

Summary

Introduction

The assessment of the quality of life in chronic diseases has become greatly extended over the past few decades. The main uses for Quality of life measures in clinical practice are identifying and prioritizing problems, facilitating communication, screening for hidden problems, monitoring changes or responses to treatment

Objective

The objective was to assess the quality of life of Crohn's disease patients from 2 Czech centres by means of Czech versions of the general WHOQOL-BREF (World Health Organization Quality of Life – shortened version) and specific quality of life questionnaire IBDQ (Inflammatory Bowel Disease Questionnaire), to compare the quality of life of patients with an active disease and in remission, and to compare the quality of life with the common Czech population.

Methods and results

103 patients with Crohn's disease underwent a survey performed by means of 2 Czech versions of the quality of life questionnaires. The disease activity was assessed by means of the activity index CDAI (Crohn's disease activity index). The set consisted of 53 men and 50 women; the average age of patients was 42 years. An increased activity was found in 45 patients; 58 patients were in remission.

The average CDAI score was 232.0 (SD=58.0) and the score in remission was 78.3 (SD=40.4). By means of WHOQOL-BREF, we found the average global score of quality of life in our group to be 3.5 (Czech standard 3.8). Satisfaction with health 2.8 (Czech standard 3.7). The negative influence of the disease activity was statistically significant ($p < 0.001$) in all domains of both questionnaires. Influence of demographic factors on the quality of life was in emotional domain of IBDQ. Clinical factors like use of corticosteroids or immunosuppressives, and operation influenced psychical, social, and environmental domains WHOQOL-BREF. In IBDQ bowel and emotional domains were influenced. The patients in remission assessed their quality of life in the general questionnaire similarly to the common Czech population.

Conclusions

The study proved a significant influence of disease activity on the quality of life in all domains of the both questionnaires. Combination of the general and specific questionnaire can find factors that could otherwise remain unappreciated properly. The quality of life of patients in remission is comparable to the quality of life of the common Czech population.

Key words: CROHN'S DISEASE – QUALITY OF LIFE – HEALTH-RELATED QUALITY OF LIFE – IBDQ – WHOQOL-BREF