Anxiety and depression lower quality of life in majority of systemic lupus erythematosus patients

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92.8% of patients with systemic lupus erythematosus (SLE) suffer anxiety and depression which significantly affects both their physical and emotional quality of life (QoL), according to the results of a new study. Logistic regression analysis revealed that depression was the most significant factor shown to affect QoL (p=0.015; OR=0.18; CI 95%:0.045-0.72).

In the study, 92.8% (52 of 56) of the patients who were diagnosed with SLE had an element of confirmed neuropsychiatric (NP) involvement (including anxiety, depression, mild cognitive deficits and major NP involvement). Several other conditions that may occur alongside SLE were also shown to influence aspects of QoL (as measured by a selection of health assessment tools), including:

- Cutaneous (skin) conditions as Raynaud's phenomenon (identified in 37.5% of the patients)
- Serositis (identified in 8.9% of the patients)
- Hyperhomocysteinemia (a blood disorder that is a risk factor for coronary artery disease) (identified in 39.3% of the patients)
- Antiphospholipid antibodies (a disorder of coagulation)

(identified in 66.1% of the patients)

Dr Paola Tomietto of the University of Trieste, Italy, who conducted the study, said: "People with SLE experience a range of both psychological and physical symptoms which can negatively impact their quality of life. This study shows that the psychological impact of SLE on quality of life includes elements of anxiety and depression. Thus, clinicians should try to identify and address the presence of mood disorders in their SLE patients in order to improve both their emotional quality of life but and, ultimately, their physical functioning."

56 consecutive SLE patients undertook the Medical Outcome Survey Short Form 36 (SF-36), to assess health-related quality of life, the Hospital Anxiety and Depression Scale and a neuropsychological battery for testing cognitive deficits. Neuropsychiatric and extra-cerebral involvement, Systemic Lupus Erythematosus Disease Activity Index (SLEDAI) and the Systemic Lupus Erythematosus International Collaborating Clinics (SLICC) damage indexes, antiphospholipid antibodies and hyperhomocysteinemia were recorded for all the patients. Data were analysed through the Spearman correlation coefficient and a logistic regression analysis.

SLICC-DI was correlated with the physical activity (PA) subscale of the SF-36 (r=-0.44; p=0.001) and with the physical component summary (PCS) (r=-0.267; p=0.047); it was related also to the number of NP events (r=0.35; p=0.007). SLEDAI did not correlate with any of the subscale of SF-36. The total summary score, the PCS and the mental component summary (MCS) scores of the SF-36 were all inversely correlated with the number of NP events (for all r=-0,5, p