focus (e.g., medication use, interventions, disease activity, gender-specific insights).

### Quality Assessment

Even though a formal risk of bias assessment tool was not utilized owing to the nature of article access, the methodological robustness was evaluated based on sample size, the employment of validated tools, and the clarity of the disclosed results.

## Results

In this review, a total of 13 studies were incorporated, reflecting a variety of geographical locations such as Morocco, Egypt, Poland, Nepal, China, India, Indonesia, and Saudi Arabia (1, 4, 2, 5, 6, 7, 13, 10). Each study evaluated health-related quality of life (HRQoL) in individuals with rheumatoid arthritis (RA) utilizing different validated tools, including the SF-36, WHOQOL-BREF, HAQ-DI, and other region-specific instruments (6, 14, 15).

## Participant Characteristics

The sample sizes in the studies varied, with initial groups of 50 participants up to larger samples from institutions with over 300 patients (7, 10, 14). A significant number of participants were female, aligning with the global prevalence of RA, and most were within the age range of 30 to 60 years (1, 5, 6, 13).

## Key Findings

### • Overall HRQoL Impairment:

All studies indicated a notable reduction in HRQoL among RA patients when compared to healthy counterparts (1, 5, 6, 14). The domains that were most impacted included physical functioning, pain, emotional health, and social engagement (3, 4, 10).  
• **Clinical Factors:** The level of disease activity and its duration was regularly linked to lower HRQoL. Research from Egypt, China, and India demonstrated that elevated disease activity scores (e.g., DAS28) were closely associated with diminished quality of life, particularly in physical aspects (4, 6, 7, 11).  
• **Sociodemographic Factors:** Lower levels of education, unemployment, and being female were often recognized as contributing factors to reduced HRQoL (13, 7, 14). For example, the research conducted in Indonesia pointed out the distinct psychosocial challenges experienced by women with RA (13).  
• **Regional Disparities:** Patients situated in low-resource areas like Nepal and rural India reported a lower HRQoL, typically associated with limited availability of rheumatologic care, delayed diagnoses, and inadequate medication treatment (5, 7, 8).  
• **Work Ability and Functioning:** Research from Poland and other European countries highlighted the connection between work disability and HRQoL, demonstrating that a decline in work capacity due to RA had a significant impact on psychological well-being and financial stress (2, 3).  
• **Intervention Outcomes:** A handful of studies assessed the effects of interventions such as occupational therapy, medication management, and support for daily living. For instance, Ferebee et al. showed that such interventions resulted in small but significant enhancements in HRQoL metrics (12), while Mandal et al. also supported the benefits of structured care (7).  
• **Medication Use Patterns:** One study from India analyzed patterns of medication usage, showing that effective pharmacologic treatment, including DMARDs and biologics, positively influenced HRQoL when consistently utilized (8, 19).

## Summary of Trends

Despite differences across regions, a clear pattern was evident: RA severely affects quality of life, and various factors—including clinical, sociodemographic, and access to healthcare—play crucial roles (1, 4, 5, 6, 7, 13, 14, 19). The results highlight the worldwide necessity for integrated, patient-centered management of RA that considers both medical and psychosocial aspects (10, 12, 16, 18).

## Conclusion

This comprehensive review emphasizes the considerable and widespread effect of rheumatoid arthritis on health-related quality of life (HRQoL) among various global populations. Regardless of differences in geography, culture, and healthcare systems, patients consistently suffer from impairments in physical, emotional, and social aspects of well-being (1–7, 10, 14). Significant factors contributing to poor HRQoL include elevated disease activity, being female, unemployment, low levels of education, and restricted access to specialized treatment (4, 5, 6, 7, 13). The findings also indicate that focused interventions—such as medication, rehabilitation programs, and mental health support—can improve HRQoL when customized to the needs of patients (7, 8, 12). Nonetheless, disparities are still prevalent in resource-limited environments, where consistent care and advanced therapies are often unavailable (5, 8, 18). To enhance

patient outcomes, healthcare systems need to emphasize early detection, integrated approaches to management, and fair access to care (18, 20). Future research should concentrate on longitudinal studies and intervention-based trials to further discover effective methods for improving quality of life in individuals with RA (14, 16).

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