



QUALITY OF LIFE IN PATIENTS WITH CHRONIC RECURRENT LIP FISSURE

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Article history:	Abstract:
<p>Received: August 10th 2021 Accepted: September 11th 2021 Published: October 18th 2021</p>	<p>The results of the examination of 75 patients with chronic recurrent lip fissure (CRLF) showed that long-term defects of the red border of the lips (RBL) reduce the quality of life (QOL) indicators of patients on all scales of the SF-36 questionnaire. The severity of the clinical course of the disease is synchronized with the decrease in QOL.</p> <p>Comparison of the average indicators of the physical (RN) and psychological (MN) components of health demonstrates a more pronounced decrease in QoL in terms of mental health. With an increase in the severity of RBL lesions, there is an aggravation and mutual aggravation of the chronic stress factor and decreased QOL, disorders of physical and mental functioning.</p>

Keywords: Chronic recurrent lip fissure, red border of lips, depression, anxiety-phobic states, physical component of health, psychological component of health.

RELEVANCE OF THE PROBLEM.

The number of people with diseases of the red border of the lips (RBL) is steadily increasing, which is due to an increase in comorbidity against the background of global aging of the population, deterioration of somatic health, unfavorable influence of industrial and meteorological factors, lack of a diagnostic algorithm, low level of diagnosis and low quality of specialized dental treatment of these patients [4,5,7,8].

Chronic recurrent lip fissures (CRLF) are considered today as a chronic disease of the red border, mucous membrane of the lips and corners of the mouth, accompanied by a linear violation of the integrity of the lip tissues. The disease is characterized by a long and recurrent course, with a tendency (about 6% of cases) to malignant degeneration [5,8,9,12,14].

Characterized by a long progressive course with frequent addition of infection, cheilitis, which leads to aggravation of disturbed trophic and metabolic processes and pronounced structural, functional and aesthetic disorders. The course of chronic recurrent lip cracks is accompanied by instability of the psychoemotional sphere, manifested by depression and anxiety-phobic states [10].

Currently, much attention is paid to the study of the quality of life (QOL) of patients due to dental health. Quality of life is defined as a reflection of the impact of the disease and its treatment on the patient's perception, changing under the influence of various damaging factors, functional stress, psychological and social impact [1,2,3,6,11].

The presence of a chronic defect on the RBL in combination with instability of the psychoemotional

sphere may be factors leading to a decrease in QOL. The expediency and relevance of studying the quality of life of patients with CRLF is obvious.

In addition, the QOL score is a criterion for assessing the quality of medical dental care [13,15].

PURPOSE OF THE STUDY:

Study of the quality-of-life index of patients with chronic recurrent lip fissure.

MATERIALS AND METHODS.

We examined 75 patients with CRLF, whose average age was 45.64 ± 2.11 years, of which the proportion of men was $65.00 \pm 7.54\%$; women - $35.00 \pm 7.54\%$;

The control group included 40 people without RBL diseases, whose average age was 45.22 ± 1.82 years, the majority were men - $66.67 \pm 5.44\%$; smaller women - $33.33 \pm 5.44\%$.

To assess the severity of the clinical course of CRLF, we used the method developed by us "Clinical assessment of the severity of the pathological process in chronic recurrent lip fissure", which involves a clinical assessment of the severity of pain, symptoms of intoxication, the size and location of CRLF, the degree of bleeding, the state of the edges of the crack, the state of infiltration at the base of the crack, pain during bimanual palpation, RBL surface condition, crack surface condition, number of cracks, presence of additional lesion elements, as well as the presence of concomitant diseases of the lips.

Each sign (from those included in the analysis) was assessed on a 3-point scale: 0 - no sign or symptom; 3 points - the maximum severity of the symptom. When assessing the severity of the course

of CRLF, the sum of the estimated scores for each patient is divided by their number. In accordance with the developed assessment points, 0.1 to 1 points corresponds to a mild degree of CRLF; from 1.1 to 2.0 points of moderate severity and 2.1 - 3.0 points - severe course of CRLF.

The results of clinical studies showed that 11 patients suffered from mild CRLF; 24 had a moderate course of the disease and 40 had a severe course of CRLF.

To assess the QOL, we used the Russian version of the SF-36 questionnaire, as an acceptable version for assessing the QOL of healthy people and patients with various types of pathology (Short Form Medical Outcomes Study-SF-36) [16].

The 36 items of the questionnaire are grouped into eight scales, divided into two indicators "physical" health component and "psychological" health component:

I. Physical health component (PH), scale components:

1. Physical Functioning (PF)
2. Role-based physical functioning (RP)
3. Pain Scale (BP)
4. General health (GH)

II. The psychological component of health (Mental Health - MH), scale components:

5. Scale of vitality (VT)
6. Social functioning (SF)
7. Role Emotional Functioning (RE)
8. Mental Health (MH)

A higher score indicates a higher QOL level. All patients completed the SF-36 questionnaire independently before starting treatment.

Mathematical calculations were carried out using the Statistica 6.0 program. The significance level was taken at the level of 0.05.

RESULTS AND DISCUSSIONS.

The results of the survey showed that long-term defects in the red border of the lips reduce the quality of life of patients on all scales of the SF-36 questionnaire (Table 1 and Figures 1-2). From the data in Table 1 and Figures 1-2, it can be seen that the severity of the clinical course of the disease is synchronized with the decrease in QOL.

The analysis of the scales of the "physical" component of health indicator showed that the presence of pain syndrome (PF) has the most significant effect on the decrease in the QOL level.

Table 1.
 QOL indicators according to the SF-36 questionnaire in patients with CRLF (M±mean)

Indicators of the scale of the interviewed SF-36	Healthy n =40	CRLF		
		LT n=11	ST n=24	TT n=40
I. The physical component of health - PH				
1.1 Physical Functioning (PF)	100,0±0,0	80,0±2,3	72,5±3,02	50,3±2,00
1.2 Role-based physical functioning (RP)	95,6±3,02	70,8±1,65	62,6±1,71	50,5±1,4
1.3 Pain Scale (BP)	100,0	46,3±2,61	30,2±2,03	15,8±0,95
1.4 General health (GH)	82,6±1,25	70,6±2,03	60,2±1,81	57,3±1,02
Physical health (PH)	72,31±2,65	58,6±1,92	46,5±1,66	44,8±1,03
II. psychological component of health-MH				
2.1 Vital Activity Scale (VT)	75,10±2,33	60,2±2,61	50,5±1,65	41,6±0,95
2.2 Social functioning (SF)	90,0±4,02	70,3±3,00	58,7±2,04	40,3±1,44
2.3 Role Emotional Functioning (RE)	100,0±0,0	78,1±3,60	60,60±2,33	40,7±1,37
2.4 Mental Health (MH)	80,0±3,42	50,7±2,07	30,2±1,45	15,8±0,77
Psychological component (MH)	60,32±2,65	40,32±2,08	30,81±1,22	27,82±0,80

The physical functioning of patients with CRLF is sharply reduced due to the persistent pain syndrome on the RBL, so even in the mild course of the disease, the pain scale (BP) score was reduced relative to

control by 53.7% ($P \leq 0.05$); an increase in severity contributed to a more significant decrease in QOL in terms of pain (HR) - by 69.8% and 84.2%, respectively, in moderate and severe course (Table, Figure 1). At the same time, an increase in the severity of the disease and the presence of pain syndrome lead to a decrease in QOL indicators on the scale of physical functioning (PF), a decrease in daily physical activity was noted with a mild course by - 20.0%; course of moderate severity - by 37.5% and in severe

course - by 50.0%; the corresponding dynamics of decrease in role physical functioning (RP) was 25.94%; 34.62% and 47.18% and a decrease in general health (GH) occurred by 14.53%, respectively; 27.12% and 30.63% (Table, Figure 1).

It should be noted that the presence of a defect on the visible part of the RBL worsens the emotional status and mental health, which was recorded as a sharp deterioration in QOL in terms of the psychological component of health.

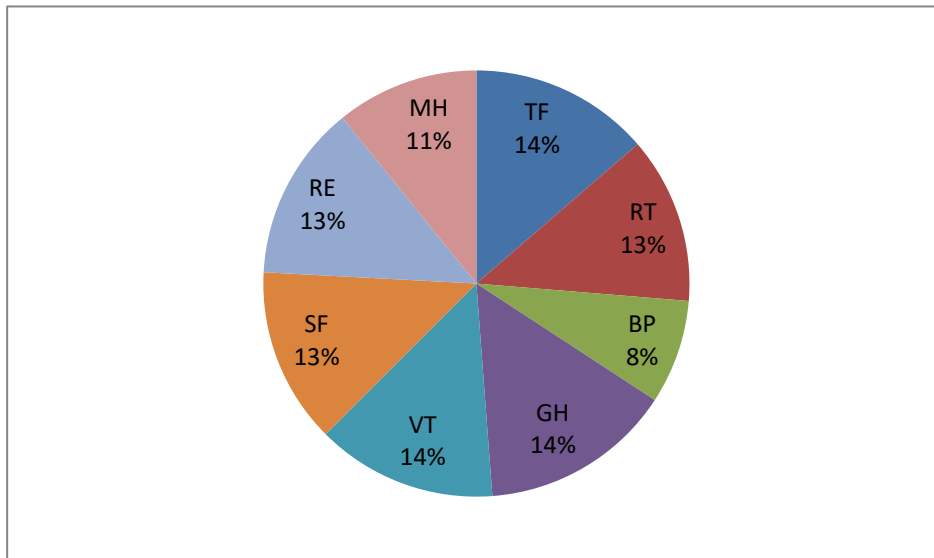


Fig. 1. Dynamics of QOL indices according to the SF-36 questionnaire in patients with chronic recurrent lip fissure (in% relative to control).

At the same time, the maximum decrease in QOL in the section on emotional status and mental health was noted on the psychological health (MH) scale, where the value of the estimated score decreased relative to the control group in patients with a mild course of the disease by 36.63%; with an average course - by 62.27% and with a severe one - by 80.25%; the corresponding dynamics of QOL reduction on the viability scale (VT) was 19.73%; 32.67% & 44.53%; on the scale of social functioning (SF) - 21.89%; 34.78% & 55.22%; and on the scale of role emotional functioning (RE) - by 21.90%; 39.40% and 59.30% (Table, Figure 1).

At present, the concept has been established, according to which instability of the psychoemotional

sphere with psychopathological disorders, depression and anxiety-phobic states acts as an etiological factor in the development of CRLF [10].

Comparison of the average indicators of physical (RN) and psychological (MN) components of health demonstrates a more pronounced decrease in the quality of life in terms of mental health. This trend is most clearly shown in Figure 2. As can be seen from Figure 2, in patients with mild course, the QOL index for the physical component was reduced relative to the control group by 18.95%; and on the mental - by 33.15%; in the course of moderate severity, respectively, by 35.68% and 48.91%, and in severe course, by 38.10% and 53.86%, respectively (Figure 2).

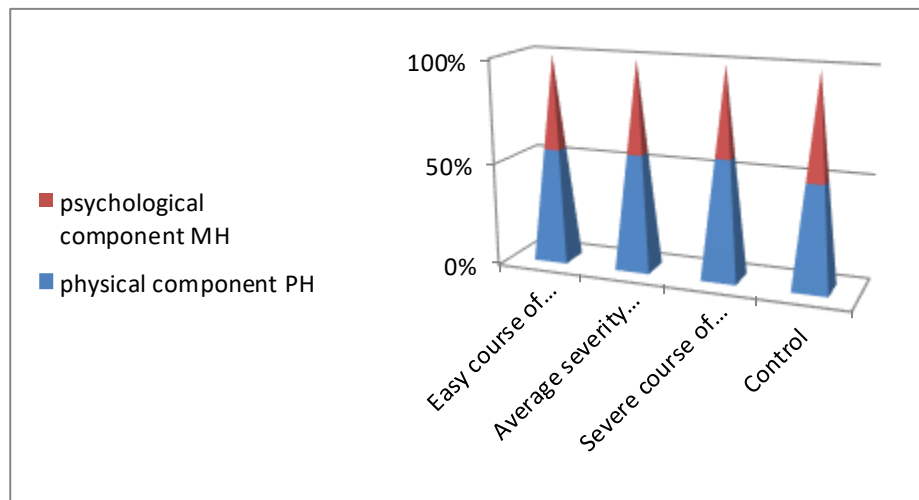


Fig. 2. Dynamics of indicators of physical (RN) and psychological (MN) components of health in patients with chronic recurrent lip fissure (in% relative to control).

With an increase in anxiety and depression indicators, a decrease in the integral QOL indicator and all its scales was recorded, which confirms the relationship between psychosomatic disorders and a decrease in the quality of life.

Thus, the presence of CRLF has a negative effect on the QOL of patients, while there is an aggravation and mutual aggravation of the chronic stress factor and decreased QOL, disorders of physical and mental functioning.

CONCLUSIONS:

1. The quality of life of patients with CRLF is characterized by a decrease in all scales that make up the integral indicators of mental (MH) and physical health (RH). The severity of the clinical course of the disease is synchronized with the decrease in QOL.

2. Comparison of the average indicators of physical (PH) and psychological (MN) components of health demonstrates a more pronounced decrease in QOL in terms of mental health with an increase in the severity of RBL lesions, there is an aggravation and mutual aggravation of the chronic stress factor and a reduced quality of life, impaired physical and mental functioning.

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