

**QUALITY OF LIFE IN PATIENTS
WITH CHRONIC LYMPHOPROLIFERATIVE
DISEASES DEPENDING ON THE PRESENCE
OF RESPIRATORY SYMPTOMS,
RESPIRATORY COMORBIDITY
AND PULMONARY FUNCTION**

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Abstract

Aim: to determine the indicators of the quality of life in patients with chronic lymphoproliferative diseases (CLPD), depending on the existing respiratory comorbidity, symptoms and the state of the pulmonary function (PF).

Materials and methods. 90 inpatients with CLPD were included in the study. All subjects underwent a general clinical examination, evaluation of dyspnea severity according to the mMRC scale and the symptoms severity according to COPD assessment test (CAT). Two questionnaires were used to assess patients' quality of life: SF-36 and EQ-5D-5L. All patients underwent computer spirometry to assess PF. Data were processed using methods of descriptive and analytical statistics.

Results and discussion. Patients with respiratory symptoms had worse indicators of quality of life in domains, reflecting the state of physical health, namely "self-care" ("SC") ($p = 0.008$) and "pain/discomfort" ("PD") ($p = 0.04$). And the patients with pronounced respiratory symptoms (10 or more points according to CAT) had a significantly lower quality of life according to the indicators of "physical component of health" ("PCH") ($p = 0.0001$), "general health" ("GH") ($p = 0.001$), "pain" ("P") ($p = 0.002$), "role limitation due to physical health" ("RLP") ($p = 0.00005$), "mobility" ("M") ($p = 0.00007$), "SC" ($p = 0.00001$), "general daily activities" ("GDA") ($p = 0.000001$), "PD" ($p = 0.000001$), "psychological component of health" ("PsCH") ($p = 0.0004$), "energy/fatigue" ("EF") ($p = 0.003$), "emotional well-being" ("EWB") ($p = 0.01$), "role limitation due to emotional problems" ("RLE") ($p = 0.0004$), "anxiety/depression" ("AD") ($p = 0.000001$). Patients with mixed-type PF disorder with a predominance of obstruction had the lowest indicators of quality of life in the "GH", "PCH", "EF", "SC" and "PD" domains. Patients with mixed PF disturbances with a predominance of restriction had the lowest indicators of quality of life in the domains "EF", "social functioning" ("SF"), "change in health" ("CH"), "M" and "GDA". Patients with CLPD who had any of the PF disturbances had lower physical health indicators: "RLP" and "PCH" ($p = 0.04$ in both cases). Using regression analysis, it was found that decreased FEV_1/FVC ratio was a predictor of a lower level of the indicator "PCH". At the same time, among patients with lymphomas, the presence of obstruction was associated with worse indicators of quality of life in "PD" domains ($p = 0.03$). Among patients with CLL, the presence of PF obstructive disturbances was associated with a lower indicator of "SF" ($p = 0.04$).

Conclusion: among patients with CLPD, the presence of pronounced respiratory symptoms and disturbances of the PF had a significant negative impact on the quality of life. Thus, there is a need to develop treatment to consider these indicators in order to improve the quality of life of patients with CLPD.

Key words: oncohematological diseases, asthma, COPD, pneumonia, comorbidity, leukemia, hemoblastosis, quality of life, spirometry, pulmonary function.

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