

22. ORAL HEALTH RELATED QUALITY OF LIFE IN PATIENTS WITH DIFFUSE CONNECTIVE TISSUE DISEASES

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Introduction. Health-related quality of life (H-RQoL) is an individual's perception of their position in life in the context of the culture and value systems in which they live, regarding both positive and negative elements in relation to their goals, expectations, standards and concerns. within five dimensions: physical and material, social and emotional wellbeing, development and activity.

Aim of study. Oral health-related quality of life (OHRQOL) is “a set of multidisciplinary elements that reflects people's comfort when they eat, sleep, and engage in social interaction, self-esteem, and oral health satisfaction”. Moreover, OHRQOL is associated with functional, psychological, and social factors, the sensation of pain or discomfort. The Aim of study was to assess the affinity of oral health-related quality of life with health-related quality of life and their interaction in patients with diffuse connective tissue disease.

Methods and materials. A descriptive study was conducted selecting patients in a group of 21 subjects with diffuse connective tissue diseases. The quality of life was quantified by SF-8 (Short Form) in 8 domains and OHRQOL - in 7 domains with 14 questions. Although, were evaluated pain and fatigability by VAS, PGA and MDGA

Results. Data analyzed reveal the predominance of women (85.71%) in the study group, with a female to male ratio of 7: 1. The mean \pm SD quality of life SF-8 physical and mental was $41,77 \pm 15,76$ and $56,90 \pm 11,61$ points, respectively with wide variational interval - from 9.2 to 74.6 points. The pain by VAS was $62,50 \pm 5,72$ mm with wide variational interval - from 43 to 80, fatigability $60,5 \pm 6,23$ (range 40-74), PGA $53,0 \pm 11,72$ (range 30-66), MDGA – $51,33 \pm 5,76$ (range 40-70). The next scoring OHRQOL items were social functional limitation (1p), physical pain (3p), psychological discomfort (5,14 p) and physical disability (2,23p), psychological disability (1,57p), social disability (2,75p) and disability (4p). The strongest correlation of domain of oral HR QoL was found with SF-8 physical status ($r=0.64$), followed by VAS fatigability ($r=0.59$) and MDGA ($r=0.57$). Within OHRQOL the data showed that psychological discomfort closely correlated with psychological disability ($r=0.56$) and life dissatisfaction correlated with social disability ($r=0.42$). Physical state correlation data with OHRQOL domains have been closely correlated with social disability and functional incapacity ($r=0.53$). At the same time SF-8 mental status has been correlated with psychological discomfort ($r=0.43$), followed by psychological disability ($r=0.39$). Correlation of OHRQOL questionnaire indices found close correlation between psychological discomfort and social disability.

Conclusion. Oral health-related quality of life and health-related quality of life assessment should be seen as complementary and can be used together to improve mutual understanding of patients' QOL status as well as partnership in disease management. At the same time, PGA and MDGA can be useful tools in assessing the activity of systemic diseases, as they have a low risk of misclassifying an inactive disease and can capture the health aspects of patients that adversely affect their well-being and treatment outcomes.