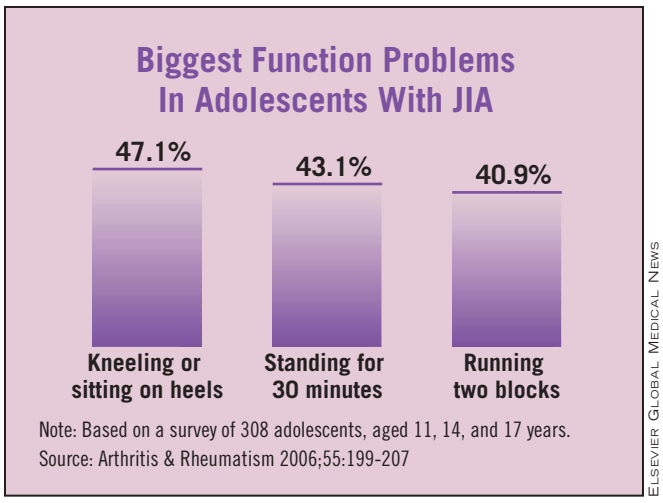

In JIA, Quality of Life Can Hinge On Ability to Pop a Soda's Top

BY JOHN R. BELL
Associate Editor

In juvenile idiopathic arthritis, health-related quality of life is "less than optimal"—especially in terms of gross motor and systemic functioning, both of which are related to pain, disease activity, and functional disability, reported K.L. Shaw, Ph.D., and colleagues.

Improving JIA patients' quality of life is thus "inextricably linked with managing these key aspects of care," Dr. Shaw, of the University of Birmingham (England), and colleagues reported.

Adolescents with juvenile idiopathic arthritis, aged 11, 14, and 17 years, were recruited from 10 rheumatology centers in the United Kingdom to assess health-related quality of life using the Juvenile Arthritis Quality of Life Questionnaire (JAQQ), the investigators reported. They received complete responses from 308 participants (Arthritis Rheum. 2006;55:199-207).

The JAQQ was composed of 74 statements. Patients responded to the questionnaire statements by using a seven-point scale, with one representing "none of the time/never" and seven representing "all of the time/always." (A "does not apply to me" option was also available for each question.)

Improving patients' quality of life is 'inextricably linked with managing' gross motor and systemic functioning, which are 'key aspects of care.'

The questions covered four categories: gross motor function, fine motor function, psychosocial function, and systemic symptoms. The respondents were also asked to list their five biggest problems in each of the four categories.

Results were similar across all age groups. The large-motor-skills category received a mean JAQQ score of 3.0 among all three age groups.

Activities reported as most problematic were "kneeling or sitting on heels for several minutes," "standing for half an hour," and "running two blocks," the investigators reported.

Fine motor function received the lowest score from patients (median score 1.6). The most difficult reported tasks were "twisting off a bottle/jar top (previously opened)" and "opening a soft drink can."

Psychosocial complaints were also of concern to the investigators, who suggested that, to reduce frustration, cognitive techniques be used to teach patients to have realistic expectations and emotional responses.

Psychosocial function had a median score of 2.6. The most common problems reported were "felt frustrated," identified by nearly one-third of participants, and "felt depressed" reported by nearly one-fourth of the patients. Systemic problems included "stiffness," "joint tenderness," and "tires easily."

Dr. Shaw and colleagues noted that their study was the largest to date in the United Kingdom and the only study to focus on JIA in adolescents.

They, however, cautioned that their study used only one questionnaire (the JAQQ), which was not calibrated, and that their study patient cohort was largely white and predominantly female, perhaps limiting its applicability to other patient groups. ■