



Title	Quality of life (QoL) in southern Chinese with systemic lupus erythematosus (SLE)
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P29 Exercise testing in Hong Kong patients with silicosis

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Objectives: Silicosis is one of the commonest occupational lung diseases in Hong Kong which affects a substantial population of construction workers. Affected patients develop restrictive lung disease which is of clinical, emotional and political concern. Whilst the assessment of physiological impairment is readily achievable, the assessment of disability, which should take account of the other clinical, social, and psychological issues is immensely difficult. There is recent up surge of interest in the investigation of pneumoconiosis patients using exercise testing although this has never been performed in Chinese patients or systematically in silicosis. We have therefore performed this prospective study on the physiological parameters in exercise testing in silicosis.

Methods: Altogether 63 (63M; mean age \pm SD 63.6 \pm 9.8; 21 were current smokers, 35 ex-smokers, and 7 never smokers) randomly recruited and consecutive cases were studied with standard lung function assessment, 6 minute walking distance, and exercise testing using the MedGraphics CardioO₂ package.

Results: The mean (\pm SD) FEV₁ (l), FVC (l), RV (l), TLC (l) and 6 minute walking distance (m) were 79.5 \pm 25.8, 87.4 \pm 17.6, 164.0 \pm 54.1, 98.3 \pm 17.4 and 377 \pm 59.7 respectively. A total of 45 patients had undergone the ramp incremental exercise protocol. The mean (\pm SD) exercise time, limited by dyspnoea (n=24), significant ST depression on the ECG (n=5), and generalised fatigue (n=16), was 7.4 \pm 2.9 minutes. The maximal oxygen uptake (VO_{2max}) and the 6 min walking distance correlated with each other (r²=0.8, p<0.05) but do not correlate with the lung function indices (p>0.05).

Conclusions: Our results show a correlation between exercise parameters which do not correlate with lung function indices. Further clinical correlation studies should be performed to evaluate these preliminary findings further.

P30 Quality of life (QoL) in southern Chinese with systemic lupus erythematosus (SLE)

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Aim: QoL is an important outcome measure in SLE. A Chinese version of the Medical Outcome Survey SF-36 questionnaire has recently been validated. We have used it for the first time to assess the QoL in our local patients. Effects of disease activity and damage, treatment as well as physical, marital, educational and socioeconomic status were assessed.

Methods: Patients with SLE were recruited from a specialist lupus outpatient clinic. Clinical and demographic data were recorded. Disease activity was measured using the SLEDAI and disease damage using the SLICC/ACR score. The Chinese version of SF-36 was self-administered by the patients. Results were compared with controls (n=236).

Results: 107 patients were studied [Age: 32 (21-60) years; duration of disease: 6 (0-12) years]. There was strong interscale correlation between all of the subscales and the total QoL scores. SLE patients had only slightly poorer QoL when compared with controls.

Subjects	PF	RP	BP	GH	Vi	SF	RE	MH
SLE	81.1	59.3	56.5	44.4	52.2	74.8	64.3	67.24
Controls	87.9	61	70.4	53.4	55.3	84.9	49.7	67.48

PF = Physical functioning; RP = Role physical; BP = Bodily pain; GH = General health; Vi = Vitality; SF = Social functioning; RE = Role emotional; MH = Mental health

There were no correlations between any of the QoL scores and SLEDAI and SLICC/ACR scores. Treatment with high dose steroid with or without immunosuppressants did not have a significant impact on QoL. There was a negative association between age and physical functioning score. Employment status was the main determinant of physical functioning, role-physical and social functioning scores with unemployed patients scoring the lowest.

Conclusion: Data of this preliminary study in Chinese patients with SLE suggested that QoL may not be significantly affected in our local patients. Socio-economic status appeared to be a major determinate of QoL in these patients. However, the sample size of our study was small and only outpatients were involved. A larger scale prospective study is currently underway.