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Evaluation of everyday routine changes caused by rheumatoid arthritis (RA). Differences between genders

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Abstract

Rheumatoid arthritis is a chronic, inflammatory systemic auto-immunologic disease that affects the connective tissue. It is characterized by non-specific symmetrical inflammation of the synovial membrane, articular changes, and organic complications. The illness causes damage of structural and functional integrity of the musculoskeletal system whose consequences are disability and premature death of the individuals [28].

In this thesis the focus was particularly put on the problem of the quality of life with rheumatoid arthritis and the process of rehabilitation and education of the individuals affected with this disease. The problem of the struggle with pain has been pointed out as a significant factor in clinical treatment. 50 patients with diagnosed rheumatoid arthritis of University Clinical Hospital were the subjects of study.

The study was performed using a special, self-designed questionnaire which assisted in analyzing four aspect of life: physical activity, work activity, social functions, and psychological condition of the patients. The conclusions suggest that this illness creates limitations in many spheres of life, and affects women more frequently. Pain and morning stiffness was the main problem reported by the studied individuals, as resulting in limitations in active work life, unattended activities and being dependent on other people. RA made patients limit their social contacts. The more the illness had progressed, the worse the quality of life became in all studied aspects, as reported by the studied patients.

Key words: rheumatoid arthritis, RA, gender.

Evaluation of the quality of life has become an important element of nurse and medical practice in recent years. It has also become a subject of interest for many research circles.

In 1973 there were only 5 publications available in Medline base. They were published under “quality of life” category [1]. Now there are more than 100000 of them [2].

An important role in the evaluation of the quality of life was played by Campbell et al. [3]. In their pioneering reports they proved that this notion includes not only typical health related issues but also socioeconomic factors, such as housing conditions, work, the standard of life and marital status. Evaluating the quality of life includes not only the opinionated elements related to everyday functioning, but also subjective feelings expressed by the patient [4,5]. The provided results show that the assessment performed by the patient is often different than the assessment of the doctor [6,7].

It is related to the doctor’s perceiving of the dangers coming from the clinical state of the patient, and the subjective perception of the patient. If RA is diagnosed, it is not only a portent of chronic suffering but also disability, decrease in physical fitness, and necessity of changing life plans. It might be associated with losing a job, societal status, becoming financially dependent, or even falling into poverty. All these social, psychological, and work problems make the patient (who is indeed fighting the illness alone) to create their own methods of coping with the illness that leads to increased disability [8].

The limiting of the functional efficiency affects different spheres of life of the patient: work, leisure, mutual family relations, physiological needs, abandonment and increasing depression [9,10].

Adapting to changes in life caused by the illness, crippling and disability is a difficult thing for many patients. The main problem of RA patients is the chronic, frequently intense, multi joint pain that limits their activity significantly and discourages them from making an effort, and makes rehabilitation difficult. It is now believed that pain is one of the most important factors determining the state of health [11].

There are additional ailments such as morning stiffness, night numbness and burning hand pain. Destructive changes in joints and near-joint tissue cause contractures, muscle atrophies, joint disfigurement and motor limitations. The question of quality of life in RA is not only an issue of the illness itself but also treatment tolerance, side effects of the therapy, and death toll related to the co-occurring ailments. The character of the illness and the treatment also negatively affects the emotional state of the patients. The affected are frequently apathetic, low-spirited, discouraged to continue with the treatment. They frequently become worse efficient at stress management. This is related to fear and anxiety about the future. Depression symptoms are observed, especially when health deteriorates and the patient becomes dependent on others when it comes to performing daily activities. A person suffering from a chronic rheumatic illness needs a constant care provided by family and medical personnel. However, it is the patient who decides how much his or her work and personal life will be affected by the illness and how to cope with the problems brought by the illness. The ability to take care of oneself, with help from the family and the medical personnel definitely has a beneficial effect on the quality of life of those affected with RA.

The aim of the thesis was evaluation of quality of life in relation to physical and psychological functioning, social relations, pain intensity levels, and the assessment of the influence of socio-demographic factors, such as age, gender, education, place of living on the subjective quality of life of patients affected with rheumatoid arthritis.

Materials and methods

The research has been performed using a questionnaire created for this purpose. The questionnaire contained open and closed questions and a pain level scale. The poll in the questionnaire consisted of 18 questions concerning the state of health, the existing symptoms and problems appearing in everyday life of the examined patients. The examination of the intensity of the perceived pain was performed using VAS visual analog scale. The questionnaire was anonymous. 50 patients were objects of the study, including 43 women who had been diagnosed with RA and hospitalized in the Rheumatology Clinic.

Results

The patients were aged between 30 and 80 and the average age was 41-50. The most numerous group were patients aged between 51-60 (32,6% women and 71,5% men), the next group was patients aged between 41-50 (27,9% women and 14,3% men), and the next one 30-40 (23,3% women and 14,3% men). Only 14% of patients aged between 61-70 were women. The study conducted on the age of the polled patients proved RA affects young individuals, aged between 30 and 60. The sociodemographic analysis allows one to conclude that women of young age suffer from this disease more frequently. Men are much less numerous. Most cases were diagnosed at the 6th decade of life of male patients. Women have RA 2 to 4 times more frequently than men. In the researched group city dwellers were dominant - 35 people (67,6% women and 85,7% men).

The analysis of the educational level of the studied individuals revealed that the most numerous groups were women with secondary education (41,9%) and high education (28%) and men with vocational education (71,5%). The analysis of the professional activity showed that most of the polled patients were not professionally active (69,9% of women, and 71,5% of men). It was impossible to assess what benefits the recently professionally active patients currently are entitled to. However, judging by the young age it can be assumed they are disability or rehabilitation pensions.

Clinical characteristic

RA is not only a portent of chronic suffering but also disability, decrease in physical fitness, and necessity of changing life plans.

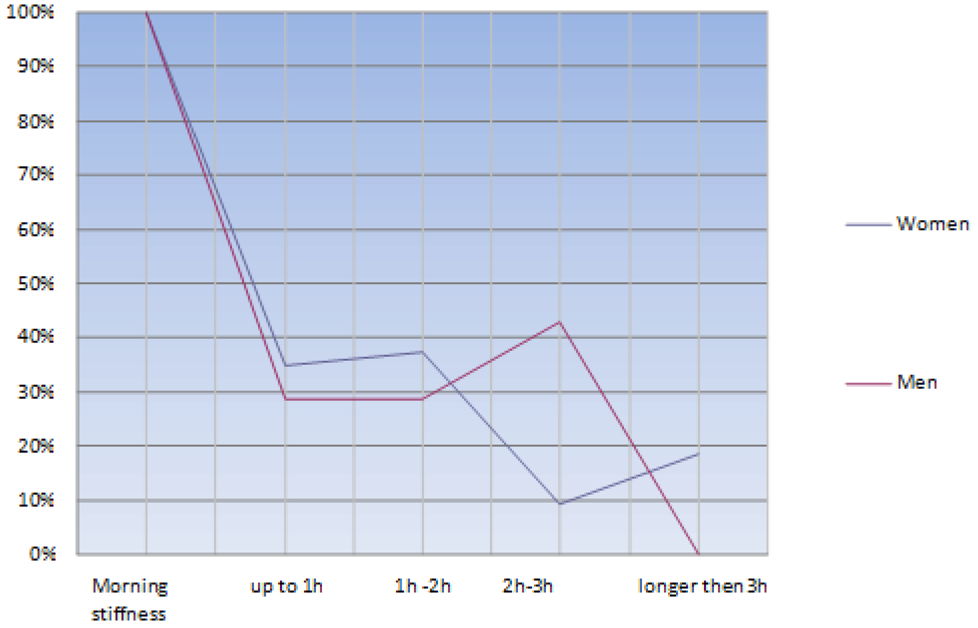
RA symptoms, discovered in the polled group have been listed in the below table.

Table 1. Phase of the illness and the symptoms reported by the patient.

Symptoms	Acute phase		Remission phase	
Women				
Morning stiffness	17	39,6%	18	41,9%
Joint symmetrical inflammation and swelling	12	28%	8	18,6%
Rheumatoid nodules	11	25,6%	10	23,3%
Fever	5	11,7%	5	11,7%
Deformations and disfigurements	12	28%	9	21%
Weakness and fatigue	15	35%	15	35%
Men				
Morning stiffness	4	57,2%	3	42,9%
Joint symmetrical inflammation and swelling	4	57,2%	1	14,3%
Rheumatoid nodules	4	57,2%	3	42,9%
Fever	2	28,6%	0	0%
Deformations and disfigurements	4	57,2%	2	28,6%
Weakness and fatigue	3	42,9%	3	42,9%

The symptom reported most frequently in the group of the examined women, regardless of the phase of the illness, was morning stiffness (the acute phase 39,6%, the remission phase 41,6%). Another visible problem is weakness and fatigue felt by 35% of the polled group both in the acute and the remission phases. . Women also reported deformations and disfigurements (28% in acute phase) 21% (in the remission period) and symmetric joints inflammation and swelling . These symptoms can be very oppressive because of the pain caused by the inflammation process taking place (acute phase 28%, remission phase 18,6%). The polled women frequently reported rheumatoid nodules, 25,6% in the acute phase, 23,3% in the remission phase. Only 11,7% of the studied women reported rheumatoid fever, they were currently in the acute phase of the illness.

In the polled group of men the most frequently appearing symptoms of the acute phase were morning stiffness (57,2%), symmetric joint inflammation and swelling (57,2%), rheumatoid nodules, deformations and disfigurement (57,2%). Among men being in remission phase during the research the following RA defining criteria were present: morning stiffness (42,9%), rheumatoid nodules (42,9%), deformations and disfigurements (28,6%),symmetric joint inflammation and swelling (14,3%) and weakness (42,9%). %). Similarly as in the group of women examined before, only two polled men reported rheumatoid fever (28,6%) in the acute phase of the illness during the research.



Graph. 1 Morning stiffness presence and duration.

In the studied group morning stiffness was reported by all patients. In the group of women, stiffness lasting 1 to 2h (37,3%) was reported most frequently. Stiffness lasting 1 hour after waking up (35%) was also often observed. Stiffness lasting more than 3 hours was reported by 18,6% of women. Stiffness lasting 2 to 3 hours (9,3%) was reported least frequently. Men frequently reported both morning stiffness lasting up to an hour (28,6%) and stiffness lasting 1 to 2 hours (28,6%). Stiffness lasting 2 to 3 hours was reported by 42,9% of the polled patients, (graph 1).

In the table below, four levels of the perceived pain are visible. They are listed as minor, intense, very intense, major. Patients were asked which level of the perceived pain affected their independence and daily routine.

Table 2. Pain influence on patients independence.

Type of pain	I am fully independent		I perform daily tasks although it increases pain		I need help in certain tasks		I need help in most of the tasks		I am fully dependent	
Women										
Minor	4,7%	2	4,7%	2	0%	0	0%	0	0%	0
Intense	4,7%	2	9,3%	4	2,3%	1	0%	0	0%	0
Very intense	9,3%	4	11,7%	5	21%	9	9,3%	4	7%	3
Major	0%	0	0%	0	7%	3	7%	3	2,3%	1
Men										
Minor	0%	0	0%	0	0%	0	0%	0	0%	0
Intense	0%	0	14,3%	1	42,9%	3	0%	0	0%	0
Very intense	0%	0	0%	0	14,3%	1	0%	0	0%	0
Major	0%	0	0%	0	0%	0	14,3%	1	14,3%	1

4,7% of the polled women reported both minor and intense pain which did not interfere with their performing of the daily tasks, although it increased when they did them. Intense pain was reported by 16,3% of the polled women, six of them (14%) were independent even when the pain increased. Only one patient (2,3%) was not fully independent and needed help with performing certain daily tasks. Very intense pain was reported most frequently in the polled group. It was reported by as much as 58,2% of the polled patients, of which 21% needed help with performing certain daily tasks, and only 9,3% were fully independent. 11,7% performed daily tasks on their own although it increased their pain and 9,3% needed help with performing most of their tasks. Major pain was reported by 16,3% of the polled women, 7% depended on the help of others with performing some of their daily tasks, 7% in performing most of their tasks and 2,3 being fully dependent.

Minor pain was not reported by the group of male patients. Intense pain was reported by 57,2% of the polled men which resulted in 42,9% of them needing help with performing certain tasks, and 14,3% performed their daily tasks independently even if it increased their pain. Very intense pain was reported by 14,3% of the polled man which resulted in 14,3% of them needing help with performing their daily tasks. 28,6% of the male patients reported major pain and it resulted in their full dependence (14,3%) or need of help with performing most of their daily tasks.

In the table below the effect the illness has on social relations in each age group is shown.

Table 3. The effect the illness has on social relations in each age group.

Age	Did not change		I sometimes feel pain		Slightly limited		Only closest relations		No social life	
WOMEN										
30-40	0%	0	9,3%	4	4,7%	2	4,7%	2	4,7%	2
41-50	2,3%	1	11,6%	5	9,3%	4	2,3%	1	0%	0
51-60	2,3%	1	4,7%	2	9,3%	4	9,3%	4	2,3%	1
61-70	4,7%	2	2,3%	1	4,7%	2	0%	0	2,3%	1
71-80	0%	0	0%	0	0%	0	4,7%	2	0%	0
MEN										
30-40	0%	0	14,3%	1	0%	0	0%	0	0%	0
41-50	0%	0	0%	0	14,3%	1	0%	0	0%	0
51-60	14,3%	1	0%	0	28,6%	2	28,6%	2	0%	0
61-70	0%	0	0%	0	0%	0	0%	0	0%	0
71-80	0%	0	0%	0	0%	0	0%	0	0%	0

The analysis of the effect the illness has on the social relations of the polled group shows that there was no change for patients aged 41-50 (2,3%), 51-60 (2,3%) and 61-70 (4,7%).

Much more significant number of the polled patients reported that their participating in social events caused increase in pain, most frequently in patients aged 41-50 (11,6%), in patients aged 30-40 (9,3%), 51-60 (4,7%), 61-70 (2,3%).

Slightly limited social interactions caused by RA was reported by 9,3% of female patients, aged 41-50, again 9,3%, aged by 51-60, 4,7%, aged 30-40, and again 4,7% aged 61-70.

9,3% of the polled female patients aged 51-60, 4,7% aged 30-40, 4,7% aged 71-80, and 2,3% aged 41-50 reported limiting their social interactions to their closest relations.

4,7% of the female patients, aged 30-40 and 2,3%, aged 51-60, and again 2,3%, aged 61-70 had to give up their social lives because of the illness.

Only 14,3% of the polled male patients, aged 51-60 did not report change in their social lives. 14,3% of the polled male patients reported increased pain caused by their social interactions, 28,6%, aged 51-60, and 14,3%, aged 41-50 reported limiting their social interactions. 28,6% of the polled male patients, aged 51-60 reported limiting their social interaction only to their closest relations. None of the male patients reported quitting their social lives as a result of RA.

The next table presents the effect RA has on household activities depending on the number of joints affected by the illness.

Table 4. The effect RA has on household activities depending on the number of joints affected by the illness.

Number of joints	**My activities are not limited**		**I sometimes feel pain**		**My activities are partially limited**		**Most tasks are performed by relatives**		**I am fully dependent**	
WOMEN										
>3	7%	3	30,3%	13	18,6%	8	14%	6	4,7%	2
<3	2,3%	1	4,7%	2	11,6%	5	7%	3	0%	0
MEN										
>3	0%	0	14,3%	1	57,1%	4	14,3%	1	0%	0
<3	0%	0	71,4%	5	14,3%	1	0%	0	0%	0

30,3% of the polled female patients who had more than three joints affected by the illness reported feeling increased pain while performing daily household activities. 18,6% reported partially limited activities, 14% reported that most of their tasks were performed by their relatives. 7% reported their activities were not limited and 4,7% reported being fully dependent on other people.

A different situation was revealed in the group of women who had less than three joints affected by the illness. 11,6% reported partially limited activities caused by RA, 7% reported that most of their tasks were performed by their relatives, 4,7% reported pain as a direct result of their everyday household activities. Only 2,3% reported their activities were not limited and none reported being fully dependent on other people.

14,3% of the polled male patients who had more than three joints affected by the illness reported increased pain caused by performing their everyday tasks, 57,1% reported partially limited activities. 71,4% of the polled men who had less than three joints affected by the illness reported RA as the reason for increased pain while performing their everyday tasks, and 14,3% reported partially limited activities. The polled men did not report being fully dependent on other people in performing their everyday tasks as a direct effect of suffering from RA.

Table 5. The effect RA has on performing unattended activities in each age group of patients.

Age	I am fully independent		I use aid equipment		I sometimes need other people’s help		I am fully dependent	
WOMEN								
30-40	13,8%	6	0%	0	0%	0	9,3%	4
41-50	11,6%	5	6,7%	3	6,7%	3	0%	0
51-60	6,7%	3	9,3%	4	11,6%	5	0%	0
61-70	2,3%	1	6,7%	3	2,3%	1	2,3%	1
71-80	2,3%	1	0%	0	2,3%	1	0%	0
MEN								
30-40	0%	0	14,3%	1	0%	0	0%	0
41-50	0%	0	0%	0	14,3%	1	0%	0
51-60	14,3%	1	28,6%	2	14,3%	1	14,3%	1
61-70	0%	0	0%	0	0%	0	0%	0
71-80	0%	0	0%	0	0%	0	0%	0

Analysis of the results reveals that 9,3% of the polled female patients, aged 30-40, and 2,3% women aged 61-70 reported being fully dependent on other people’s help. 11,6%, aged 51-60, 6,7%, aged 41-50 and 2,3% aged 61-70 and 71-80 reported requiring help from time to time. 9,3% of the polled female patients, aged 51-60, and 6,7% aged 41-50 reported using aid equipment. Most of the polled women (13,4%, aged 30-41, 11,6%, aged 41-50, 6,9% aged 51-60 and 2,3% aged 61-70 and 71-80) reported being fully independent while performing unattended activities.

14,3% of the polled male patients, aged 51-60 reported being fully dependent while performing unattended activities. 14,3%, aged 41-50 and 51-60 reported requiring help from time to time. 28,6% of the polled men, aged 51-60 and 14,3%, aged 51-60 needed to use aid equipment while performing unattended tasks.

14,3% of the polled men, aged 51-60 reported being fully independent while performing physiological and hygienic activities.

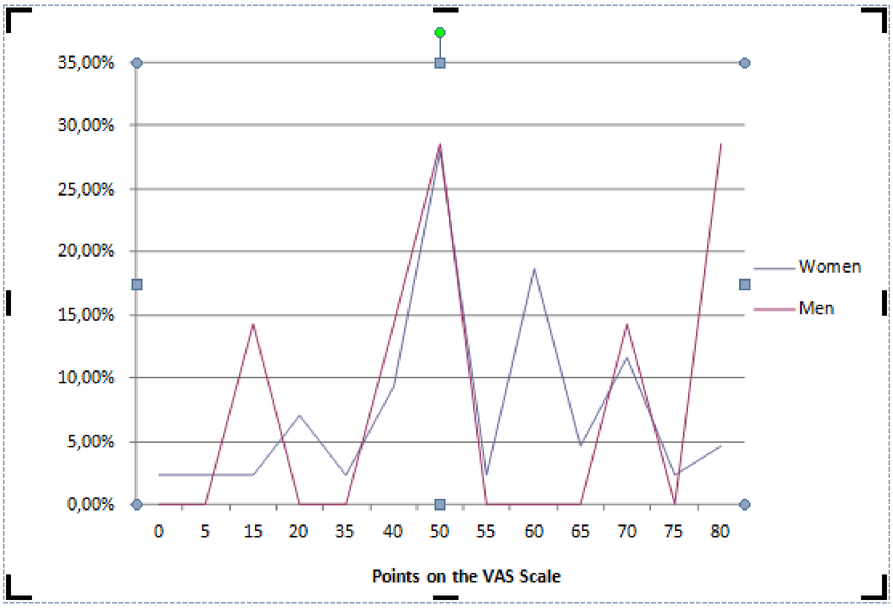
Table 6. The effect RA has on ability to travel depending on how many joints are symmetrically affected.

Number of joints	I can travel without any limitations		Sometimes I feel pain while travelling, but I cope with it myself		I use means of transport meeting my health requirements		I travel with a companion		Pain limits my ability to travel	
WOMEN										
>3	9,3%	4	25,6%	11	27,9%	12	11,6%	5	0%	0
<3	4,7%	2	11,6%	5	4,7%	2	2,3%	1	2,3%	1
MEN										
>3	0%	0	14,3%	1	42,9%	3	28,6%	2	0%	0
<3	0%	0	0%	0	14,3%	1	0%	0	0%	0

Analysis of the results reveals that 27,9% of the polled female patients who had more than three joints affected by the illness reported increasing pain while travelling but remained independent. 11,6% travelled with a companion, and 9,3% did not report any limitations. 2,3% of the polled female patients who had less than three joints affected by the illness reported trouble with travelling caused by the illness, 11,6% reported travelling independently despite increased pain, 2,3% reported not being able to travel alone and 4,7% did not report any problems with travelling caused by RA.

42,9% of the polled male patients who had more than three joints affected by the illness reported using means of transport that met their health requirements, 28,6% of the polled men reported travelling with a companion, and 14,3% reported feeling pain while travelling but coping with it themselves.

The level of pain sensed by the polled patients was evaluated using VAS scale. The polled patients were asked to mark their subjective feelings on a scale of 0-100. The highest value reported by the polled group was 80, both by women (4,7%) and men (28,6%). The lowest value, 0, was reported by one of the polled women (2,3%). The most frequently reported value was 50 (28% of women, 28,6% of men), 60 (18,6% of women), 70 (11,5% of women and 14,3% of men), and even 80, both by women and men. Pain in is a common phenomenon in the polled group, and its levels much exceed the ability of the organism to tolerate it (graph. 2).



Graph. 2 Points on the VAS, reflecting the current state of health.

Discussion

Rheumatoid arthritis is an illness lacking causative treatment. Its course is very unpredictable. There are acute and remission phases. Frequently internal organs are affected [12].

The illness is characterized by inflammation of joints. The dominant symptom is pain accompanying the ill person the whole life. In addition to pain, the main problem for the ill is disability and inability to work. Despite family's sympathy and other people's help a feeling of abandonment cannot be excluded as a factor in a chronic illness. That is why solidarity in support groups and religion are very important for the affected people. The polled patients reported predominantly intense and very intense levels of pain (measured in visual analog scale) which were not dependent on the age of the patients. It was 80 points for 4,7% of women and 28,6% of men; 70 points for 11,5% of women and 14,3% of men, 60 points for 18,6% of women, 50 points for 28% of women and 28,6% men. Only one of the studied patients (2,3%) did not report any pain. It confirms the high level of activity of the illness diagnosed in 60% of the polled patients (measured in DAS scale). It can be also an evidence that the research was performed during the early stages of a patient's stay in the Clinic. The level of pain is dependent on the dose of anti-inflammatory and painkilling medicine taken that frequently cause side effects. These alter not only the physical state of the organism but also the psychological state of the ill person [8].

The interest in the problem of the quality of life in medicine is related to the holistic concept of medicine in which the responsibility is extended to the whole patient, and the effort is put to make his or her life active and similar to that of healthy people [13].

The chronic process of the illness and the aging of the organism weaken a person's resilience to life reversals, especially those related to disability and its consequences. Almost all of the examined patients need to take painkillers to reduce pain to a durable level. Some of the examined patients use rehabilitation which sometimes leads to heroic patterns of behavior related to limited communication and necessity to use means of transport not meeting patients' health requirements.

Rheumatic diseases are progressive and usually incurable. Rheumatoid arthritis is a chronic illness. Everyday life of the patients is affected by many factors, beginning with the illness itself and its progress to playing certain social roles, copying with the awareness of being ill and the received social support. The research has shown the patients affected with RA are not happy with their lives.

The research on the quality of life lets one evaluate how the commencing of the illness and limitations it causes affect the patient's life. This research is an important source of knowledge on the patients' well-being and problems they encounter [13].

The research on the quality of life performed by Sierakowska has shown that people affected with RA assess the quality of the physical aspect of their lives in comparison to other aspects, such as psychological, social, environment, no matter what age group they belong to. Patients aged 40 assess the environment aspect worse (11,1%), patients aged 41-60 assess the physical aspect and the psychological aspects worse (11,1% and 11,5%, respectively). Chronic disease diagnosis is a portent of many changes and challenges in a patient's life. It disorganizes the family life, forcing modification of the relations. The commencing of the illness in the family causes emotional and material costs. The illness can be an obstacle in getting a job, continuing learning or working and creating a family.

Work is a factor motivating activity, keeping oneself fit and undergoing systematic treatment. It has been evaluated that 5 years after the onset of the illness 50% of patients lose their ability to work professionally and after 10 years it approaches 100% [12,14].

Illness limits earning ability of the patient, thus decreasing the family income. It definitely affects the environment aspect as shown by the results of the author's research which suggest that financial, freedom and safety aspects are compare the worst with others. The level of education and free time activities also affect the course of RA as they induce activity, allow one to keep their job and help to cope with the illness [15].

In the analyzed group, patients with higher education (12,5%) assessed the physical aspect better than the ones with basic education (10,9%). Katz's observations confirm education influences the way patients cope with the illness. According to them there is a connection between the low level of knowledge and education and poor results in coping with RA when self care is involved [14].

Literature suggests people with better education care about themselves much more efficiently by employing such devices as warm swimming pools, bathtub aid installations, using relaxation and stress reducing methods, diets. Patients affected by rheumatic diseases who are physically impaired suffering from pain and stiffness an weakness, consider themselves a burden. They quit their social lives and do not want to take new challenges [16].

Research has shown depression in more than 20% of RA affected patients. The more severe their depression is, the more unable they are to take care of themselves, the more helpless and abandoned they feel [17].

Kwiatkowska points out that 60-80% of the RA affected patients is going to suffer from depression [18].

In her research, Kossakowska asserts that RA co-occurs with depression symptoms that can appear in every third affected person. The intensity of symptoms is usually mild or moderate [19].

This is confirmed by other researches who diagnosed mild depression in 20-36% of affected patients [20,21].

The chronic character of rheumatoid arthritis affect the length of life of the patients, gradually decreasing it. The illness, leading to disability, creates many limitations for these people. As they become dependent on other people, they have to give up many activities and life aims. The majority of the affected is not professionally active which may be the cause of worsening in living conditions. The most frequent symptom and problem for these people is chronic pain, which, as in any other illness, is a major obstacle. Coping with it is a very difficult and individualized process.

Literature on ethical process in medical practice suggests modernization of the approach to RA treatment by introducing a holistic approach. The biggest advantage of the model is discovering the patient as something more than suffering and aching body. The patient, as a human being, has an individual sense of existence and his or her own system of values [22].

Scientific evidence of the presence of major changes in the patient's social status, which are related to lower income and social roles limitations, suggest that it is necessary the problem is analyzed by medic professionals dealing with chronic rheumatic diseases [23].

It would seem a doctor and a nurse taking care of a chronically ill patient, who is struggling with pain and disability, should possess additional organizational knowledge. They will also need to be psychologically and socially educated to create a wide sphere of activity (also therapeutic) for the patient on one hand, and to be able to direct and inform the patient in the social field, on the other. It needs to be done so that the patients, after 15 years of suffering from RA, would not find themselves on the margin of society, despite having their health condition improved.

The aim of modern sociology is to activate the patient in the treatment process, creating a concept of patients who needs to end their ignorance, apathy, and addiction. It is thus recommended to make medical knowledge accessible for the ill and to make patients play an active role in their relationship with doctors. As shown in the research performed by Happach and others, patients treat conversation with their doctor as the best support and source of knowledge about the illness [24]. Being fully informed comforts them in fear which is dominant not only in the first years of illness, but in the later life of an affected individual. Learning about their own illness reduces anxiety and aggression. Thanks to expanding one's knowledge, fighting obstacles encountered during the course of RA is an outlet for aggression triggered by the illness. Being aware of the reasons for aggression is helpful in alleviating such states. The process of coming to terms with the illness, in addition to acquiring the necessary information, relies in searching for support and ease, understanding treatment procedures, creating precise and realistic life aims, analyzing one's behavior in case any of the possible symptoms occurs, finding purpose, believing in one's sense of life [24, 25].

The method of coping with the illness makes it easier to come to terms with it and to adapt to the difficult situation of a chronically ill person. The studied individuals reported losing 10% of valued life activities after 5 years of being ill [26].

These activities were related to many aspect of life, such as work, interests expansion, social and culture life, free time, independence in everyday life, and being of assistance to family and friends. Losing activities is a risk factor in developing depression. This risk greatly diminishes the efficiency of strategies employed to battle the disease [27].

It is the field of action for the so called health professionals. The performed research suggests that the psychological state and pain are factors which are still not fully addressed. Chronic pain treatment is still not satisfactory, although the importance of the issue has met much more understanding in recent years. The patient's psyche is the second area that needs focus. It is necessary to understood the patient's needs and to take psycho-therapeutic actions.

Results:

1. Women are more frequently affected by rheumatoid arthritis.
2. The majority of patients are 40-50 years old.
3. In most cases the RA affected individuals are not able to be professionally active.
4. Pain and morning stiffness is the biggest and most commonly reported problem for the ill.
5. The chronic character of rheumatoid arthritis affects the patients' quality of life, gradually decreasing it, especially when physical aspect is included. It is related to progressing disability.

Conclusion

Rheumatoid arthritis is a chronic, inflammatory systemic auto-immunologic disease that affects the connective tissue. It is characterized by non-specific symmetrical inflammation of the synovial membrane, articular changes, and organic complications. The illness causes damage of structural and functional integrity of the musculoskeletal system whose consequences are disability and premature death of the individuals [28].

In this thesis the focus was particularly put on the problem of the quality of life with rheumatoid arthritis and the process of rehabilitation and education of the individuals affected with this disease. The problem of the struggle with pain has been pointed out as a significant factor in clinical treatment. 50 patients with diagnosed rheumatoid arthritis of University Clinical Hospital were the subjects of study.

The study was performed using a special, self-designed questionnaire which assisted in analyzing four aspect of life: physical activity, work activity, social functions, and psychological condition of the patients. The conclusions suggest that this illness creates limitations in many spheres of life, and affects women more frequently. Pain and morning stiffness was the main problem reported by the studied individuals, as resulting in limitations in active work life, unattended activities and being dependent on other people. RA made patients limit their social contacts. The more the illness had progressed, the worse the quality of life became in all studied aspects, as reported by the studied patients.

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