Background: Systemic sclerosis (SSc) is a multisystem, connective tissue disease characterized by fibrosis of the skin and internal organ involvement, which can influence quality of life and functional capacity. SSc patients show some problems associated with reduced quality of life.

Objectives: Systemic sclerosis (SSc) is a multisystem, connective tissue disease characterized by fibrosis of the skin and internal organ involvement, which can influence quality of life and functional capacity. SSc patients show some problems associated with reduced quality of life.

Methods: In total, 51 patients with SSc were included: 50 women and 1 man (mean age: 63.2 ± 10.1 years, limited SSc 28 [diffuse SSc 23, median duration since first non-Raynaud symptom: 10.1 years] who fulfilled the ACR/EULAR classification criteria (2012), filled in questionnaires assessing disability (HAQ, Health Assessment Questionnaire) and quality of life (SF-36, Medical outcomes study Short Form 36 - Physical Component Summary and Mental Component Summary).

Results: Average HAQ in patients with limited and diffuse SSc was 0.66 ± 0.58 and 0.9 ± 0.59. Data analysis showed that 59% of the patients were in the mild to moderate HAQ disability category (0 ≤ HAQ < 1), 39% in the moderate to severe disability category (1 ≤ HAQ < 2), and 2% in the severe to very severe disability category (2 < HAQ ≥ 3). The SF36 mean scores of the total group were 34.8 ± 8.7 on the Mental Component Summary and 37.0 ± 13.1 on the Physical Component Summary.

Conclusion: SSc and its complications decrease quality of life and functional capacity. Although validated in SSc, the HAQ disability index underestimates respiratory failure due to interstitial lung disease, gastrointestinal symptoms, cardiovascular complications and severity of Raynaud phenomenon. Alternative measures of functional impairment should be examined. Health-related quality of life, which was assessed by the SF-36 is reduced in both physical and mental domains. It should be taken into account by clinicians for further improvement of treatment and development rehabilitation program.

REFERENCES:

Disclosure of Interests: None declared

Table 1. AMH in patients and control group

<table>
<thead>
<tr>
<th>form</th>
<th>SSc, n=48</th>
<th>SLE, n=47</th>
<th>BD, n=45</th>
<th>Controls, n=15</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean AMH</td>
<td>3.2</td>
<td>3.4</td>
<td>2.5</td>
<td>3.1</td>
<td>0.03</td>
</tr>
<tr>
<td>[0.29-3.06]*</td>
<td>[0.64-5.4]</td>
<td>[1.1-3.7]</td>
<td>[1.9-4.9]*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMH &gt;1ng/ml(n=100%</td>
<td>21 (43.7)*</td>
<td>13 (27.7)</td>
<td>8 (17.7)</td>
<td>2 (13.3)*</td>
<td>0.03</td>
</tr>
</tbody>
</table>

A redaction of ovarian reserve (AMH less than 1.0 ng/ml) was more often observed in SSc pts compared to controls (44% vs 13%), p=0.03. The mean AMH levels were significantly lower in pts with SSc receiving cyclophosphamide (OVC). Correlation analysis revealed a negative correlation between levels AMH and CYC therapy (r=-0.33, p<0.05), with erythrocyte sedimentation rate (r=0.36), heart involvement (r=0.32) and gastrointestinal involvement (r=0.31), digital ulcers (r=-0.33) and digital pitting scars (r=-0.28). Correlation with other clinical manifestations, immunological markers and immunosuppressive therapy of SSc wasn't found. In five patients receiving CYC earlier, the level of AMH was significantly lower compared to control (2.2 ng/ml vs 3.1 ng/ml, p=0.03).

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