

THE ASSESSMENT OF HEALTH-RELATED QUALITY OF LIFE IN CHILDREN WITH SURGICAL INFECTION OF BONES AND JOINTS

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The surgical infection of bones and joints (SIBJ) is one of the most common purulent diseases in the Ukraine. Due to improved the therapies, survival periods have increased dramatically in recent decades. As a consequence, the quality of life has become more important. Numerous disease-related symptoms as well as the treatment burden have an impact on daily life. There is a growing need for patient-reported outcomes as Health-Related Quality of Life (HRQOL). The studies on HRQOL in children are needed to gain a better understanding of the impact of public policies, interventions, therapies, and treatments.

There are various possible ways of assessing HRQOL. For this study we created the disease-specific instruments (specific questionnaire for surgical infection of bones and joints) which is based on general assessment tools (SF-36) and adapted for life style of Ukrainian children. The subjective estimate of participating indices of quality of life of convalescents was studied for children aged 10 to 17 years. We have compared results of study with data which was taken from 235 healthy schoolchildren of Sumy Region of Ukraine using our specific questionnaire. It is hypothesized that our questionnaires are objective, reliable, and valid measures for HRQOL in teenagers with SIBJ.

In this research we take account of patient's age, sex and place of abode. The latter is defined as a multi-dimensional construct which allows awareness of a patient's subjective perception of the disease and the daily limitations they face.

The subjective assessment of adolescents' HRQOL who undergoing SIBJ is lower than in healthy children ($p < 0,05$) a year after the disease. Data on psychiatric problems in children with SIBJ are heterogeneous, some studies indicate a higher incidence of psychiatric, psychosocial, emotional, and educational problems in children with SIBJ than in their healthy peers.

The changing of subjective characteristic of HRQOL depends on age and sex. In our study the boys in middle puberty age (14-15 years) have more serious emotional disbalance (high level of anxiety, depressive reactions and low self esteem).

In all age groups of patients with SIBJ, depression shows higher rates than in healthy populations, which might have a negative impact on adherence, family functioning and HRQOL. In spite of the fact that measures for HRQOL are not able to record all impacts of a disease on daily life, they allow investigations in large populations.

The convalescents' psycho sociological part of life is more vulnerable than other area of children's activity. A comprehensive approach in this field is essential, so that effective psychological interventions and guidance can be planned.