

Influence of Rheumatoid Arthritis Duration on Functional Recovery in Patients Being Treated with Basic Antireumatic Therapy

Boris Prodanovic¹, Snjezana Novakovic-Bursac², Nenad Prodanovic³, Suzana Petkovic⁴

^{1,2,4}Institute for Physical Medicine and Rehabilitation "Dr Miroslav Zotovic" Banja Luka

³University Clinical Center of Republic Of Srpska

Bosnia & Herzegovina

E-mails: [1boc-y@live.com](mailto:boc-y@live.com), [2snjezanab@yahoo.com](mailto:snjezanab@yahoo.com), [3nenad.prodanovic@kc-bl.com](mailto:nenad.prodanovic@kc-bl.com), [4suzalena2@hotmail.com](mailto:suzalena2@hotmail.com)

Abstract: INTRODUCTION: Rheumatoid arthritis (RA) is an autoimmune disease of unknown etiology, that is characterized by peripheral polyarthritis. Inflammatory process leads to the destruction of joints, leading to deformities and disability. The main objective of RA treatment is to improve the patients' quality of life (QOL).

OBJECTIVE: to determine influence of RA duration on QOL and functional recovery after inpatient physical therapy and medical rehabilitation and to determine the presence of comorbidity.

MATERIALS AND METHODES: the study was conducted as a retrospective cross-sectional study, which included 82 RA patients being treated with basic pharmacologic therapy, and received inpatient physical therapy in The Institute for Physical Therapy and Rehabilitation "dr Miroslav Zotovic" Banja Luka, in the period from 01.12.2015.-01.06.2016. Functional abilities were tested using HAQ. Data on comorbidity were taken from the disease history.

RESULTS: The study included 82 patients, 67 women (81.71%) and 15 men (18.29%), average age 63.23 ± 10.60 years and the average duration of RA 9.87 ± 13.56 years. The average value of HAQ at admission was 1.14 ± 0.57 to 0.87 ± 0.55 at release. There were significantly different values of HAQ at admission and at the end of the inpatient physical therapy ($t = 10.43$, $p = 0.00$). There were no significant correlations between HAQ values at the admission and RA duration ($r = 0.235$, $p = 0.101$), while correlation between HAQ values at the discharge of inpatient physical therapy and RA duration is significant ($r = 0.235$, $p = 0.03$). Comorbidity was present in 70 (85.3%) patients: arterial hypertension in 55 (60.07%), endocrinology disease in 24 (29.30%), heart failure in 10 (12.19%), atherosclerosis in 8 (9.76%), gastroenterology disease at 6 (7.32%), cancers in 3 (3.66%), joint replacement in 10 (12.19%) and mental disorders in 6 (7.32%).

CONCLUSION: RA duration does not affect QOL, but adversely affects functional recovery after inpatient physical therapy and medical rehabilitation. There is a significant presence of comorbidity in RA patients that affects their quality of life.

Key words: rheumatoid arthritis, duration, basic antirheumatic therapy, quality of life, functional recovery, comorbidity