Evaluation of Functional Status among Patients with Systemic Lupus Erythematosus

Paraskevi Theofilou*

Department of Psychology, Panteion University, Athens, Greece

General Hospital Sotiria, Athens, Greece

Over the last few years there has been a growing interest in the development of accurate and reproducible methodologies aimed at assessing functional status in chronic illness, like chronic heart failure [1], end-stage renal disease and maintenance dialysis [2-12], kidney transplantation [13], Alzheimer [14], multiple sclerosis [15], Parkinson’s disease [16] or rheumatoid arthritis [17].

Functional status can be thought of broadly as a patient’s ability to perform a variety of activities, and encompasses not only physical function, but also social, role and psychological function [18]. Measurement of functional status, in addition to more objective clinical indicators of disease, allows for a more comprehensive assessment and in some cases may prove to be a more sensitive indicator of treatment response than measures of disease activity or damage [19]. Furthermore, information about broader patient outcomes, including outcomes of importance to patients, helps physicians and patients when making decisions about the most appropriate health care. The challenge remains to identify instruments that will accurately and reliably assess these disease outcomes [20]. This growing interest on the part of the scholars towards functional status has also characterized the scientific community dealing with the evaluation of functional status among patients with Systemic Lupus Erythematosus (SLE).

Symptoms are one important influence on functional status, but a variety of other inputs are often present. For clinicians, this may be intuitive; two patients with similar SLE symptoms may have vastly different functioning. Social support, levels of helplessness, illness-related behaviors, environment, and access to medical care are just some of factors that may influence functional outcomes.

Decrement in functional status in SLE have been well documented. All domains of function appear to be influenced by the disease, although some appear more affected than others. Reductions in physical function in SLE are substantial compared to individuals with other chronic medical conditions (hypertension, diabetes, depression, myocardial infarction) and the general population [21-24], although appear-less severe than in rheumatoid arthritis. Alarcon et al. [25] demonstrated that a variety of factors influence physical functioning in SLE beyond disease activity: lower socioeconomic status assessed at baseline predicted poorer physical functioning, as did higher degrees of helplessness, abnormal illness-related behaviors, lower social support [25] as well as medication compliance [26-28]. Similarly, other studies have demonstrated that poor social support was associated with lower functional status [22,29].

Reductions in psychological functioning in SLE are also substantial. Understanding the factors contributing to poor psychological function in SLE is complex, given that the disease itself has neuropsychiatric manifestations with direct effects on mood (e.g. cerebrovascular accidents, cortical inflammation, and seizures). Studies evaluating the relationship between disease activity and psychological functioning are mixed, and comparisons are difficult because findings seem to depend on the disease activity measure that was assessed. Most, but not all, studies that have used the British Isles Lupus Activity Score (BILAG) or the Systemic Lupus Activity Measure (SLAM) seem to demonstrate some relationship between disease activity and psychological functioning [30,31].

The Wilson and Cleary model has directionality, implying that biological and physiological parameters are among the factors that lead to symptoms, and symptoms are among the factors that lead to decrements in functional status. Although the predominant causal relationships therefore run from left to right in the model, there may be instances where reverse relationships also exist (for example, depression leading to altered biological or physiological variables). Painting a more accurate picture regarding the multidimensional inputs into functional status will require further research; however, the growing literature cited above supports the view that a broad-based, multidisciplinary approach is required to characterize and understand functional impairments in SLE.

References


*Corresponding author: Dr. Theofilou Paraskevi, Department of Psychology, Panteion University, Athens, Greece, Tel: 30 6977441502; E-mail: theofi@otenet.gr

Received December 30, 2011; Accepted January 10, 2012; Published January 12, 2012


Copyright: © 2012 Theofilou P. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.


Submit your next manuscript and get advantages of OMICS Group submissions

Unique features:
- User friendly/feasible website-translation of your paper to 50 world’s leading languages
- Audio Version of published paper
- Digital articles to share and explore

Special features:
- 200 Open Access Journals
- 15,000 editorial team
- 21 days rapid review process
- Quality and quick editorial, review and publication processing
- Indexing at PubMed (partial), Scopus, DOAJ, EBSCO, Index Copernicus and Google Scholar etc
- Sharing Options: Social Networking Enabled
- Authors, Reviewers and Editors rewarded with online Scientific Credits
- Better discount for your subsequent articles

Submit your manuscript at: http://www.omicsonline.org/submission/