

6. AUTONOMIC DYSFUNCTION IN PATIENTS WITH RHEUMATIC DISEASES

Author: Turcin Mihaela

Scientific adviser: Daniela Cepoi, PhD, University Assistant, Department of Internal Medicine Rheumatology and Nephrology, *Nicolae Testemitanu* State University of Medicine and Pharmacy of the Republic of Moldova.

Introduction. It was long established that patients with rheumatic disease display signs of autonomic dysfunction. The main purpose of COMPASS-31 questionnaire is to assess dysautonomia based on 31 questions that cover 6 domains (intolerance for orthostatism, secretomotor, urinary, constipation, diarrhea, and pupillomotor reflexes)

Aim of study. Assessment of autonomic dysfunction in patients with rheumatic diseases with the help of COMPASS-31 questionnaire.

Methods and materials. For the assessment of dysfunction of dysautonomia there has been used COMPASS-31 simplified questionnaire. To appreciate pain and the condition of the patients globally, VAS scale was used. Patients' ages are between 30 and 63 years old. A total of 34 patients were investigated, including 26 women and 8 men. Because of pandemic reasons has been developed an electronic questionnaire in Google Forms. The patients were offered the link to complete the questionnaire in their devices.

Results. Orthostatic intolerance was present in 29 patients (85.3%), out of which in 14 patients (48.3%) the phenomenon was present each time when they would get up, and in 12 cases (41.4%) the patients described it as very strong. From the gastro-intestinal system can be observed diarrhea at 16 (48.5%) and constipations at 19 (55.9%) patients. Feeling bloated was reported by 82.5% or 28 patients, while 73.5% had a cramping or colicky abdominal pain. Xerostomia was present in 20 cases (58.8%). Also xerophthalmia was noticed by 16 patients (47.1%) and sensitivity to light in 29 patients or 85.3%, while in 55.9% of cases, duration of sensitivity was evolving in the last 5 years. Urinary system involvement presented as lost control of bladder function and difficulty passing urine in 10 cases (29.4%). Half of the patients noticed skin discoloration, such as purple, red or blue as a reaction to cold temperatures or stress. 1/3 of patients presented changes in hands or feet, but 1/3 included both of them. Patients were asked to assess pain intensity on a VAS. Patients reported pain scores by 8 and 9 in 14 cases (41,2%) the maximal score was reported by 6 people (17.6%), reflecting chronic and profound suffering. However, patients reported the overall condition with a score of 5 in 29,4%. There was observed a correlation between the duration of disease and accumulated points – i.e. the patient with rheumatoid arthritis diagnosed in 1989 reported the maximal score of 96 points.

Conclusions. Symptoms of dysautonomia may be confounding in many patients with rheumatic diseases. It is important to acknowledge the presence and the nature of such changes as the approach may be challenging.